

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: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/28/2012 7:53 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: 5/28/2012 Time: 7:53 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 LAPORTE HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-75,900	54,016	0	2,885,206	1.00
2.00 Subprovider - IPF	0	0	-571		0	2.00
3.00 Subprovider - IRF	0	18,295	-9		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	-24		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-57,605	53,412	0	2,885,206	200.00

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

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 1. Electronically filed cost report Date: 5/28/2012 Time: 7:53 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
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 9. Final Report for this Provider CCN
 10. NPR Date:
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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

Encryption Information
 ECR: Date: 5/28/2012 Time: 7:53 pm
 gVRxNAAp3Mbtal5m4ufKwxCvp0tp0
 bVJ180M83xbk5:n8yljLztDI ZrgHKA
 rIC31BsembT00m.t0
 PI: Date: 5/28/2012 Time: 7:53 pm
 ouTS: I MpUI FH88MBJrPFT4Xj v070G1
 wJj NeOdDRLRI I RokmHu: UER7GVMPW9
 4utTI Sbc8r0vnVoB

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
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4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	-24	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	-57,605	53,412	0	2,885,206	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 7:46 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: STATE & MADISON STREETS			PO Box: 250				1.00			
2.00	City: LAPORTE			State: IN		Zip Code: 46350-		County: LAPORTE			
		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		LAPORTE HOSPITAL	150006	43780	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		LAPORTE PSYCH UNIT	15S006	43780	4	01/01/2011	N	P	N	4.00
5.00	Subprovider - IRF		LAPORTE REHAB UNIT	15T006	43780	5	01/01/1987	N	P	N	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF		LAPORTE SKILLED NURSING FACILITY	155297	43780		06/01/1987	N	P	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			1,684	799	0	36	1,559	0	24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			75	20	0	0	18	0	25.00	
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1		26.00		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 7:46 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	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)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150006

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2012 7:46 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.	N		0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N	0	71.00

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				1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.					N	86.00
				V		XIX	
				1.00		2.00	
Title V or XIX Inpatient Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					Y	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical		Occupational	
				1.00		2.00	
				Speech		Respiratory	
				3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N
				1.00		2.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.			N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.					1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			250,000		0	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 7:46 pm	
		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059				140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH, INC	Contractor's Name: NGS		Contractor's Number: 0130			141.00
142.00	Street: 340 W. 10TH STREET	PO Box:		Zip Code: 46202			142.00
143.00	City: INDIANAPOLIS	State: 18					143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y					144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N					145.00
		1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
		Part A		Part B			
		1.00	2.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N				155.00
156.00	Subprovider - IPF	N	N				156.00
157.00	Subprovider - IRF	N	N				157.00
158.00	SUBPROVIDER	N	N				158.00
159.00	SNF	N	N				159.00
160.00	HOME HEALTH AGENCY	N	N				160.00
161.00	CMHC		N				161.00
161.10	CORF		N				161.10
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N					165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							166.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	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)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/28/2012 7:46 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		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: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/28/2012 7:46 pm
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150006

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2012 7:46 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		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: 150006

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	94	34,310	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		94	34,310	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		114	41,610	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300			16.00
17.00 SUBPROVIDER - IRF	41.00	9	3,285			17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	55	20,075			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	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)		198				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150006

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 7:46 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	9,105	1,042	14,513		1.00
2.00 HMO		2,270	2,285			2.00
3.00 HMO IPF		1,628	0			3.00
4.00 HMO IRF		307	113			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	9,105	1,042	14,513		7.00
8.00 INTENSIVE CARE UNIT	0	2,735	188	4,406		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		428	1,587		13.00
14.00 Total (see instructions)	0	11,840	1,658	20,506		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,578	0	3,417		16.00
17.00 SUBPROVIDER - IRF	0	1,070	0	1,477		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	5,489	0	14,179		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	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	3,210		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			135	1,712		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150006

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 7:46 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	2,533	1.00
2.00 HMO					70	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	1,015.80	0.00	0	2,533	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	20.73	0.00	0	169	16.00
17.00 SUBPROVIDER - IRF	0.00	7.44	0.00	0	99	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	50.33	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,094.30	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150006

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,374	4,404		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,374	4,404		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	131	539		16.00
17.00 SUBPROVIDER - IRF	7	129		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				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
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150006

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2012 7:46 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	57,858,925	0	57,858,925	2,276,167.65	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	2,146,360	0	2,146,360	104,686.00	9.00
10.00	Excluded area salaries (see instructions)		5,206,726	588,648	5,795,374	244,271.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		0	0	0	0.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		21,614,615	0	21,614,615		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		2,985,374	0	2,985,374		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	642,239	0	642,239	31,839.00	26.00
27.00	Administrative & General	5.00	10,556,809	-710,327	9,846,482	368,829.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	909,321	424,689	1,334,010	63,933.00	30.00
31.00	Laundry & Linen Service	8.00	274,353	0	274,353	23,296.00	31.00
32.00	Housekeeping	9.00	998,432	0	998,432	80,761.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,437,378	-975,094	462,284	37,564.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	975,094	975,094	61,731.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	710,826	0	710,826	20,447.00	38.00
39.00	Central Services and Supply	14.00	252,434	0	252,434	16,402.00	39.00
40.00	Pharmacy	15.00	1,926,854	0	1,926,854	59,028.00	40.00
41.00	Medical Records & Medical Records Library	16.00	976,124	0	976,124	61,938.00	41.00
42.00	Social Service	17.00	679,283	0	679,283	24,031.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/28/2012 7:46 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	25.42	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	20.50	9.00
10.00	Excluded area salaries (see instructions)	23.73	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	0.00	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	20.17	26.00
27.00	Administrative & General	26.70	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	20.87	30.00
31.00	Laundry & Linen Service	11.78	31.00
32.00	Housekeeping	12.36	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	12.31	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	15.80	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	34.76	38.00
39.00	Central Services and Supply	15.39	39.00
40.00	Pharmacy	32.64	40.00
41.00	Medical Records & Medical Records Library	15.76	41.00
42.00	Social Service	28.27	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/28/2012 7:46 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	57,858,925	0	57,858,925	2,276,167.65		1.00
2.00	Excluded area salaries (see instructions)	7,353,086	588,648	7,941,734	348,957.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,505,839	-588,648	49,917,191	1,927,210.65		3.00
4.00	Subtotal other wages & related costs (see inst.)	0	0	0	0.00		4.00
5.00	Subtotal wage-related costs (see inst.)	21,614,615	0	21,614,615	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	72,120,454	-588,648	71,531,806	1,927,210.65		6.00
7.00	Total overhead cost (see instructions)	19,364,053	-285,638	19,078,415	849,799.00		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/28/2012 7:46 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	25.42	1.00
2.00	Excluded area salaries (see instructions)	22.76	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	0.00	4.00
5.00	Subtotal wage-related costs (see inst.)	43.30	5.00
6.00	Total (sum of lines 3 thru 5)	37.12	6.00
7.00	Total overhead cost (see instructions)	22.45	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150006

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/28/2012 7:46 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,697,375	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	6,510,554	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	381,030	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	99,936	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	166,529	14.00
15.00	'Workers' Compensation Insurance	248,380	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	158,818	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	120,045	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	169,227	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,551,894	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150006

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150006

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

Worksheet S-7

Date/Time Prepared:
5/28/2012 7:46 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	7	0	7 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	31	0	31 7.00
8.00		RHL	70	0	70 8.00
9.00		RMX	39	0	39 9.00
10.00		RML	18	0	18 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	108	0	108 15.00
16.00		RVB	50	0	50 16.00
17.00		RVA	20	0	20 17.00
18.00		RHC	1,065	0	1,065 18.00
19.00		RHB	1,288	0	1,288 19.00
20.00		RHA	327	0	327 20.00
21.00		RMC	789	0	789 21.00
22.00		RMB	627	0	627 22.00
23.00		RMA	287	0	287 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	47	0	47 28.00
29.00		HE2	17	0	17 29.00
30.00		HE1	8	0	8 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	22	0	22 32.00
33.00		HC2	2	0	2 33.00
34.00		HC1	34	0	34 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	39	0	39 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	3	0	3 38.00
39.00		LD2	11	0	11 39.00
40.00		LD1	61	0	61 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	46	0	46 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	6	0	6 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	20	0	20 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	109	0	109 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	111	0	111 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	44	0	44 52.00
53.00		CA2	2	0	2 53.00
54.00		CA1	122	0	122 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150006

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

Worksheet S-7

Date/Time Prepared:
5/28/2012 7:46 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	6	0	6	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	23	0	23	74.00
75.00		PB2	6	0	6	75.00
76.00		PB1	3	0	3	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	21	0	21	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		5,489	0	5,489	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		5,658,099			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/28/2012 7:46 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)		0.291161	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		10,931,866	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		64,895,339	6.00
7.00	Medicaid cost (line 1 times line 6)		18,894,992	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)		7,963,126	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)		12,512,310	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		3,643,097	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)		3,643,097	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)		11,606,223	19.00
			1.00	
			2.00	
			3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	0	0	0
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	0	0	0
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	0	0	0
			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)		15,040,652	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		478,063	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		14,562,589	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,240,058	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,240,058	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,846,281	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150006

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

Worksheet A
Date/Time Prepared:
5/28/2012 7:46 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		0	0	8,160,316	8,160,316	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	9,179,802	9,179,802	2.00
4.00 EMPLOYEE BENEFITS	642,239	16,869,281	17,511,520	4,246,576	21,758,096	4.00
5.01 NONPATIENT TELEPHONES	244,960	67,027	311,987	-32,768	279,219	5.01
5.03 PURCHASING, RECEIVING AND STORES	466,737	405,764	872,501	-212,239	660,262	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	1,817,632	3,364,988	5,182,620	-1,059,515	4,123,105	5.04
5.06 OTHER ADMINISTRATIVE AND GENERAL	8,027,480	27,049,504	35,076,984	-6,460,909	28,616,075	5.06
7.00 OPERATION OF PLANT	909,321	7,498,340	8,407,661	-3,185,081	5,222,580	7.00
8.00 LAUNDRY & LINEN SERVICE	274,353	144,578	418,931	-41,264	377,667	8.00
9.00 HOUSEKEEPING	998,432	264,393	1,262,825	-94,583	1,168,242	9.00
10.00 DIETARY	1,437,378	1,312,808	2,750,186	-1,914,273	835,913	10.00
11.00 CAFETERIA	0	0	0	1,763,188	1,763,188	11.00
13.00 NURSING ADMINISTRATION	710,826	232,430	943,256	-69,001	874,255	13.00
14.00 CENTRAL SERVICES & SUPPLY	252,434	1,152,175	1,404,609	2,833,795	4,238,404	14.00
15.00 PHARMACY	1,926,854	5,797,029	7,723,883	-5,488,166	2,235,717	15.00
16.00 MEDICAL RECORDS & LIBRARY	976,124	311,340	1,287,464	-96,492	1,190,972	16.00
17.00 SOCIAL SERVICE	679,283	159,344	838,627	-57,330	781,297	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	5,723,981	4,178,495	9,902,476	-467,912	9,434,564	30.00
31.00 INTENSIVE CARE UNIT	2,822,662	715,011	3,537,673	-529,923	3,007,750	31.00
40.00 SUBPROVIDER - I PF	989,467	457,698	1,447,165	-156,834	1,290,331	40.00
41.00 SUBPROVIDER - IRF	404,804	77,907	482,711	-37,816	444,895	41.00
43.00 NURSERY	0	0	0	421,690	421,690	43.00
44.00 SKILLED NURSING FACILITY	2,146,360	491,143	2,637,503	-438,975	2,198,528	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,165,569	12,216,134	16,381,703	-8,660,924	7,720,779	50.00
52.00 DELIVERY ROOM & LABOR ROOM	1,767,094	349,551	2,116,645	-1,370,454	746,191	52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,855,838	2,869,435	4,725,273	-1,711,926	3,013,347	54.00
54.01 NUCLEAR MEDICINE	262,482	441,502	703,984	-125,018	578,966	54.01
54.02 ULTRASOUND	385,370	131,744	517,114	-92,549	424,565	54.02
57.00 CT SCAN	460,656	933,109	1,393,765	-700,738	693,027	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	481,151	612,552	1,093,703	-288,851	804,852	58.00
59.00 CARDIAC CATHETERIZATION	871,920	2,244,660	3,116,580	-1,982,380	1,134,200	59.00
60.00 LABORATORY	2,390,007	3,774,420	6,164,427	-644,436	5,519,991	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	60,178	866,955	927,133	-11,314	915,819	62.00
65.00 RESPIRATORY THERAPY	892,706	330,419	1,223,125	-301,366	921,759	65.00
66.00 PHYSICAL THERAPY	3,302,041	817,360	4,119,401	-2,033,428	2,085,973	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	690,935	690,935	67.00
68.00 SPEECH PATHOLOGY	0	0	0	316,291	316,291	68.00
69.00 ELECTROCARDIOLOGY	1,777,969	3,969,125	5,747,094	-1,514,828	4,232,266	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,337,515	4,337,515	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,038,102	4,038,102	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	5,439,191	5,439,191	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	170,796	36,181	206,977	-27,910	179,067	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	407,353	357,459	764,812	-158,299	606,513	90.00
90.01 DENTAL CLINIC	257,623	290,981	548,604	-95,527	453,077	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	395,326	135,213	530,539	-37,496	493,043	90.03
90.04 INFUSION CENTER	200,938	33,704	234,642	-31,025	203,617	90.04
91.00 EMERGENCY	2,340,034	1,495,654	3,835,688	-677,428	3,158,260	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	150,092	12,365	162,457	-12,366	150,091	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	54,046,470	102,467,778	156,514,248	606,057	157,120,305	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,601	123	1,724	-123	1,601	190.00
190.03 PHYSICIAN RECRUITMENT	78,259	231,779	310,038	-13,126	296,912	190.03
190.04 MARKETING / PUBLIC RELATIONS	0	0	0	889,348	889,348	190.04
190.05 SPORTS MEDICINE	0	0	0	310,481	310,481	190.05
190.06 FOUNDATION	261,419	18,463	279,882	-18,162	261,720	190.06
191.00 RESEARCH	211,983	57,350	269,333	-27,665	241,668	191.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 FREESTANDING VNA & HOSPICE	2,868,882	2,074,706	4,943,588	-571,695	4,371,893	193.01
193.02 WELLNESS CENTER	280,226	197,945	478,171	-58,530	419,641	193.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
193.03 RENTAL PROPERTIES	110,085	1,817,875	1,927,960	-1,116,585	811,375	193.03
193.04 STARKE HOSPITAL	0	0	0	0	0	193.04
200.00 TOTAL (SUM OF LINES 118-199)	57,858,925	106,866,019	164,724,944	0	164,724,944	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150006

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

Worksheet A
Date/Time Prepared:
5/28/2012 7:46 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	2,999,790	11,160,106	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	443,750	9,623,552	2.00
4.00	EMPLOYEE BENEFITS	-2,726,273	19,031,823	4.00
5.01	NONPATIENT TELEPHONES	-7,477	271,742	5.01
5.03	PURCHASING, RECEIVING AND STORES	5,023	665,285	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	1,553,178	5,676,283	5.04
5.06	OTHER ADMINISTRATIVE AND GENERAL	-12,630,168	15,985,907	5.06
7.00	OPERATION OF PLANT	662,115	5,884,695	7.00
8.00	LAUNDRY & LINEN SERVICE	-28,354	349,313	8.00
9.00	HOUSEKEEPING	88,767	1,257,009	9.00
10.00	DIETARY	-858,828	-22,915	10.00
11.00	CAFETERIA	19,635	1,782,823	11.00
13.00	NURSING ADMINISTRATION	-89,801	784,454	13.00
14.00	CENTRAL SERVICES & SUPPLY	-29,034	4,209,370	14.00
15.00	PHARMACY	-973,329	1,262,388	15.00
16.00	MEDICAL RECORDS & LIBRARY	-67,437	1,123,535	16.00
17.00	SOCIAL SERVICE	-1,407	779,890	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-2,743,855	6,690,709	30.00
31.00	INTENSIVE CARE UNIT	-2,000	3,005,750	31.00
40.00	SUBPROVIDER - IPF	-348,407	941,924	40.00
41.00	SUBPROVIDER - IRF	-33,810	411,085	41.00
43.00	NURSERY	0	421,690	43.00
44.00	SKILLED NURSING FACILITY	-55,200	2,143,328	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-2,494,613	5,226,166	50.00
52.00	DELIVERY ROOM & LABOR ROOM	-3,166	743,025	52.00
54.00	RADIOLOGY-DIAGNOSTIC	-226,841	2,786,506	54.00
54.01	NUCLEAR MEDICINE	0	578,966	54.01
54.02	ULTRASOUND	0	424,565	54.02
57.00	CT SCAN	0	693,027	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	804,852	58.00
59.00	CARDIAC CATHETERIZATION	-2,625	1,131,575	59.00
60.00	LABORATORY	-971,784	4,548,207	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	915,819	62.00
65.00	RESPIRATORY THERAPY	-10,200	911,559	65.00
66.00	PHYSICAL THERAPY	-22,793	2,063,180	66.00
67.00	OCCUPATIONAL THERAPY	0	690,935	67.00
68.00	SPEECH PATHOLOGY	0	316,291	68.00
69.00	ELECTROCARDIOLOGY	-454,529	3,777,737	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,337,515	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	4,038,102	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,439,191	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	CARDIAC REHABILITATION	-1,714	177,353	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	-131,395	475,118	90.00
90.01	DENTAL CLINIC	-164,694	288,383	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03	DIABETIC TRAINING	-45,671	447,372	90.03
90.04	INFUSION CENTER	0	203,617	90.04
91.00	EMERGENCY	-754,532	2,403,728	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	150,091	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-20,107,679	137,012,626	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,601	190.00
190.03	PHYSICIAN RECRUITMENT	-46,075	250,837	190.03
190.04	MARKETING / PUBLIC RELATIONS	0	889,348	190.04
190.05	SPORTS MEDICINE	0	310,481	190.05
190.06	FOUNDATION	0	261,720	190.06
191.00	RESEARCH	0	241,668	191.00
193.00	NONPAID WORKERS	0	0	193.00
193.01	FREESTANDING VNA & HOSPICE	-286,635	4,085,258	193.01
193.02	WELLNESS CENTER	0	419,641	193.02
193.03	RENTAL PROPERTIES	0	811,375	193.03
193.04	STARKE HOSPITAL	19,154,990	19,154,990	193.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
	6.00	7.00	
200.00 TOTAL (SUM OF LINES 118-199)	-1,285,399	163,439,545	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PUBLIC RELATIONS					
1.00	MARKETING / PUBLIC RELATIONS	190.04	285,638	630,819	1.00
	TOTALS		285,638	630,819	
B - RENTAL EXPENSE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	909,741	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,431,616	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
	TOTALS		0	2,341,357	
C - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,574,692	1.00
	TOTALS		0	1,574,692	
D - SECURITY					
1.00	OPERATION OF PLANT	7.00	424,689	62,378	1.00
	TOTALS		424,689	62,378	
E - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,154,008	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,270,061	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
36.00		0.00	0	0				36.00	
37.00		0.00	0	0				37.00	
38.00		0.00	0	0				38.00	
39.00		0.00	0	0				39.00	
40.00		0.00	0	0				40.00	
41.00		0.00	0	0				41.00	
42.00		0.00	0	0				42.00	
43.00		0.00	0	0				43.00	
44.00		0.00	0	0				44.00	
45.00		0.00	0	0				45.00	
46.00		0.00	0	0				46.00	
TOTALS			0	13,424,069					
F - DRUGS									
1.00	INTENSIVE CARE UNIT	31.00	0	37				1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,439,291				2.00	
3.00	EMERGENCY	91.00	0	63				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	
TOTALS			0	5,439,391					
G - MED SUPPLIES									
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	7,290				1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,744,386				2.00	
3.00	OPERATING ROOM	50.00	0	375				3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,341,658				4.00	
5.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,038,102				5.00	
6.00	INFUSION CENTER	90.04	0	22				6.00	
7.00	RESEARCH	191.00	0	3,395				7.00	
8.00		0.00	0	0				8.00	
9.00		0.00	0	0				9.00	
10.00		0.00	0	0				10.00	
11.00		0.00	0	0				11.00	
12.00		0.00	0	0				12.00	
13.00		0.00	0	0				13.00	
14.00		0.00	0	0				14.00	
15.00		0.00	0	0				15.00	
16.00		0.00	0	0				16.00	
17.00		0.00	0	0				17.00	
18.00		0.00	0	0				18.00	
19.00		0.00	0	0				19.00	
20.00		0.00	0	0				20.00	
21.00		0.00	0	0				21.00	
22.00		0.00	0	0				22.00	
23.00		0.00	0	0				23.00	
24.00		0.00	0	0				24.00	
25.00		0.00	0	0				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
TOTALS					
			0	12,135,228	
H - LABOR AND DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	619,619	11,018	1.00
2.00	NURSERY	43.00	414,322	7,368	2.00
TOTALS					
			1,033,941	18,386	
I - MEALS					
1.00	CAFETERIA	11.00	975,094	788,094	1.00
TOTALS					
			975,094	788,094	
J - FRINGE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	4,314,124	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
TOTALS					
			0	4,314,124	
K - PT, OT, ST					
1.00	OCCUPATIONAL THERAPY	67.00	674,886	16,049	1.00
2.00	SPEECH PATHOLOGY	68.00	312,261	4,030	2.00
3.00	SPORTS MEDICINE	190.05	303,010	7,471	3.00
TOTALS					
			1,290,157	27,550	

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6

Date/Time Prepared:
5/28/2012 7:46 pm

		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	L - ADMIN OFFICES				
1.00	OPERATION OF PLANT	7.00	0	61,755	1.00
	TOTALS		0	61,755	
500.00	Grand Total: Increases		4,009,519	40,817,843	500.00

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6
Date/Time Prepared:
5/28/2012 7:46 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - PUBLIC RELATIONS							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	285,638	630,819	0		1.00
	TOTALS		285,638	630,819			
B - RENTAL EXPENSE							
1.00	EMPLOYEE BENEFITS	4.00	0	1,742	9		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	96,765	9		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	5,653	9		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	155,677	9		4.00
5.00	OPERATION OF PLANT	7.00	0	4,408	9		5.00
6.00	DIETARY	10.00	0	1,188	9		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	91,327	9		7.00
8.00	PHARMACY	15.00	0	10,178	9		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,562	9		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	94,978	9		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	18,930	9		11.00
12.00	SUBPROVIDER - IPF	40.00	0	940	9		12.00
13.00	SUBPROVIDER - IRF	41.00	0	1,801	9		13.00
14.00	SKILLED NURSING FACILITY	44.00	0	211	9		14.00
15.00	OPERATING ROOM	50.00	0	1,912	9		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	36,061	9		16.00
17.00	CT SCAN	57.00	0	350,100	9		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	139,979	9		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	116,703	9		19.00
20.00	LABORATORY	60.00	0	69,626	9		20.00
21.00	RESPIRATORY THERAPY	65.00	0	11,646	9		21.00
22.00	PHYSICAL THERAPY	66.00	0	231,431	9		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	121,868	9		23.00
24.00	CLINIC	90.00	0	30	9		24.00
25.00	DENTAL CLINIC	90.01	0	18	9		25.00
26.00	INFUSION CENTER	90.04	0	181	9		26.00
27.00	EMERGENCY	91.00	0	5,599	9		27.00
28.00	PHYSICIAN RECRUITMENT	190.03	0	5,352	9		28.00
29.00	RESEARCH	191.00	0	15,091	9		29.00
30.00	FREESTANDING VNA & HOSPICE	193.01	0	222,657	9		30.00
31.00	RENTAL PROPERTIES	193.03	0	523,743	9		31.00
	TOTALS		0	2,341,357			
C - INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,574,692	11		1.00
	TOTALS		0	1,574,692			
D - SECURITY							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	424,689	62,378	0		1.00
	TOTALS		424,689	62,378			
E - DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	33,976	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	15,022	9		2.00
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	87,821	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	20,882	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,728,964	0		5.00
6.00	OPERATION OF PLANT	7.00	0	3,619,598	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	20,297	0		7.00
8.00	HOUSEKEEPING	9.00	0	12,362	0		8.00
9.00	DIETARY	10.00	0	36,232	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	15,765	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	133,314	0		11.00
12.00	PHARMACY	15.00	0	143,786	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,105	0		13.00
14.00	SOCIAL SERVICE	17.00	0	6,605	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	91,726	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	128,734	0		16.00
17.00	SUBPROVIDER - IPF	40.00	0	71,197	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	5,524	0		18.00
19.00	SKILLED NURSING FACILITY	44.00	0	40,776	0		19.00
20.00	OPERATING ROOM	50.00	0	1,064,740	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	80,224	0		21.00

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6
Date/Time Prepared:
5/28/2012 7:46 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,131,632	0		22.00	
23.00	NUCLEAR MEDICINE	54.01	0	101,552	0		23.00	
24.00	ULTRASOUND	54.02	0	44,288	0		24.00	
25.00	CT SCAN	57.00	0	233,280	0		25.00	
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	101,097	0		26.00	
27.00	CARDIAC CATHETERIZATION	59.00	0	157,612	0		27.00	
28.00	LABORATORY	60.00	0	258,614	0		28.00	
29.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	6,975	0		29.00	
30.00	RESPIRATORY THERAPY	65.00	0	36,530	0		30.00	
31.00	PHYSICAL THERAPY	66.00	0	138,099	0		31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	775,212	0		32.00	
33.00	CLINIC	90.00	0	98,251	0		33.00	
34.00	DENTAL CLINIC	90.01	0	5,484	0		34.00	
35.00	DIABETIC TRAINING	90.03	0	6,800	0		35.00	
36.00	INFUSION CENTER	90.04	0	2,754	0		36.00	
37.00	EMERGENCY	91.00	0	319,772	0		37.00	
38.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,142	0		38.00	
39.00	PHYSICIAN RECRUITMENT	190.03	0	2,276	0		39.00	
40.00	MARKETING / PUBLIC RELATIONS	190.04	0	6,137	0		40.00	
41.00	FOUNDATION	190.06	0	26	0		41.00	
42.00	RESEARCH	191.00	0	182	0		42.00	
43.00	FREESTANDING VNA & HOSPICE	193.01	0	54,799	0		43.00	
44.00	WELLNESS CENTER	193.02	0	34,722	0		44.00	
45.00	RENTAL PROPERTIES	193.03	0	523,238	0		45.00	
46.00	CARDIAC REHABILITATION	76.97	0	10,945	0		46.00	
	TOTALS		0	13,424,069				
F - DRUGS								
1.00	EMPLOYEE BENEFITS	4.00	0	29,489	0		1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	496	0		2.00	
3.00	PHARMACY	15.00	0	5,119,561	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	2,291	0		4.00	
5.00	SKILLED NURSING FACILITY	44.00	0	145,256	0		5.00	
6.00	OPERATING ROOM	50.00	0	125,418	0		6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,030	0		7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37	0		8.00	
9.00	CARDIAC CATHETERIZATION	59.00	0	56	0		9.00	
10.00	PHYSICAL THERAPY	66.00	0	5	0		10.00	
11.00	ELECTROCARDIOLOGY	69.00	0	755	0		11.00	
12.00	DRUGS CHARGED TO PATIENTS	73.00	0	100	0		12.00	
13.00	CLINIC	90.00	0	14,897	0		13.00	
	TOTALS		0	5,439,391				
G - MED SUPPLIES								
1.00	EMPLOYEE BENEFITS	4.00	0	2,341	0		1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	22	0		2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	5,290	0		3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,024	0		4.00	
5.00	OPERATION OF PLANT	7.00	0	2,378	0		5.00	
6.00	LAUNDRY & LINEN SERVICE	8.00	0	1,480	0		6.00	
7.00	HOUSEKEEPING	9.00	0	10,389	0		7.00	
8.00	DIETARY	10.00	0	8,740	0		8.00	
9.00	NURSING ADMINISTRATION	13.00	0	99	0		9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	660,133	0		10.00	
11.00	PHARMACY	15.00	0	75,841	0		11.00	
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	88	0		12.00	
13.00	SOCIAL SERVICE	17.00	0	3	0		13.00	
14.00	ADULTS & PEDIATRICS	30.00	0	422,026	0		14.00	
15.00	INTENSIVE CARE UNIT	31.00	0	170,861	0		15.00	
16.00	SUBPROVIDER - IPF	40.00	0	10,777	0		16.00	
17.00	SUBPROVIDER - IRF	41.00	0	413	0		17.00	
18.00	SKILLED NURSING FACILITY	44.00	0	94,757	0		18.00	
19.00	OPERATING ROOM	50.00	0	7,158,007	0		19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	105,595	0		20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	407,727	0		21.00	
22.00	NUCLEAR MEDICINE	54.01	0	4,162	0		22.00	
23.00	ULTRASOUND	54.02	0	19,322	0		23.00	
24.00	CT SCAN	57.00	0	83,622	0		24.00	
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,206	0		25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	1,643,558	0		26.00	

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6
Date/Time Prepared:
5/28/2012 7:46 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	LABORATORY	60.00	0	106,894	0		27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	7	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	185,924	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	105,073	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	483,178	0		31.00
32.00	CLINIC	90.00	0	6,438	0		32.00
33.00	DENTAL CLINIC	90.01	0	59,680	0		33.00
34.00	DIABETIC TRAINING	90.03	0	81	0		34.00
35.00	INFUSION CENTER	90.04	0	13,543	0		35.00
36.00	EMERGENCY	91.00	0	176,374	0		36.00
37.00	RESEARCH	191.00	0	1	0		37.00
38.00	FREESTANDING VNA & HOSPICE	193.01	0	80,787	0		38.00
39.00	WELLNESS CENTER	193.02	0	1,781	0		39.00
40.00	RENTAL PROPERTIES	193.03	0	10	0		40.00
41.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,939	0		41.00
42.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,143	0		42.00
43.00	CARDIAC REHABILITATION	76.97	0	3,514	0		43.00
	TOTALS		0	12,135,228			
H - LABOR AND DELIVERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,033,941	18,386	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,033,941	18,386			
I - MEALS							
1.00	DIETARY	10.00	975,094	788,094	0		1.00
	TOTALS		975,094	788,094			
J - FRINGE BENEFITS							
1.00	NONPATIENT TELEPHONES	5.01	0	17,724	0		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	34,943	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	111,233	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	513,485	0		4.00
5.00	OPERATION OF PLANT	7.00	0	107,519	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	19,487	0		6.00
7.00	HOUSEKEEPING	9.00	0	71,832	0		7.00
8.00	DIETARY	10.00	0	104,925	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	53,137	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,382	0		10.00
11.00	PHARMACY	15.00	0	138,800	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	75,737	0		12.00
13.00	SOCIAL SERVICE	17.00	0	50,722	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	487,528	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	211,435	0		15.00
16.00	SUBPROVIDER - IPF	40.00	0	73,920	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	30,078	0		17.00
18.00	SKILLED NURSING FACILITY	44.00	0	157,975	0		18.00
19.00	OPERATING ROOM	50.00	0	311,222	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	131,278	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	136,418	0		21.00
22.00	NUCLEAR MEDICINE	54.01	0	19,304	0		22.00
23.00	ULTRASOUND	54.02	0	28,939	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	51	0		24.00
25.00	CT SCAN	57.00	0	33,736	0		25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	35,569	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	64,451	0		27.00
28.00	LABORATORY	60.00	0	209,302	0		28.00
29.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	4,332	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	67,266	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	241,113	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	133,815	0		32.00
33.00	CLINIC	90.00	0	38,683	0		33.00
34.00	DENTAL CLINIC	90.01	0	30,345	0		34.00
35.00	DIABETIC TRAINING	90.03	0	30,615	0		35.00
36.00	INFUSION CENTER	90.04	0	14,569	0		36.00
37.00	EMERGENCY	91.00	0	175,746	0		37.00
38.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	11,224	0		38.00
39.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	123	0		39.00

Provider CCN: 150006

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

Worksheet A-6
Date/Time Prepared:
5/28/2012 7:46 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
40.00	PHYSICIAN RECRUITMENT	190.03	0	5,498	0		40.00
41.00	MARKETING / PUBLIC RELATIONS	190.04	0	20,972	0		41.00
42.00	FOUNDATION	190.06	0	18,136	0		42.00
43.00	RESEARCH	191.00	0	15,786	0		43.00
44.00	FREESTANDING VNA & HOSPICE	193.01	0	213,452	0		44.00
45.00	WELLNESS CENTER	193.02	0	22,027	0		45.00
46.00	RENTAL PROPERTIES	193.03	0	7,839	0		46.00
47.00	CARDIAC REHABILITATION	76.97	0	13,451	0		47.00
	TOTALS		0	4,314,124			
K - PT, OT, ST							
1.00	PHYSICAL THERAPY	66.00	1,290,157	27,550	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		1,290,157	27,550			
L - ADMIN OFFICES							
1.00	RENTAL PROPERTIES	193.03	0	61,755	0		1.00
	TOTALS		0	61,755			
500.00	Grand Total: Decreases		4,009,519	40,817,843			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/28/2012 7:46 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,206,165	137,797	0	137,797	0	1.00
2.00	Land Improvements	2,489,104	0	0	0	52,966	2.00
3.00	Buildings and Fixtures	49,614,963	0	0	0	4,085,782	3.00
4.00	Building Improvements	63,344,346	4,957,458	0	4,957,458	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	72,662,421	8,009,072	0	8,009,072	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	193,316,999	13,104,327	0	13,104,327	4,138,748	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	193,316,999	13,104,327	0	13,104,327	4,138,748	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	0	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)	0	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	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	121,611,085	0	121,611,085	0.601194	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	80,671,493	0	80,671,493	0.398806	0	2.00
3.00	Total (sum of lines 1-2)	202,282,578	0	202,282,578	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,343,962	0		1.00		
2.00	Land Improvements	2,436,138	0		2.00		
3.00	Buildings and Fixtures	45,529,181	0		3.00		
4.00	Building Improvements	68,301,804	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	80,671,493	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	202,282,578	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	202,282,578	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	0		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,585,624	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,179,802	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,765,426	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,574,482	0	0	0	11,160,106	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	443,750	0	0	0	9,623,552	2.00
3.00	Total (sum of lines 1-2)	5,018,232	0	0	0	20,783,658	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150006

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

Worksheet A-8

Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - 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)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-8,361,983				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	8,750,403				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests		0			0.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)			*** Cost Center Deleted ***		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			*** Cost Center Deleted ***		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		SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A				0.00	32.00
33.00 STARKE HOSPITAL	A	19,154,990	STARKE HOSPITAL		193.04	33.00
34.00 BAD DEBT EXPENSE	A	-14,657,915	OTHER ADMINISTRATIVE AND GENERAL		5.06	34.00
35.00 BAD DEBT EXPENSE	A	-99,021	ADULTS & PEDIATRICS		30.00	35.00
35.01 BAD DEBT EXPENSE	A	-283,715	FREESTANDING VNA & HOSPICE		193.01	35.01
36.00 FI CARRYFORWARD 1990 ASSETS	A	-3,311	NEW CAP REL COSTS-BLDG & FIXT		1.00	36.00
37.00 FI CARRYFORWARD 1993 ASSETS	A	-5,020	NEW CAP REL COSTS-BLDG & FIXT		1.00	37.00
38.00 FI CARRYFORWARD 1994 ASSETS	A	-1,615	NEW CAP REL COSTS-BLDG & FIXT		1.00	38.00
39.00 FI CARRYFORWARD 1994	A	1,820	NEW CAP REL COSTS-MVBLE EQUIP		2.00	39.00
40.00 LRPN HEALTH INSURANCE	A	-3,408,043	EMPLOYEE BENEFITS		4.00	40.00
41.00 STARKE HEALTH INSURANCE	A	-601,892	EMPLOYEE BENEFITS		4.00	41.00
42.00 SURGICARE HEALTH INSURANCE	A	-130,526	EMPLOYEE BENEFITS		4.00	42.00
43.00 MISC / NON PATIENT INCOME	B	894,893	NEW CAP REL COSTS-BLDG & FIXT		1.00	43.00
44.00 MISC / NON PATIENT INCOME	B	-49,236	NONPATIENT TELEPHONES		5.01	44.00

Provider CCN: 150006

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

Worksheet A-8
Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
45.00 MISC / NON PATIENT INCOME	B	-299,666	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.00	
45.01 MISC / NON PATIENT INCOME	B	-8,852	OPERATION OF PLANT	7.00	45.01	
45.02 MISC / NON PATIENT INCOME	B	-28,354	LAUNDRY & LINEN SERVICE	8.00	45.02	
45.03 MISC / NON PATIENT INCOME	B	-75,875	HOUSEKEEPING	9.00	45.03	
45.04 MISC / NON PATIENT INCOME	B	-858,828	DIETARY	10.00	45.04	
45.05 MISC / NON PATIENT INCOME	B	-29,034	CENTRAL SERVICES & SUPPLY	14.00	45.05	
45.06 MISC / NON PATIENT INCOME	B	-973,329	PHARMACY	15.00	45.06	
45.07 MISC / NON PATIENT INCOME	B	-67,437	MEDICAL RECORDS & LIBRARY	16.00	45.07	
45.08 MISC / NON PATIENT INCOME	B	-1,407	SOCIAL SERVICE	17.00	45.08	
45.09 MISC / NON PATIENT INCOME	B	-678	ADULTS & PEDIATRICS	30.00	45.09	
45.10 MISC / NON PATIENT INCOME	B	-3,166	DELIVERY ROOM & LABOR ROOM	52.00	45.10	
45.11 MISC / NON PATIENT INCOME	B	-15,572	PHYSICAL THERAPY	66.00	45.11	
45.12 MISC / NON PATIENT INCOME	B	-41,880	ELECTROCARDIOLOGY	69.00	45.12	
45.13 MISC / NON PATIENT INCOME	B	-6,000	CLINIC	90.00	45.13	
45.14 MISC / NON PATIENT INCOME	B	-6,000	DENTAL CLINIC	90.01	45.14	
45.15 MISC / NON PATIENT INCOME	B	-4,871	DIABETIC TRAINING	90.03	45.15	
45.16 PHYSICIAN FEES	A	-2,920	FREESTANDING VNA & HOSPICE	193.01	45.16	
45.17 MISC / NON PATIENT INCOME	B	-1,714	CARDIAC REHABILITATION	76.97	45.17	
45.18 MISC / NON PATIENT INCOME	B	-59,645	SUBPROVIDER - IPF	40.00	45.18	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,285,399			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150006

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

Worksheet A-8
Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	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	STARKE HOSPITAL	0	33.00
34.00	BAD DEBT EXPENSE	0	34.00
35.00	BAD DEBT EXPENSE	0	35.00
35.01	BAD DEBT EXPENSE	0	35.01
36.00	FI CARRYFORWARD 1990 ASSETS	11	36.00
37.00	FI CARRYFORWARD 1993 ASSETS	11	37.00
38.00	FI CARRYFORWARD 1994 ASSETS	11	38.00
39.00	FI CARRYFORWARD 1994	11	39.00
40.00	LRPN HEATLH INSURANCE	0	40.00
41.00	STARKE HEATLH INSURANCE	0	41.00
42.00	SURGICARE HEALTH INSURANCE	0	42.00
43.00	MISC / NON PATIENT INCOME	11	43.00
44.00	MISC / NON PATIENT INCOME	0	44.00
45.00	MISC / NON PATIENT INCOME	0	45.00
45.01	MISC / NON PATIENT INCOME	0	45.01
45.02	MISC / NON PATIENT INCOME	0	45.02
45.03	MISC / NON PATIENT INCOME	0	45.03
45.04	MISC / NON PATIENT INCOME	0	45.04
45.05	MISC / NON PATIENT INCOME	0	45.05
45.06	MISC / NON PATIENT INCOME	0	45.06
45.07	MISC / NON PATIENT INCOME	0	45.07
45.08	MISC / NON PATIENT INCOME	0	45.08
45.09	MISC / NON PATIENT INCOME	0	45.09
45.10	MISC / NON PATIENT INCOME	0	45.10
45.11	MISC / NON PATIENT INCOME	0	45.11
45.12	MISC / NON PATIENT INCOME	0	45.12
45.13	MISC / NON PATIENT INCOME	0	45.13
45.14	MISC / NON PATIENT INCOME	0	45.14

ADJUSTMENTS TO EXPENSES

Provider CCN: 150006

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.15	MISC / NON PATIENT INCOME	0	45.15
45.16	PHYSICIAN FEES	0	45.16
45.17	MISC / NON PATIENT INCOME	0	45.17
45.18	MISC / NON PATIENT INCOME	0	45.18
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: 150006

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2012 7:46 pm

	Line No.	Cost Center	Expense Items	
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	ALLOCATION FROM HO REPORT	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	ALLOCATION FROM HO REPORT	2.00
3.00	4.00	EMPLOYEE BENEFITS	ALLOCATION FROM HO REPORT	3.00
4.00	5.01	NONPATIENT TELEPHONES	ALLOCATION FROM HO REPORT	4.00
4.01	5.03	PURCHASING, RECEIVING AND STORES	ALLOCATION FROM HO REPORT	4.01
4.02	5.04	CASHIERING/ACCOUNTS RECEIVABLE	ALLOCATION FROM HO REPORT	4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GENERAL	ALLOCATION FROM HO REPORT	4.03
4.04	7.00	OPERATION OF PLANT	ALLOCATION FROM HO REPORT	4.04
4.05	9.00	HOUSEKEEPING	ALLOCATION FROM HO REPORT	4.05
4.06	11.00	CAFETERIA	ALLOCATION FROM HO REPORT	4.06
4.07	190.03	PHYSICIAN RECRUITMENT	MISCELLANEOUS OTHER EXP	4.07
4.08	1.00	NEW CAP REL COSTS-BLDG & FIXT	ALLOCATION FROM HO REPORT (INT EXP)	4.08
4.09	1.00	NEW CAP REL COSTS-BLDG & FIXT	INT EXP	4.09
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	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

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

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

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

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

Provider CCN: 150006

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2012 7:46 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1,023,606	0	1,023,606	11		1.00
2.00	441,930	0	441,930	11		2.00
3.00	1,679,157	264,969	1,414,188	0		3.00
4.00	41,759	0	41,759	0		4.00
4.01	5,023	0	5,023	0		4.01
4.02	1,562,314	9,136	1,553,178	0		4.02
4.03	4,440,541	2,070,228	2,370,313	0		4.03
4.04	670,967	0	670,967	0		4.04
4.05	164,642	0	164,642	0		4.05
4.06	19,635	0	19,635	0		4.06
4.07	0	46,075	-46,075	0		4.07
4.08	480,474	486,487	-6,013	11		4.08
4.09	1,097,250	0	1,097,250	11		4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	11,627,298	2,876,895	8,750,403		5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150006

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2012 7:46 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	42,900	42,900	1.00
2.00	13.00	NURSING ADMINISTRATION	89,801	89,801	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,644,156	2,644,156	3.00
4.00	31.00	INTENSIVE CARE UNIT	2,000	2,000	4.00
5.00	40.00	SUBPROVIDER - IPF	288,762	288,762	5.00
6.00	41.00	SUBPROVIDER - IRF	33,810	33,810	6.00
7.00	44.00	SKILLED NURSING FACILITY	55,200	55,200	7.00
8.00	50.00	OPERATING ROOM	2,494,613	2,494,613	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	226,841	226,841	9.00
10.00	59.00	CARDIAC CATHETERIZATION	2,625	2,625	10.00
11.00	60.00	LABORATORY	971,784	971,784	11.00
12.00	65.00	RESPIRATORY THERAPY	10,200	10,200	12.00
13.00	66.00	PHYSICAL THERAPY	7,221	7,221	13.00
14.00	69.00	ELECTROCARDIOLOGY	412,649	412,649	14.00
15.00	90.00	CLINIC	125,395	125,395	15.00
16.00	90.01	DENTAL CLINIC	158,694	158,694	16.00
17.00	90.03	DIABETIC TRAINING	40,800	40,800	17.00
18.00	91.00	EMERGENCY	754,532	685,001	18.00
200.00			8,361,983	8,292,452	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150006

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

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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	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
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150006

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

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	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
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150006

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

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	RCE		Adjustment	
	Disallowance			
	17.00		18.00	
1.00		0	42,900	1.00
2.00		0	89,801	2.00
3.00		0	2,644,156	3.00
4.00		0	2,000	4.00
5.00		0	288,762	5.00
6.00		0	33,810	6.00
7.00		0	55,200	7.00
8.00		0	2,494,613	8.00
9.00		0	226,841	9.00
10.00		0	2,625	10.00
11.00		0	971,784	11.00
12.00		0	10,200	12.00
13.00		0	7,221	13.00
14.00		0	412,649	14.00
15.00		0	125,395	15.00
16.00		0	158,694	16.00
17.00		0	40,800	17.00
18.00		0	754,532	18.00
200.00		0	8,361,983	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	11,160,106	11,160,106				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	9,623,552		9,623,552			2.00
4.00 EMPLOYEE BENEFITS	19,031,823	23,111	19,929	19,074,863		4.00
5.01 NONPATIENT TELEPHONES	271,742	0	0	81,665	353,407	5.01
5.03 PURCHASING, RECEIVING AND STORES	665,285	170,179	146,748	155,600	1,935	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	5,676,283	41,904	36,135	510,735	25,796	5.04
5.06 OTHER ADMINISTRATIVE AND GENERAL	15,985,907	818,162	705,515	2,534,631	70,292	5.06
7.00 OPERATION OF PLANT	5,884,695	2,167,349	1,868,943	444,731	6,127	7.00
8.00 LAUNDRY & LINEN SERVICE	349,313	173,306	149,445	91,464	1,612	8.00
9.00 HOUSEKEEPING	1,257,009	76,244	65,746	332,856	13,221	9.00
10.00 DIETARY	-22,915	168,481	145,284	155,833	2,580	10.00
11.00 CAFETERIA	1,782,823	260,003	224,205	323,359	5,804	11.00
13.00 NURSING ADMINISTRATION	784,454	26,268	22,652	236,974	3,225	13.00
14.00 CENTRAL SERVICES & SUPPLY	4,209,370	109,035	94,022	84,156	3,547	14.00
15.00 PHARMACY	1,262,388	83,362	71,884	642,373	7,094	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,123,535	106,682	91,994	325,419	9,351	16.00
17.00 SOCIAL SERVICE	779,890	44,049	37,984	226,459	5,804	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,690,709	1,059,730	913,824	2,114,823	21,282	30.00
31.00 INTENSIVE CARE UNIT	3,005,750	474,082	408,809	941,016	14,510	31.00
40.00 SUBPROVIDER - I/PF	941,924	468,840	404,289	329,868	4,837	40.00
41.00 SUBPROVIDER - I/PF	411,085	112,013	96,591	134,953	967	41.00
43.00 NURSERY	421,690	155,794	134,344	138,127	1,935	43.00
44.00 SKILLED NURSING FACILITY	2,143,328	806,785	695,705	715,551	8,061	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,226,166	982,623	847,332	1,388,713	26,441	50.00
52.00 DELIVERY ROOM & LABOR ROOM	743,025	275,639	237,689	244,417	3,547	52.00
54.00 RADIOLOGY-DIAGNOSTIC	2,786,506	509,166	439,063	618,697	15,478	54.00
54.01 NUCLEAR MEDICINE	578,966	38,450	33,156	87,506	1,290	54.01
54.02 ULTRASOUND	424,565	15,368	13,252	128,474	1,290	54.02
57.00 CT SCAN	693,027	49,886	43,018	153,573	2,257	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	804,852	37,199	32,077	160,406	1,290	58.00
59.00 CARDIAC CATHETERIZATION	1,131,575	196,298	169,271	290,680	4,192	59.00
60.00 LABORATORY	4,548,207	251,277	216,681	796,778	10,963	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	915,819	19,895	17,156	20,062	1,935	62.00
65.00 RESPIRATORY THERAPY	911,559	20,997	18,106	297,609	1,290	65.00
66.00 PHYSICAL THERAPY	2,063,180	165,771	142,947	638,316	9,674	66.00
67.00 OCCUPATIONAL THERAPY	690,935	42,649	36,777	236,844	3,547	67.00
68.00 SPEECH PATHOLOGY	316,291	7,029	6,061	124,654	1,612	68.00
69.00 ELECTROCARDIOLOGY	3,777,737	422,617	364,430	592,738	27,408	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,337,515	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,038,102	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	5,439,191	0	0	0	0	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	177,353	0	0	56,940	1,612	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	475,118	0	0	135,803	0	90.00
90.01 DENTAL CLINIC	288,383	0	0	85,886	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	447,372	104,865	90,427	131,793	1,935	90.03
90.04 INFUSION CENTER	203,617	169,762	146,388	66,989	1,935	90.04
91.00 EMERGENCY	2,403,728	352,211	303,718	780,118	17,090	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	150,091	90,123	77,714	50,038	0	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	137,012,626	11,097,204	9,569,311	17,607,627	342,766	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,601	37,437	32,283	534	967	190.00
190.03 PHYSICIAN RECRUITMENT	250,837	0	0	26,090	0	190.03
190.04 MARKETING / PUBLIC RELATIONS	889,348	0	0	95,226	4,837	190.04
190.05 SPORTS MEDICINE	310,481	3,485	3,005	101,017	1,612	190.05
190.06 FOUNDATION	261,720	21,980	18,953	87,152	0	190.06
191.00 RESEARCH	241,668	0	0	70,671	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:
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To 12/31/2011

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 FREESTANDING VNA & HOSPICE	4,085,258	0	0	956,425	0	193.01
193.02 WELLNESS CENTER	419,641	0	0	93,421	3,225	193.02
193.03 RENTAL PROPERTIES	811,375	0	0	36,700	0	193.03
193.04 STARKE HOSPITAL	19,154,990	0	0	0	0	193.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	163,439,545	11,160,106	9,623,552	19,074,863	353,407	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description	PURCHASING, RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT		
	5.03	5.04	5A.04	5.06	7.00		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.03	PURCHASING, RECEIVING AND STORES	1,139,747					5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	1,157	6,292,010				5.04
5.06	OTHER ADMINISTRATIVE AND GENERAL	2,653	37,660	20,154,820	20,154,820		5.06
7.00	OPERATION OF PLANT	15,068	746	10,387,659	1,461,159	11,848,818	7.00
8.00	LAUNDRY & LINEN SERVICE	4,638	1,513	771,291	108,492	258,643	8.00
9.00	HOUSEKEEPING	6,977	1,011	1,753,064	246,591	113,787	9.00
10.00	DIETARY	15,068	11,439	475,770	66,923	251,442	10.00
11.00	CAFETERIA	34,976	0	2,631,170	370,108	388,031	11.00
13.00	NURSING ADMINISTRATION	135	0	1,073,708	151,031	39,203	13.00
14.00	CENTRAL SERVICES & SUPPLY	179,249	387	4,679,766	658,270	162,724	14.00
15.00	PHARMACY	96	12,964	2,080,161	292,602	124,410	15.00
16.00	MEDICAL RECORDS & LIBRARY	883	898	1,658,762	233,326	159,213	16.00
17.00	SOCIAL SERVICE	93	19	1,094,298	153,927	65,739	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,374	396,635	11,199,377	1,575,338	1,581,550	30.00
31.00	INTENSIVE CARE UNIT	1,270	148,277	4,993,714	702,431	707,523	31.00
40.00	SUBPROVIDER - IPF	275	61,737	2,211,770	311,114	699,701	40.00
41.00	SUBPROVIDER - IRF	68	24,691	780,368	109,769	167,169	41.00
43.00	NURSERY	195	19,702	871,787	122,628	232,508	43.00
44.00	SKILLED NURSING FACILITY	681	75,360	4,445,471	625,313	1,204,052	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	28,530	1,006,722	9,506,527	1,337,217	1,466,473	50.00
52.00	DELIVERY ROOM & LABOR ROOM	345	43,325	1,547,987	217,744	411,366	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,890	237,225	4,608,025	648,179	759,883	54.00
54.01	NUCLEAR MEDICINE	12,082	58,675	810,125	113,955	57,382	54.01
54.02	ULTRASOUND	568	79,254	662,771	93,227	22,935	54.02
57.00	CT SCAN	3,367	518,504	1,463,632	205,879	74,450	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,056	208,441	1,248,321	175,593	55,516	58.00
59.00	CARDIAC CATHETERIZATION	2,859	223,613	2,018,488	283,927	292,957	59.00
60.00	LABORATORY	54,205	622,379	6,500,490	914,378	375,008	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	39,287	54,412	1,068,566	150,308	29,691	62.00
65.00	RESPIRATORY THERAPY	629	102,723	1,352,913	190,305	31,336	65.00
66.00	PHYSICAL THERAPY	969	185,648	3,206,505	451,037	247,398	66.00
67.00	OCCUPATIONAL THERAPY	244	69,343	1,080,339	151,964	63,650	67.00
68.00	SPEECH PATHOLOGY	61	18,972	474,680	66,770	10,490	68.00
69.00	ELECTROCARDIOLOGY	76,002	295,513	5,556,445	781,586	630,717	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	199,803	255,494	4,792,812	674,171	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	186,011	236,991	4,461,104	627,512	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	250,564	822,183	6,511,938	915,989	0	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	118	13,481	249,504	35,096	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	474	8,737	620,132	87,230	0	90.00
90.01	DENTAL CLINIC	579	16,146	390,994	54,998	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	DIABETIC TRAINING	207	2,130	778,729	109,538	156,501	90.03
90.04	INFUSION CENTER	109	6,975	595,775	83,803	253,354	90.04
91.00	EMERGENCY	1,200	306,517	4,164,582	585,803	525,642	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	10,895	378,861	53,292	134,500	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,130,015	6,197,337	135,313,201	16,198,523	11,754,944	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	72,822	10,243	55,871	190.00
190.03	PHYSICIAN RECRUITMENT	3	0	276,930	38,954	0	190.03
190.04	MARKETING / PUBLIC RELATIONS	327	0	989,738	139,220	0	190.04
190.05	SPORTS MEDICINE	0	1,062	420,662	59,172	5,200	190.05
190.06	FOUNDATION	0	0	389,805	54,831	32,803	190.06
191.00	RESEARCH	104	0	312,443	43,949	0	191.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	FREESTANDING VNA & HOSPICE	8,760	69,164	5,119,607	720,139	0	193.01
193.02	WELLNESS CENTER	135	4,174	520,596	73,229	0	193.02
193.03	RENTAL PROPERTIES	403	20,273	868,751	122,201	0	193.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:
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Cost Center Description	PURCHASING, RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5A.04	5.06	7.00	
193.04 STARKE HOSPITAL	0	0	19,154,990	2,694,359	0	193.04
200.00 Cross Foot Adjustments			0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,139,747	6,292,010	163,439,545	20,154,820	11,848,818	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:
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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE	1,138,426					8.00
9.00 HOUSEKEEPING	7,347	2,120,789				9.00
10.00 DIETARY	10,955	46,466	851,556			10.00
11.00 CAFETERIA	18,008	71,707	0	3,479,024		11.00
13.00 NURSING ADMINISTRATION	0	7,245	0	47,668	1,318,855	13.00
14.00 CENTRAL SERVICES & SUPPLY	42,273	30,071	0	38,238	0	14.00
15.00 PHARMACY	567	22,990	0	137,612	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	29,422	0	144,396	0	16.00
17.00 SOCIAL SERVICE	0	12,148	0	56,024	113	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	293,280	292,262	305,771	515,339	371,600	30.00
31.00 INTENSIVE CARE UNIT	96,231	130,747	65,356	212,568	141,422	31.00
40.00 SUBPROVIDER - IPF	7,178	129,302	66,223	100,526	48,340	40.00
41.00 SUBPROVIDER - IRF	24,625	30,892	105,921	36,093	25,157	41.00
43.00 NURSERY	9,865	42,966	0	27,817	21,994	43.00
44.00 SKILLED NURSING FACILITY	114,822	222,504	263,953	244,055	137,682	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	124,442	270,998	230	358,310	180,702	50.00
52.00 DELIVERY ROOM & LABOR ROOM	17,463	76,019	36,206	49,221	38,915	52.00
54.00 RADIOLOGY-DIAGNOSTIC	62,330	140,423	0	166,336	9,485	54.00
54.01 NUCLEAR MEDICINE	0	10,604	0	14,228	0	54.01
54.02 ULTRASOUND	0	4,238	0	20,033	0	54.02
57.00 CT SCAN	0	13,758	0	37,522	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	7,396	10,259	0	37,564	0	58.00
59.00 CARDIAC CATHETERIZATION	13,800	54,137	0	52,804	28,585	59.00
60.00 LABORATORY	71	69,300	0	253,285	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,487	0	4,863	0	62.00
65.00 RESPIRATORY THERAPY	0	5,791	0	81,486	48	65.00
66.00 PHYSICAL THERAPY	28,418	60,380	0	236,264	0	66.00
67.00 OCCUPATIONAL THERAPY	7,102	0	0	36,590	0	67.00
68.00 SPEECH PATHOLOGY	3,128	0	0	1,422	0	68.00
69.00 ELECTROCARDIOLOGY	27,922	116,554	0	131,467	29,656	69.00
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	2,229	0	0	13,897	5,808	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	1,205	0	0	45,192	11,530	90.00
90.01 DENTAL CLINIC	0	0	0	29,493	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	0	28,921	0	27,708	11,218	90.03
90.04 INFUSION CENTER	7,391	46,819	3,183	14,799	9,421	90.04
91.00 EMERGENCY	199,090	97,137	4,713	172,617	103,720	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	24,855	0	12,689	8,171	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,127,138	2,104,402	851,556	3,358,126	1,183,567	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,325	0	350	0	190.00
190.03 PHYSICIAN RECRUITMENT	0	0	0	6,793	0	190.03
190.04 MARKETING / PUBLIC RELATIONS	0	0	0	27,055	0	190.04
190.05 SPORTS MEDICINE	0	0	0	4,847	0	190.05
190.06 FOUNDATION	0	6,062	0	19,070	0	190.06
191.00 RESEARCH	0	0	0	14,515	11,561	191.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 FREESTANDING VNA & HOSPICE	0	0	0	0	123,727	193.01
193.02 WELLNESS CENTER	11,288	0	0	36,525	0	193.02
193.03 RENTAL PROPERTIES	0	0	0	11,743	0	193.03
193.04 STARKE HOSPITAL	0	0	0	0	0	193.04

COST ALLOCATION - GENERAL SERVICE COSTS

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

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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,138,426	2,120,789	851,556	3,479,024	1,318,855	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	5,611,342					14.00
15.00	PHARMACY	0	2,658,342				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	2,225,119			16.00
17.00	SOCIAL SERVICE	0	0	7	1,382,256		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	210,412	0	141,751	485,837	16,972,517	30.00
31.00	INTENSIVE CARE UNIT	121,228	0	52,992	147,495	7,371,707	31.00
40.00	SUBPROVIDER - IPF	1,323	0	22,064	114,387	3,711,928	40.00
41.00	SUBPROVIDER - IRF	23	0	8,824	49,444	1,338,285	41.00
43.00	NURSERY	0	0	7,041	53,126	1,389,732	43.00
44.00	SKILLED NURSING FACILITY	3,758	0	26,933	474,656	7,763,199	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,457,841	0	360,046	0	16,062,786	50.00
52.00	DELIVERY ROOM & LABOR ROOM	122,847	0	15,484	57,311	2,590,563	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,047,296	0	84,780	0	7,526,737	54.00
54.01	NUCLEAR MEDICINE	6,541	0	20,970	0	1,033,805	54.01
54.02	ULTRASOUND	51,513	0	28,324	0	883,041	54.02
57.00	CT SCAN	256,620	0	185,305	0	2,237,166	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	19,484	0	74,494	0	1,628,627	58.00
59.00	CARDIAC CATHETERIZATION	0	0	79,916	0	2,824,614	59.00
60.00	LABORATORY	15,036	0	222,429	0	8,349,997	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	19,446	0	1,278,361	62.00
65.00	RESPIRATORY THERAPY	632,773	0	36,712	0	2,331,364	65.00
66.00	PHYSICAL THERAPY	20,235	0	66,348	0	4,316,585	66.00
67.00	OCCUPATIONAL THERAPY	0	0	24,782	0	1,364,427	67.00
68.00	SPEECH PATHOLOGY	0	0	6,780	0	563,270	68.00
69.00	ELECTROCARDIOLOGY	305,926	0	105,612	0	7,685,885	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	91,310	0	5,558,293	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	84,697	0	5,173,313	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,658,342	293,835	0	10,380,104	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	717	0	4,818	0	312,069	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	417	0	3,122	0	768,828	90.00
90.01	DENTAL CLINIC	102,203	0	5,770	0	583,458	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	DIABETIC TRAINING	0	0	761	0	1,113,376	90.03
90.04	INFUSION CENTER	0	0	2,493	0	1,017,038	90.04
91.00	EMERGENCY	119,510	0	109,544	0	6,082,358	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	3,894	0	616,262	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,495,703	2,658,342	2,191,284	1,382,256	130,829,695	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	149,611	190.00
190.03	PHYSICIAN RECRUITMENT	0	0	0	0	322,677	190.03
190.04	MARKETING / PUBLIC RELATIONS	0	0	0	0	1,156,013	190.04
190.05	SPORTS MEDICINE	0	0	380	0	490,261	190.05
190.06	FOUNDATION	0	0	0	0	502,571	190.06
191.00	RESEARCH	0	0	0	0	382,468	191.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	FREESTANDING VNA & HOSPICE	115,396	0	24,718	0	6,103,587	193.01
193.02	WELLNESS CENTER	243	0	1,492	0	643,373	193.02
193.03	RENTAL PROPERTIES	0	0	7,245	0	1,009,940	193.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
	14.00	15.00	16.00	17.00	24.00	
193.04 STARKE HOSPITAL	0	0	0	0	21,849,349	193.04
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,611,342	2,658,342	2,225,119	1,382,256	163,439,545	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.03	PURCHASING, RECEIVING AND STORES			5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE			5.04
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	16,972,517	30.00
31.00	INTENSIVE CARE UNIT	0	7,371,707	31.00
40.00	SUBPROVIDER - IPF	0	3,711,928	40.00
41.00	SUBPROVIDER - IRF	0	1,338,285	41.00
43.00	NURSERY	0	1,389,732	43.00
44.00	SKILLED NURSING FACILITY	0	7,763,199	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	16,062,786	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,590,563	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	7,526,737	54.00
54.01	NUCLEAR MEDICINE	0	1,033,805	54.01
54.02	ULTRASOUND	0	883,041	54.02
57.00	CT SCAN	0	2,237,166	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,628,627	58.00
59.00	CARDIAC CATHETERIZATION	0	2,824,614	59.00
60.00	LABORATORY	0	8,349,997	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,278,361	62.00
65.00	RESPIRATORY THERAPY	0	2,331,364	65.00
66.00	PHYSICAL THERAPY	0	4,316,585	66.00
67.00	OCCUPATIONAL THERAPY	0	1,364,427	67.00
68.00	SPEECH PATHOLOGY	0	563,270	68.00
69.00	ELECTROCARDIOLOGY	0	7,685,885	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,558,293	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	5,173,313	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	10,380,104	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	CARDIAC REHABILITATION	0	312,069	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	768,828	90.00
90.01	DENTAL CLINIC	0	583,458	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03	DIABETIC TRAINING	0	1,113,376	90.03
90.04	INFUSION CENTER	0	1,017,038	90.04
91.00	EMERGENCY	0	6,082,358	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	616,262	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	130,829,695	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	149,611	190.00
190.03	PHYSICIAN RECRUITMENT	0	322,677	190.03
190.04	MARKETING / PUBLIC RELATIONS	0	1,156,013	190.04
190.05	SPORTS MEDICINE	0	490,261	190.05
190.06	FOUNDATION	0	502,571	190.06
191.00	RESEARCH	0	382,468	191.00
193.00	NONPAID WORKERS	0	0	193.00
193.01	FREESTANDING VNA & HOSPICE	0	6,103,587	193.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
193.02 WELLNESS CENTER	0	643,373	193.02
193.03 RENTAL PROPERTIES	0	1,009,940	193.03
193.04 STARKE HOSPITAL	0	21,849,349	193.04
200.00 Cross Foot Adjustments	0	0	200.00
201.00 Negative Cost Centers	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	163,439,545	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

Period:
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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	23,111	19,929	43,040	43,040
5.01	NONPATIENT TELEPHONES	0	0	0	0	184
5.03	PURCHASING, RECEIVING AND STORES	0	170,179	146,748	316,927	351
5.04	CASHIERING/ACCOUNTS RECEIVABLE	0	41,904	36,135	78,039	1,152
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	818,162	705,515	1,523,677	5,731
7.00	OPERATION OF PLANT	0	2,167,349	1,868,943	4,036,292	1,003
8.00	LAUNDRY & LINEN SERVICE	0	173,306	149,445	322,751	206
9.00	HOUSEKEEPING	0	76,244	65,746	141,990	751
10.00	DIETARY	0	168,481	145,284	313,765	352
11.00	CAFETERIA	0	260,003	224,205	484,208	729
13.00	NURSING ADMINISTRATION	0	26,268	22,652	48,920	535
14.00	CENTRAL SERVICES & SUPPLY	0	109,035	94,022	203,057	190
15.00	PHARMACY	0	83,362	71,884	155,246	1,449
16.00	MEDICAL RECORDS & LIBRARY	0	106,682	91,994	198,676	734
17.00	SOCIAL SERVICE	0	44,049	37,984	82,033	511
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,059,730	913,824	1,973,554	4,770
31.00	INTENSIVE CARE UNIT	0	474,082	408,809	882,891	2,123
40.00	SUBPROVIDER - IPF	0	468,840	404,289	873,129	744
41.00	SUBPROVIDER - IRF	0	112,013	96,591	208,604	304
43.00	NURSERY	0	155,794	134,344	290,138	312
44.00	SKILLED NURSING FACILITY	0	806,785	695,705	1,502,490	1,614
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	982,623	847,332	1,829,955	3,133
52.00	DELIVERY ROOM & LABOR ROOM	0	275,639	237,689	513,328	551
54.00	RADIOLOGY-DIAGNOSTIC	0	509,166	439,063	948,229	1,396
54.01	NUCLEAR MEDICINE	0	38,450	33,156	71,606	197
54.02	ULTRASOUND	0	15,368	13,252	28,620	290
57.00	CT SCAN	0	49,886	43,018	92,904	346
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	37,199	32,077	69,276	362
59.00	CARDIAC CATHETERIZATION	0	196,298	169,271	365,569	656
60.00	LABORATORY	0	251,277	216,681	467,958	1,797
60.01	BLOOD LABORATORY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	19,895	17,156	37,051	45
65.00	RESPIRATORY THERAPY	0	20,997	18,106	39,103	671
66.00	PHYSICAL THERAPY	0	165,771	142,947	308,718	1,440
67.00	OCCUPATIONAL THERAPY	0	42,649	36,777	79,426	534
68.00	SPEECH PATHOLOGY	0	7,029	6,061	13,090	281
69.00	ELECTROCARDIOLOGY	0	422,617	364,430	787,047	1,337
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
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	CARDIAC REHABILITATION	0	0	0	0	128
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	0	0	0	306
90.01	DENTAL CLINIC	0	0	0	0	194
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
90.03	DIABETIC TRAINING	0	104,865	90,427	195,292	297
90.04	INFUSION CENTER	0	169,762	146,388	316,150	151
91.00	EMERGENCY	0	352,211	303,718	655,929	1,760
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	OBSERVATION BEDS (DISTINCT PART)	0	90,123	77,714	167,837	113
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	11,097,204	9,569,311	20,666,515	39,730
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,437	32,283	69,720	1
190.03	PHYSICIAN RECRUITMENT	0	0	0	0	59
190.04	MARKETING / PUBLIC RELATIONS	0	0	0	0	215
190.05	SPORTS MEDICINE	0	3,485	3,005	6,490	228
190.06	FOUNDATION	0	21,980	18,953	40,933	197
191.00	RESEARCH	0	0	0	0	159
193.00	NONPAID WORKERS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B
Part II
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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	2.00			
193.01 FREESTANDING VNA & HOSPICE	0	0	0	0	2,157	193.01
193.02 WELLNESS CENTER	0	0	0	0	211	193.02
193.03 RENTAL PROPERTIES	0	0	0	0	83	193.03
193.04 STARKE HOSPITAL	0	0	0	0	0	193.04
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	11,160,106	9,623,552	20,783,658	43,040	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B
Part II
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Cost Center Description	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.01	5.03	5.04	5.06	7.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES	184					5.01
5.03 PURCHASING, RECEIVING AND STORES	1	317,279				5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	13	322	79,526			5.04
5.06 OTHER ADMINISTRATIVE AND GENERAL	32	739	475	1,530,654		5.06
7.00 OPERATION OF PLANT	3	4,195	9	110,971	4,152,473	7.00
8.00 LAUNDRY & LINEN SERVICE	1	1,291	19	8,240	90,643	8.00
9.00 HOUSEKEEPING	7	1,942	13	18,728	39,877	9.00
10.00 DIETARY	1	4,195	144	5,083	88,119	10.00
11.00 CAFETERIA	3	9,737	0	28,109	135,987	11.00
13.00 NURSING ADMINISTRATION	2	38	0	11,470	13,739	13.00
14.00 CENTRAL SERVICES & SUPPLY	2	49,898	5	49,994	57,027	14.00
15.00 PHARMACY	4	27	164	22,222	43,600	15.00
16.00 MEDICAL RECORDS & LIBRARY	5	246	11	17,721	55,797	16.00
17.00 SOCIAL SERVICE	3	26	0	11,690	23,038	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	11	661	5,003	119,643	554,262	30.00
31.00 INTENSIVE CARE UNIT	8	353	1,870	53,348	247,955	31.00
40.00 SUBPROVIDER - IPF	3	77	779	23,628	245,213	40.00
41.00 SUBPROVIDER - IRF	1	19	311	8,337	58,585	41.00
43.00 NURSERY	1	54	249	9,313	81,483	43.00
44.00 SKILLED NURSING FACILITY	4	189	951	47,491	421,966	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	14	7,942	12,861	101,558	513,932	50.00
52.00 DELIVERY ROOM & LABOR ROOM	2	96	546	16,537	144,165	52.00
54.00 RADIOLOGY-DIAGNOSTIC	8	526	2,992	49,228	266,305	54.00
54.01 NUCLEAR MEDICINE	1	3,363	740	8,655	20,110	54.01
54.02 ULTRASOUND	1	158	1,000	7,080	8,038	54.02
57.00 CT SCAN	1	937	6,540	15,636	26,091	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1	1,129	2,629	13,336	19,456	58.00
59.00 CARDIAC CATHETERIZATION	2	796	2,821	21,564	102,668	59.00
60.00 LABORATORY	6	15,089	7,850	69,445	131,423	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1	10,937	686	11,415	10,405	62.00
65.00 RESPIRATORY THERAPY	1	175	1,296	14,453	10,982	65.00
66.00 PHYSICAL THERAPY	5	270	2,342	34,255	86,702	66.00
67.00 OCCUPATIONAL THERAPY	2	68	875	11,541	22,306	67.00
68.00 SPEECH PATHOLOGY	1	17	239	5,071	3,676	68.00
69.00 ELECTROCARDIOLOGY	14	21,157	3,727	59,360	221,038	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	55,620	3,223	51,202	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	51,781	2,989	47,658	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	69,752	10,371	69,567	0	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	1	33	170	2,665	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	132	110	6,625	0	90.00
90.01 DENTAL CLINIC	0	161	204	4,177	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	1	58	27	8,319	54,847	90.03
90.04 INFUSION CENTER	1	30	88	6,365	88,789	90.04
91.00 EMERGENCY	9	334	3,866	44,490	184,214	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	137	4,047	47,136	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	177	314,570	78,332	1,230,237	4,119,574	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	778	19,580	190.00
190.03 PHYSICIAN RECRUITMENT	0	1	0	2,958	0	190.03
190.04 MARKETING / PUBLIC RELATIONS	3	91	0	10,573	0	190.04
190.05 SPORTS MEDICINE	1	0	13	4,494	1,823	190.05
190.06 FOUNDATION	0	0	0	4,164	11,496	190.06
191.00 RESEARCH	0	29	0	3,338	0	191.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 FREESTANDING VNA & HOSPICE	0	2,438	872	54,693	0	193.01
193.02 WELLNESS CENTER	2	38	53	5,562	0	193.02
193.03 RENTAL PROPERTIES	0	112	256	9,281	0	193.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

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Cost Center Description	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.01	5.03	5.04	5.06	7.00	
193.04 STARKE HOSPITAL	0	0	0	204,576	0	193.04
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)	184	317,279	79,526	1,530,654	4,152,473	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
	8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE	423,151					8.00
9.00	HOUSEKEEPING	2,731	206,039				9.00
10.00	DIETARY	4,072	4,514	409,233			10.00
11.00	CAFETERIA	6,693	6,966	0	672,432		11.00
13.00	NURSING ADMINISTRATION	0	704	0	9,213	84,621	13.00
14.00	CENTRAL SERVICES & SUPPLY	15,713	2,921	0	7,391	0	14.00
15.00	PHARMACY	211	2,234	0	26,598	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	2,858	0	27,909	0	16.00
17.00	SOCIAL SERVICE	0	1,180	0	10,828	7	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	109,010	28,394	146,944	99,604	23,842	30.00
31.00	INTENSIVE CARE UNIT	35,769	12,702	31,408	41,086	9,074	31.00
40.00	SUBPROVIDER - IPF	2,668	12,562	31,825	19,430	3,102	40.00
41.00	SUBPROVIDER - IRF	9,153	3,001	50,903	6,976	1,614	41.00
43.00	NURSERY	3,667	4,174	0	5,377	1,411	43.00
44.00	SKILLED NURSING FACILITY	42,679	21,617	126,848	47,171	8,834	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	46,255	26,328	110	69,255	11,594	50.00
52.00	DELIVERY ROOM & LABOR ROOM	6,491	7,385	17,400	9,513	2,497	52.00
54.00	RADIOLOGY-DIAGNOSTIC	23,168	13,642	0	32,150	609	54.00
54.01	NUCLEAR MEDICINE	0	1,030	0	2,750	0	54.01
54.02	ULTRASOUND	0	412	0	3,872	0	54.02
57.00	CT SCAN	0	1,337	0	7,252	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,749	997	0	7,261	0	58.00
59.00	CARDIAC CATHETERIZATION	5,130	5,260	0	10,206	1,834	59.00
60.00	LABORATORY	26	6,733	0	48,955	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	533	0	940	0	62.00
65.00	RESPIRATORY THERAPY	0	563	0	15,750	3	65.00
66.00	PHYSICAL THERAPY	10,563	5,866	0	45,666	0	66.00
67.00	OCCUPATIONAL THERAPY	2,640	0	0	7,072	0	67.00
68.00	SPEECH PATHOLOGY	1,163	0	0	275	0	68.00
69.00	ELECTROCARDIOLOGY	10,379	11,323	0	25,410	1,903	69.00
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
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	829	0	0	2,686	373	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	448	0	0	8,735	740	90.00
90.01	DENTAL CLINIC	0	0	0	5,701	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	DIABETIC TRAINING	0	2,810	0	5,355	720	90.03
90.04	INFUSION CENTER	2,747	4,549	1,530	2,860	604	90.04
91.00	EMERGENCY	74,001	9,437	2,265	33,364	6,655	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	2,415	0	2,453	524	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	418,955	204,447	409,233	649,064	75,940	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,003	0	68	0	190.00
190.03	PHYSICIAN RECRUITMENT	0	0	0	1,313	0	190.03
190.04	MARKETING / PUBLIC RELATIONS	0	0	0	5,229	0	190.04
190.05	SPORTS MEDICINE	0	0	0	937	0	190.05
190.06	FOUNDATION	0	589	0	3,686	0	190.06
191.00	RESEARCH	0	0	0	2,805	742	191.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	FREESTANDING VNA & HOSPICE	0	0	0	0	7,939	193.01
193.02	WELLNESS CENTER	4,196	0	0	7,060	0	193.02
193.03	RENTAL PROPERTIES	0	0	0	2,270	0	193.03
193.04	STARKE HOSPITAL	0	0	0	0	0	193.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

Period:
From 01/01/2011
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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	11,012	0	0	201.00
202.00 TOTAL (sum lines 118-201)	423,151	206,039	420,245	672,432	84,621	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

Period:
From 01/01/2011
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	386,198					14.00
15.00	PHARMACY	0	251,755				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	303,957			16.00
17.00	SOCIAL SERVICE	0	0	1	129,317		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,482	0	19,357	45,452	3,144,989	30.00
31.00	INTENSIVE CARE UNIT	8,343	0	7,236	13,799	1,347,965	31.00
40.00	SUBPROVIDER - IPF	91	0	3,013	10,702	1,226,966	40.00
41.00	SUBPROVIDER - IRF	2	0	1,205	4,626	353,641	41.00
43.00	NURSERY	0	0	962	4,970	402,111	43.00
44.00	SKILLED NURSING FACILITY	259	0	3,678	44,406	2,270,197	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	169,159	0	49,273	0	2,841,369	50.00
52.00	DELIVERY ROOM & LABOR ROOM	8,455	0	2,114	5,362	734,442	52.00
54.00	RADIOLOGY-DIAGNOSTIC	72,080	0	11,577	0	1,421,910	54.00
54.01	NUCLEAR MEDICINE	450	0	2,863	0	111,765	54.01
54.02	ULTRASOUND	3,545	0	3,868	0	56,884	54.02
57.00	CT SCAN	17,662	0	25,304	0	194,010	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,341	0	10,172	0	128,709	58.00
59.00	CARDIAC CATHETERIZATION	0	0	10,913	0	527,419	59.00
60.00	LABORATORY	1,035	0	30,374	0	780,691	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	2,655	0	74,668	62.00
65.00	RESPIRATORY THERAPY	43,550	0	5,013	0	131,560	65.00
66.00	PHYSICAL THERAPY	1,393	0	9,060	0	506,280	66.00
67.00	OCCUPATIONAL THERAPY	0	0	3,384	0	127,848	67.00
68.00	SPEECH PATHOLOGY	0	0	926	0	24,739	68.00
69.00	ELECTROCARDIOLOGY	21,055	0	14,422	0	1,178,172	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	12,469	0	122,514	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	11,566	0	113,994	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	251,755	40,125	0	441,570	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	49	0	658	0	7,592	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	29	0	426	0	17,551	90.00
90.01	DENTAL CLINIC	7,034	0	788	0	18,259	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	DIABETIC TRAINING	0	0	104	0	267,830	90.03
90.04	INFUSION CENTER	0	0	340	0	424,204	90.04
91.00	EMERGENCY	8,225	0	14,959	0	1,039,508	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	532	0	225,194	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	378,239	251,755	299,337	129,317	20,264,551	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	91,151	190.00
190.03	PHYSICIAN RECRUITMENT	0	0	0	0	4,331	190.03
190.04	MARKETING / PUBLIC RELATIONS	0	0	0	0	16,111	190.04
190.05	SPORTS MEDICINE	0	0	52	0	14,038	190.05
190.06	FOUNDATION	0	0	0	0	61,065	190.06
191.00	RESEARCH	0	0	0	0	7,073	191.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	FREESTANDING VNA & HOSPICE	7,942	0	3,375	0	79,416	193.01
193.02	WELLNESS CENTER	17	0	204	0	17,343	193.02
193.03	RENTAL PROPERTIES	0	0	989	0	12,991	193.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
	14.00	15.00	16.00	17.00	24.00	
193.04 STARKE HOSPITAL	0	0	0	0	204,576	193.04
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	0	0	11,012	201.00
202.00 TOTAL (sum lines 118-201)	386,198	251,755	303,957	129,317	20,783,658	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/28/2012 7:46 pm
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	25.00	26.00		
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.03	PURCHASING, RECEIVING AND STORES			5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE			5.04
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	3,144,989	30.00
31.00	INTENSIVE CARE UNIT	0	1,347,965	31.00
40.00	SUBPROVIDER - IPF	0	1,226,966	40.00
41.00	SUBPROVIDER - IRF	0	353,641	41.00
43.00	NURSERY	0	402,111	43.00
44.00	SKILLED NURSING FACILITY	0	2,270,197	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	2,841,369	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	734,442	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,421,910	54.00
54.01	NUCLEAR MEDICINE	0	111,765	54.01
54.02	ULTRASOUND	0	56,884	54.02
57.00	CT SCAN	0	194,010	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	128,709	58.00
59.00	CARDIAC CATHETERIZATION	0	527,419	59.00
60.00	LABORATORY	0	780,691	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	74,668	62.00
65.00	RESPIRATORY THERAPY	0	131,560	65.00
66.00	PHYSICAL THERAPY	0	506,280	66.00
67.00	OCCUPATIONAL THERAPY	0	127,848	67.00
68.00	SPEECH PATHOLOGY	0	24,739	68.00
69.00	ELECTROCARDIOLOGY	0	1,178,172	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	122,514	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	113,994	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	441,570	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	CARDIAC REHABILITATION	0	7,592	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	17,551	90.00
90.01	DENTAL CLINIC	0	18,259	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03	DIABETIC TRAINING	0	267,830	90.03
90.04	INFUSION CENTER	0	424,204	90.04
91.00	EMERGENCY	0	1,039,508	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	225,194	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	20,264,551	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	91,151	190.00
190.03	PHYSICIAN RECRUITMENT	0	4,331	190.03
190.04	MARKETING / PUBLIC RELATIONS	0	16,111	190.04
190.05	SPORTS MEDICINE	0	14,038	190.05
190.06	FOUNDATION	0	61,065	190.06
191.00	RESEARCH	0	7,073	191.00
193.00	NONPAID WORKERS	0	0	193.00
193.01	FREESTANDING VNA & HOSPICE	0	79,416	193.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
193.02 WELLNESS CENTER	0	17,343	193.02
193.03 RENTAL PROPERTIES	0	12,991	193.03
193.04 STARKE HOSPITAL	0	204,576	193.04
200.00 Cross Foot Adjustments	0	0	200.00
201.00 Negative Cost Centers	0	11,012	201.00
202.00 TOTAL (sum lines 118-201)	0	20,783,658	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING, RECEIVING AND STORES (BILLABLE SUPPLIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	374,717					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		374,717				2.00
4.00 EMPLOYEE BENEFITS	776	776	57,216,688			4.00
5.01 NONPATIENT TELEPHONES	0	0	244,960	1,096		5.01
5.03 PURCHASING, RECEIVING AND STORES	5,714	5,714	466,737	6	24,742,491	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	1,407	1,407	1,531,995	80	25,120	5.04
5.06 OTHER ADMINISTRATIVE AND GENERAL	27,471	27,471	7,602,791	218	57,603	5.06
7.00 OPERATION OF PLANT	72,772	72,772	1,334,011	19	327,108	7.00
8.00 LAUNDRY & LINEN SERVICE	5,819	5,819	274,353	5	100,688	8.00
9.00 HOUSEKEEPING	2,560	2,560	998,432	41	151,454	9.00
10.00 DIETARY	5,657	5,657	467,435	8	327,108	10.00
11.00 CAFETERIA	8,730	8,730	969,943	18	759,302	11.00
13.00 NURSING ADMINISTRATION	882	882	710,826	10	2,936	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,661	3,661	252,434	11	3,891,309	14.00
15.00 PHARMACY	2,799	2,799	1,926,854	22	2,086	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,582	3,582	976,124	29	19,176	16.00
17.00 SOCIAL SERVICE	1,479	1,479	679,283	18	2,023	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	35,582	35,582	6,343,600	66	51,529	30.00
31.00 INTENSIVE CARE UNIT	15,918	15,918	2,822,662	45	27,562	31.00
40.00 SUBPROVIDER - IPF	15,742	15,742	989,467	15	5,977	40.00
41.00 SUBPROVIDER - IRF	3,761	3,761	404,804	3	1,468	41.00
43.00 NURSERY	5,231	5,231	414,323	6	4,237	43.00
44.00 SKILLED NURSING FACILITY	27,089	27,089	2,146,360	25	14,774	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	32,993	32,993	4,165,569	82	619,357	50.00
52.00 DELIVERY ROOM & LABOR ROOM	9,255	9,255	733,152	11	7,497	52.00
54.00 RADIOLOGY-DIAGNOSTIC	17,096	17,096	1,855,838	48	41,040	54.00
54.01 NUCLEAR MEDICINE	1,291	1,291	262,482	4	262,281	54.01
54.02 ULTRASOUND	516	516	385,370	4	12,325	54.02
57.00 CT SCAN	1,675	1,675	460,656	7	73,099	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,249	1,249	481,151	4	88,062	58.00
59.00 CARDIAC CATHETERIZATION	6,591	6,591	871,920	13	62,061	59.00
60.00 LABORATORY	8,437	8,437	2,390,007	34	1,176,743	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	668	668	60,178	6	852,887	62.00
65.00 RESPIRATORY THERAPY	705	705	892,706	4	13,661	65.00
66.00 PHYSICAL THERAPY	5,566	5,566	1,914,685	30	21,044	66.00
67.00 OCCUPATIONAL THERAPY	1,432	1,432	710,434	11	5,297	67.00
68.00 SPEECH PATHOLOGY	236	236	373,912	5	1,330	68.00
69.00 ELECTROCARDIOLOGY	14,190	14,190	1,777,969	85	1,649,924	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,337,515	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,038,102	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	5,439,191	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	170,796	5	2,566	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	407,353	0	10,286	90.00
90.01 DENTAL CLINIC	0	0	257,623	0	12,578	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	3,521	3,521	395,326	6	4,492	90.03
90.04 INFUSION CENTER	5,700	5,700	200,938	6	2,376	90.04
91.00 EMERGENCY	11,826	11,826	2,340,034	53	26,058	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	3,026	3,026	150,092	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	372,605	372,605	52,815,585	1,063	24,531,232	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,257	1,257	1,601	3	0	190.00
190.03 PHYSICIAN RECRUITMENT	0	0	78,259	0	58	190.03
190.04 MARKETING / PUBLIC RELATIONS	0	0	285,638	15	7,101	190.04
190.05 SPORTS MEDICINE	117	117	303,010	5	0	190.05
190.06 FOUNDATION	738	738	261,419	0	0	190.06
191.00 RESEARCH	0	0	211,983	0	2,262	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING, RECEIVING AND STORES (BILLABLE SUPPLIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 FREESTANDING VNA & HOSPICE	0	0	2,868,882	0	190,162	193.01
193.02 WELLNESS CENTER	0	0	280,226	10	2,928	193.02
193.03 RENTAL PROPERTIES	0	0	110,085	0	8,748	193.03
193.04 STARKE HOSPITAL	0	0	0	0	0	193.04
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)	11,160,106	9,623,552	19,074,863	353,407	1,139,747	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	29.782759	25.682187	0.333379	322.451642	0.046064	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			43,040	184	317,279	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000752	0.167883	0.012823	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5A.06	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	472,421,820					5.04
5.06 OTHER ADMINISTRATIVE AND GENERAL	2,827,572	-20,154,820	143,284,725			5.06
7.00 OPERATION OF PLANT	55,988	0	10,387,659	266,577		7.00
8.00 LAUNDRY & LINEN SERVICE	113,589	0	771,291	5,819	208,873	8.00
9.00 HOUSEKEEPING	75,875	0	1,753,064	2,560	1,348	9.00
10.00 DIETARY	858,828	0	475,770	5,657	2,010	10.00
11.00 CAFETERIA	0	0	2,631,170	8,730	3,304	11.00
13.00 NURSING ADMINISTRATION	0	0	1,073,708	882	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	29,033	0	4,679,766	3,661	7,756	14.00
15.00 PHARMACY	973,328	0	2,080,161	2,799	104	15.00
16.00 MEDICAL RECORDS & LIBRARY	67,437	0	1,658,762	3,582	0	16.00
17.00 SOCIAL SERVICE	1,407	0	1,094,298	1,479	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	29,779,611	0	11,199,377	35,582	53,810	30.00
31.00 INTENSIVE CARE UNIT	11,132,737	0	4,993,714	15,918	17,656	31.00
40.00 SUBPROVIDER - I/PF	4,635,291	0	2,211,770	15,742	1,317	40.00
41.00 SUBPROVIDER - I/RF	1,853,813	0	780,368	3,761	4,518	41.00
43.00 NURSERY	1,479,248	0	871,787	5,231	1,810	43.00
44.00 SKILLED NURSING FACILITY	5,658,099	0	4,445,471	27,089	21,067	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	75,598,778	0	9,506,527	32,993	22,832	50.00
52.00 DELIVERY ROOM & LABOR ROOM	3,252,851	0	1,547,987	9,255	3,204	52.00
54.00 RADIOLOGY-DIAGNOSTIC	17,810,989	0	4,608,025	17,096	11,436	54.00
54.01 NUCLEAR MEDICINE	4,405,378	0	810,125	1,291	0	54.01
54.02 ULTRASOUND	5,950,425	0	662,771	516	0	54.02
57.00 CT SCAN	38,929,619	0	1,463,632	1,675	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	15,649,910	0	1,248,321	1,249	1,357	58.00
59.00 CARDIAC CATHETERIZATION	16,788,991	0	2,018,488	6,591	2,532	59.00
60.00 LABORATORY	46,728,694	0	6,500,490	8,437	13	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,085,314	0	1,068,566	668	0	62.00
65.00 RESPIRATORY THERAPY	7,712,549	0	1,352,913	705	0	65.00
66.00 PHYSICAL THERAPY	13,938,619	0	3,206,505	5,566	5,214	66.00
67.00 OCCUPATIONAL THERAPY	5,206,288	0	1,080,339	1,432	1,303	67.00
68.00 SPEECH PATHOLOGY	1,424,404	0	474,680	236	574	68.00
69.00 ELECTROCARDIOLOGY	22,187,305	0	5,556,445	14,190	5,123	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,182,669	0	4,792,812	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	17,793,482	0	4,461,104	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	61,730,083	0	6,511,938	0	0	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	1,012,178	0	249,504	0	409	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	655,967	0	620,132	0	221	90.00
90.01 DENTAL CLINIC	1,212,223	0	390,994	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	159,936	0	778,729	3,521	0	90.03
90.04 INFUSION CENTER	523,654	0	595,775	5,700	1,356	90.04
91.00 EMERGENCY	23,013,528	0	4,164,582	11,826	36,528	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	818,009	0	378,861	3,026	0	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	465,313,699	-20,154,820	115,158,381	264,465	206,802	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	72,822	1,257	0	190.00
190.03 PHYSICIAN RECRUITMENT	0	0	276,930	0	0	190.03
190.04 MARKETING / PUBLIC RELATIONS	0	0	989,738	0	0	190.04
190.05 SPORTS MEDICINE	79,750	0	420,662	117	0	190.05
190.06 FOUNDATION	0	0	389,805	738	0	190.06
191.00 RESEARCH	0	0	312,443	0	0	191.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 FREESTANDING VNA & HOSPICE	5,192,856	0	5,119,607	0	0	193.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5A.06	5.06	7.00	8.00	
193.02 WELLNESS CENTER	313,422	0	520,596	0	2,071	193.02
193.03 RENTAL PROPERTIES	1,522,093	0	868,751	0	0	193.03
193.04 STARKE HOSPITAL	0	0	19,154,990	0	0	193.04
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)	6,292,010		20,154,820	11,848,818	1,138,426	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.013319		0.140663	44.448013	5.450326	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	79,526		1,530,654	4,152,473	423,151	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000168		0.010683	15.577012	2.025877	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (BILLABLE SUPPLIES)	
	9.00	10.00	11.00	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
5.01 NONPATIENT TELEPHONES						5.01
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	258,198					9.00
10.00 DIETARY	5,657	129,734				10.00
11.00 CAFETERIA	8,730	0	1,492,308			11.00
13.00 NURSING ADMINISTRATION	882	0	20,447	655,167		13.00
14.00 CENTRAL SERVICES & SUPPLY	3,661	0	16,402	0	1,479,717	14.00
15.00 PHARMACY	2,799	0	59,028	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,582	0	61,938	0	0	16.00
17.00 SOCIAL SERVICE	1,479	0	24,031	56	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	35,582	46,584	221,052	184,600	55,486	30.00
31.00 INTENSIVE CARE UNIT	15,918	9,957	91,180	70,254	31,968	31.00
40.00 SUBPROVIDER - IRF	15,742	10,089	43,120	24,014	349	40.00
41.00 SUBPROVIDER - IRF	3,761	16,137	15,482	12,497	6	41.00
43.00 NURSERY	5,231	0	11,932	10,926	0	43.00
44.00 SKILLED NURSING FACILITY	27,089	40,213	104,686	68,396	991	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	32,993	35	153,695	89,767	648,135	50.00
52.00 DELIVERY ROOM & LABOR ROOM	9,255	5,516	21,113	19,332	32,395	52.00
54.00 RADIOLOGY-DIAGNOSTIC	17,096	0	71,349	4,712	276,173	54.00
54.01 NUCLEAR MEDICINE	1,291	0	6,103	0	1,725	54.01
54.02 ULTRASOUND	516	0	8,593	0	13,584	54.02
57.00 CT SCAN	1,675	0	16,095	0	67,671	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,249	0	16,113	0	5,138	58.00
59.00 CARDIAC CATHETERIZATION	6,591	0	22,650	14,200	0	59.00
60.00 LABORATORY	8,437	0	108,645	0	3,965	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	668	0	2,086	0	0	62.00
65.00 RESPIRATORY THERAPY	705	0	34,953	24	166,863	65.00
66.00 PHYSICAL THERAPY	7,351	0	101,344	0	5,336	66.00
67.00 OCCUPATIONAL THERAPY	0	0	15,695	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	610	0	0	68.00
69.00 ELECTROCARDIOLOGY	14,190	0	56,392	14,732	80,673	69.00
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	5,961	2,885	189	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	19,385	5,728	110	90.00
90.01 DENTAL CLINIC	0	0	12,651	0	26,951	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	3,521	0	11,885	5,573	0	90.03
90.04 INFUSION CENTER	5,700	485	6,348	4,680	0	90.04
91.00 EMERGENCY	11,826	718	74,043	51,525	31,515	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	3,026	0	5,443	4,059	0	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	256,203	129,734	1,440,450	587,960	1,449,223	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,257	0	150	0	0	190.00
190.03 PHYSICIAN RECRUITMENT	0	0	2,914	0	0	190.03
190.04 MARKETING / PUBLIC RELATIONS	0	0	11,605	0	0	190.04
190.05 SPORTS MEDICINE	0	0	2,079	0	0	190.05
190.06 FOUNDATION	738	0	8,180	0	0	190.06
191.00 RESEARCH	0	0	6,226	5,743	0	191.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 FREESTANDING VNA & HOSPICE	0	0	0	61,464	30,430	193.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (BILLABLE SUPPLIES)	
	9.00	10.00	11.00	13.00	14.00	
193.02 WELLNESS CENTER	0	0	15,667	0	64	193.02
193.03 RENTAL PROPERTIES	0	0	5,037	0	0	193.03
193.04 STARKE HOSPITAL	0	0	0	0	0	193.04
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)	2,120,789	851,556	3,479,024	1,318,855	5,611,342	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.213809	6.563861	2.331304	2.013006	3.792172	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	206,039	420,245	672,432	84,621	386,198	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.797988	3.154401	0.450599	0.129159	0.260995	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1
Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHRG)	SOCIAL SERVICE (PATIENT DAYS)	
	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.01 NONPATIENT TELEPHONES				5.01
5.03 PURCHASING, RECEIVING AND STORES				5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.06 OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00 OPERATION OF PLANT				7.00
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
15.00 PHARMACY	100			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	467,420,170		16.00
17.00 SOCIAL SERVICE	0	1,407	41,291	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	29,779,611	14,513	30.00
31.00 INTENSIVE CARE UNIT	0	11,132,737	4,406	31.00
40.00 SUBPROVIDER - IPF	0	4,635,291	3,417	40.00
41.00 SUBPROVIDER - IRF	0	1,853,813	1,477	41.00
43.00 NURSERY	0	1,479,248	1,587	43.00
44.00 SKILLED NURSING FACILITY	0	5,658,099	14,179	44.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	75,598,778	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,252,851	1,712	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	17,810,989	0	54.00
54.01 NUCLEAR MEDICINE	0	4,405,378	0	54.01
54.02 ULTRASOUND	0	5,950,425	0	54.02
57.00 CT SCAN	0	38,929,619	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	15,649,910	0	58.00
59.00 CARDIAC CATHETERIZATION	0	16,788,991	0	59.00
60.00 LABORATORY	0	46,728,694	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,085,314	0	62.00
65.00 RESPIRATORY THERAPY	0	7,712,549	0	65.00
66.00 PHYSICAL THERAPY	0	13,938,619	0	66.00
67.00 OCCUPATIONAL THERAPY	0	5,206,288	0	67.00
68.00 SPEECH PATHOLOGY	0	1,424,404	0	68.00
69.00 ELECTROCARDIOLOGY	0	22,187,305	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,182,669	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	17,793,482	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	100	61,730,083	0	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	1,012,178	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	655,967	0	90.00
90.01 DENTAL CLINIC	0	1,212,223	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	90.02
90.03 DIABETIC TRAINING	0	159,936	0	90.03
90.04 INFUSION CENTER	0	523,654	0	90.04
91.00 EMERGENCY	0	23,013,528	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	818,009	0	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	460,312,049	41,291	118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.03 PHYSICIAN RECRUITMENT	0	0	0	190.03
190.04 MARKETING / PUBLIC RELATIONS	0	0	0	190.04
190.05 SPORTS MEDICINE	0	79,750	0	190.05
190.06 FOUNDATION	0	0	0	190.06
191.00 RESEARCH	0	0	0	191.00
193.00 NONPAID WORKERS	0	0	0	193.00
193.01 FREESTANDING VNA & HOSPICE	0	5,192,856	0	193.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1
Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHRGs)	SOCIAL SERVICE (PATIENT DAYS)	
	15.00	16.00	17.00	
193.02 WELLNESS CENTER	0	313,422	0	193.02
193.03 RENTAL PROPERTIES	0	1,522,093	0	193.03
193.04 STARKE HOSPITAL	0	0	0	193.04
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)	2,658,342	2,225,119	1,382,256	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	26,583.420000	0.004760	33.475963	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	251,755	303,957	129,317	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2,517.550000	0.000650	3.131845	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 7:46 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		16,972,517	0	16,972,517	30.00
31.00	INTENSIVE CARE UNIT		7,371,707	0	7,371,707	31.00
40.00	SUBPROVIDER - IPF		3,711,928	0	3,711,928	40.00
41.00	SUBPROVIDER - IRF		1,338,285	0	1,338,285	41.00
43.00	NURSERY		1,389,732	0	1,389,732	43.00
44.00	SKILLED NURSING FACILITY		7,763,199	0	7,763,199	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		16,062,786	0	16,062,786	50.00
52.00	DELIVERY ROOM & LABOR ROOM		2,590,563	0	2,590,563	52.00
54.00	RADIOLOGY-DIAGNOSTIC		7,526,737	0	7,526,737	54.00
54.01	NUCLEAR MEDICINE		1,033,805	0	1,033,805	54.01
54.02	ULTRASOUND		883,041	0	883,041	54.02
57.00	CT SCAN		2,237,166	0	2,237,166	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,628,627	0	1,628,627	58.00
59.00	CARDIAC CATHETERIZATION		2,824,614	0	2,824,614	59.00
60.00	LABORATORY		8,349,997	0	8,349,997	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,278,361	0	1,278,361	62.00
65.00	RESPIRATORY THERAPY	0	2,331,364	0	2,331,364	65.00
66.00	PHYSICAL THERAPY	0	4,316,585	0	4,316,585	66.00
67.00	OCCUPATIONAL THERAPY	0	1,364,427	0	1,364,427	67.00
68.00	SPEECH PATHOLOGY	0	563,270	0	563,270	68.00
69.00	ELECTROCARDIOLOGY		7,685,885	0	7,685,885	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,558,293	0	5,558,293	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		5,173,313	0	5,173,313	72.00
73.00	DRUGS CHARGED TO PATIENTS		10,380,104	0	10,380,104	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.00
76.97	CARDIAC REHABILITATION		312,069	0	312,069	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		768,828	0	768,828	90.00
90.01	DENTAL CLINIC		583,458	0	583,458	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	90.02
90.03	DIABETIC TRAINING		1,113,376	0	1,113,376	90.03
90.04	INFUSION CENTER		1,017,038	0	1,017,038	90.04
91.00	EMERGENCY		6,082,358	0	6,082,358	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,074,057	0	3,074,057	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)		616,262	0	616,262	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF		0	0	0	99.10
200.00	Subtotal (see instructions)		133,903,752	0	133,903,752	200.00
201.00	Less Observation Beds		3,074,057	0	3,074,057	201.00
202.00	Total (see instructions)		130,829,695	0	130,829,695	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 7:46 pm	
			Title XVII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	29,778,933		29,778,933		30.00
31.00	INTENSIVE CARE UNIT	11,132,737		11,132,737		31.00
40.00	SUBPROVIDER - IPF	4,635,291		4,635,291		40.00
41.00	SUBPROVIDER - IRF	1,853,813		1,853,813		41.00
43.00	NURSERY	1,479,248		1,479,248		43.00
44.00	SKILLED NURSING FACILITY	5,658,099		5,658,099		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	34,103,204	41,495,574	75,598,778	0.212474	50.00
52.00	DELIVERY ROOM & LABOR ROOM	2,648,317	601,368	3,249,685	0.797174	52.00
54.00	RADIOLOGY-DIAGNOSTIC	4,813,838	12,997,151	17,810,989	0.422590	54.00
54.01	NUCLEAR MEDICINE	1,377,781	3,027,597	4,405,378	0.234669	54.01
54.02	ULTRASOUND	876,295	5,074,130	5,950,425	0.148400	54.02
57.00	CT SCAN	10,522,433	28,407,186	38,929,619	0.057467	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,697,875	13,952,035	15,649,910	0.104066	58.00
59.00	CARDIAC CATHETERIZATION	8,689,078	8,099,914	16,788,992	0.168242	59.00
60.00	LABORATORY	16,439,511	30,289,183	46,728,694	0.178691	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,416,723	668,591	4,085,314	0.312916	62.00
65.00	RESPIRATORY THERAPY	6,684,798	1,027,750	7,712,548	0.302282	65.00
66.00	PHYSICAL THERAPY	4,270,400	9,652,647	13,923,047	0.310032	66.00
67.00	OCCUPATIONAL THERAPY	2,950,589	2,255,699	5,206,288	0.262073	67.00
68.00	SPEECH PATHOLOGY	681,012	743,392	1,424,404	0.395443	68.00
69.00	ELECTROCARDIOLOGY	5,161,842	16,955,784	22,117,626	0.347500	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,208,595	5,974,074	19,182,669	0.289756	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	12,139,052	5,654,430	17,793,482	0.290742	72.00
73.00	DRUGS CHARGED TO PATIENTS	40,208,708	21,521,375	61,730,083	0.168153	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.00
76.97	CARDIAC REHABILITATION	18,040	992,423	1,010,463	0.308838	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	1,744	532,086	533,830	1.440211	90.00
90.01	DENTAL CLINIC	0	1,017,157	1,017,157	0.573616	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.02
90.03	DIABETIC TRAINING	13,551	139,414	152,965	7.278632	90.03
90.04	INFUSION CENTER	2,576	521,078	523,654	1.942195	90.04
91.00	EMERGENCY	5,387,416	17,626,111	23,013,527	0.264295	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	818,009	818,009	0.753368	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0		99.10
200.00	Subtotal (see instructions)	229,851,499	230,044,158	459,895,657		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	229,851,499	230,044,158	459,895,657		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 7:46 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.212474		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.797174		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.422590		54.00
54.01	NUCLEAR MEDICINE	0.234669		54.01
54.02	ULTRASOUND	0.148400		54.02
57.00	CT SCAN	0.057467		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.104066		58.00
59.00	CARDIAC CATHETERIZATION	0.168242		59.00
60.00	LABORATORY	0.178691		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916		62.00
65.00	RESPIRATORY THERAPY	0.302282		65.00
66.00	PHYSICAL THERAPY	0.310032		66.00
67.00	OCCUPATIONAL THERAPY	0.262073		67.00
68.00	SPEECH PATHOLOGY	0.395443		68.00
69.00	ELECTROCARDIOLOGY	0.347500		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.290742		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.168153		73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	CARDIAC REHABILITATION	0.308838		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	1.440211		90.00
90.01	DENTAL CLINIC	0.573616		90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.02
90.03	DIABETIC TRAINING	7.278632		90.03
90.04	INFUSION CENTER	1.942195		90.04
91.00	EMERGENCY	0.264295		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.753368		92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 7:46 pm

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,972,517		16,972,517	0	16,972,517	30.00
31.00	INTENSIVE CARE UNIT	7,371,707		7,371,707	0	7,371,707	31.00
40.00	SUBPROVIDER - IPF	3,711,928		3,711,928	0	3,711,928	40.00
41.00	SUBPROVIDER - IRF	1,338,285		1,338,285	0	1,338,285	41.00
43.00	NURSERY	1,389,732		1,389,732	0	1,389,732	43.00
44.00	SKILLED NURSING FACILITY	7,763,199		7,763,199	0	7,763,199	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	16,062,786		16,062,786	0	16,062,786	50.00
52.00	DELIVERY ROOM & LABOR ROOM	2,590,563		2,590,563	0	2,590,563	52.00
54.00	RADIOLOGY-DIAGNOSTIC	7,526,737		7,526,737	0	7,526,737	54.00
54.01	NUCLEAR MEDICINE	1,033,805		1,033,805	0	1,033,805	54.01
54.02	ULTRASOUND	883,041		883,041	0	883,041	54.02
57.00	CT SCAN	2,237,166		2,237,166	0	2,237,166	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,628,627		1,628,627	0	1,628,627	58.00
59.00	CARDIAC CATHETERIZATION	2,824,614		2,824,614	0	2,824,614	59.00
60.00	LABORATORY	8,349,997		8,349,997	0	8,349,997	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,278,361		1,278,361	0	1,278,361	62.00
65.00	RESPIRATORY THERAPY	2,331,364	0	2,331,364	0	2,331,364	65.00
66.00	PHYSICAL THERAPY	4,316,585	0	4,316,585	0	4,316,585	66.00
67.00	OCCUPATIONAL THERAPY	1,364,427	0	1,364,427	0	1,364,427	67.00
68.00	SPEECH PATHOLOGY	563,270	0	563,270	0	563,270	68.00
69.00	ELECTROCARDIOLOGY	7,685,885		7,685,885	0	7,685,885	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,558,293		5,558,293	0	5,558,293	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	5,173,313		5,173,313	0	5,173,313	72.00
73.00	DRUGS CHARGED TO PATIENTS	10,380,104		10,380,104	0	10,380,104	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	CARDIAC REHABILITATION	312,069		312,069	0	312,069	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	768,828		768,828	0	768,828	90.00
90.01	DENTAL CLINIC	583,458		583,458	0	583,458	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0	90.02
90.03	DIABETIC TRAINING	1,113,376		1,113,376	0	1,113,376	90.03
90.04	INFUSION CENTER	1,017,038		1,017,038	0	1,017,038	90.04
91.00	EMERGENCY	6,082,358		6,082,358	0	6,082,358	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,074,057		3,074,057	0	3,074,057	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	616,262		616,262	0	616,262	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0		0	0	0	99.10
200.00	Subtotal (see instructions)	133,903,752	0	133,903,752	0	133,903,752	200.00
201.00	Less Observation Beds	3,074,057		3,074,057	0	3,074,057	201.00
202.00	Total (see instructions)	130,829,695	0	130,829,695	0	130,829,695	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 7:46 pm	
			Title XIX	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	29,778,933		29,778,933		30.00
31.00	INTENSIVE CARE UNIT	11,132,737		11,132,737		31.00
40.00	SUBPROVIDER - IPF	4,635,291		4,635,291		40.00
41.00	SUBPROVIDER - IRF	1,853,813		1,853,813		41.00
43.00	NURSERY	1,479,248		1,479,248		43.00
44.00	SKILLED NURSING FACILITY	5,658,099		5,658,099		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	34,103,204	41,495,574	75,598,778	0.212474	50.00
52.00	DELIVERY ROOM & LABOR ROOM	2,648,317	601,368	3,249,685	0.797174	52.00
54.00	RADIOLOGY-DIAGNOSTIC	4,813,838	12,997,151	17,810,989	0.422590	54.00
54.01	NUCLEAR MEDICINE	1,377,781	3,027,597	4,405,378	0.234669	54.01
54.02	ULTRASOUND	876,295	5,074,130	5,950,425	0.148400	54.02
57.00	CT SCAN	10,522,433	28,407,186	38,929,619	0.057467	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,697,875	13,952,035	15,649,910	0.104066	58.00
59.00	CARDIAC CATHETERIZATION	8,689,078	8,099,914	16,788,992	0.168242	59.00
60.00	LABORATORY	16,439,511	30,289,183	46,728,694	0.178691	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,416,723	668,591	4,085,314	0.312916	62.00
65.00	RESPIRATORY THERAPY	6,684,798	1,027,750	7,712,548	0.302282	65.00
66.00	PHYSICAL THERAPY	4,270,400	9,652,647	13,923,047	0.310032	66.00
67.00	OCCUPATIONAL THERAPY	2,950,589	2,255,699	5,206,288	0.262073	67.00
68.00	SPEECH PATHOLOGY	681,012	743,392	1,424,404	0.395443	68.00
69.00	ELECTROCARDIOLOGY	5,161,842	16,955,784	22,117,626	0.347500	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,208,595	5,974,074	19,182,669	0.289756	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	12,139,052	5,654,430	17,793,482	0.290742	72.00
73.00	DRUGS CHARGED TO PATIENTS	40,208,708	21,521,375	61,730,083	0.168153	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.00
76.97	CARDIAC REHABILITATION	18,040	992,423	1,010,463	0.308838	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	1,744	532,086	533,830	1.440211	90.00
90.01	DENTAL CLINIC	0	1,017,157	1,017,157	0.573616	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.02
90.03	DIABETIC TRAINING	13,551	139,414	152,965	7.278632	90.03
90.04	INFUSION CENTER	2,576	521,078	523,654	1.942195	90.04
91.00	EMERGENCY	5,387,416	17,626,111	23,013,527	0.264295	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	818,009	818,009	0.753368	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0		99.10
200.00	Subtotal (see instructions)	229,851,499	230,044,158	459,895,657		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	229,851,499	230,044,158	459,895,657		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 7:46 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.212474		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.797174		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.422590		54.00
54.01	NUCLEAR MEDICINE	0.234669		54.01
54.02	ULTRASOUND	0.148400		54.02
57.00	CT SCAN	0.057467		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.104066		58.00
59.00	CARDIAC CATHETERIZATION	0.168242		59.00
60.00	LABORATORY	0.178691		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916		62.00
65.00	RESPIRATORY THERAPY	0.302282		65.00
66.00	PHYSICAL THERAPY	0.310032		66.00
67.00	OCCUPATIONAL THERAPY	0.262073		67.00
68.00	SPEECH PATHOLOGY	0.395443		68.00
69.00	ELECTROCARDIOLOGY	0.347500		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.290742		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.168153		73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	CARDIAC REHABILITATION	0.308838		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	1.440211		90.00
90.01	DENTAL CLINIC	0.573616		90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.02
90.03	DIABETIC TRAINING	7.278632		90.03
90.04	INFUSION CENTER	1.942195		90.04
91.00	EMERGENCY	0.264295		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.753368		92.01
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF			99.10
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150006

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

Worksheet C Part II Date/Time Prepared: 5/28/2012 7:46 pm

Cost Center Description		Title XIX					Hospital	PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	16,062,786	2,841,369	13,221,417	0	0	50.00	
52.00	DELIVERY ROOM & LABOR ROOM	2,590,563	734,442	1,856,121	0	0	52.00	
54.00	RADIOLOGY-DIAGNOSTIC	7,526,737	1,421,910	6,104,827	0	0	54.00	
54.01	NUCLEAR MEDICINE	1,033,805	111,765	922,040	0	0	54.01	
54.02	ULTRASOUND	883,041	56,884	826,157	0	0	54.02	
57.00	CT SCAN	2,237,166	194,010	2,043,156	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,628,627	128,709	1,499,918	0	0	58.00	
59.00	CARDIAC CATHETERIZATION	2,824,614	527,419	2,297,195	0	0	59.00	
60.00	LABORATORY	8,349,997	780,691	7,569,306	0	0	60.00	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,278,361	74,668	1,203,693	0	0	62.00	
65.00	RESPIRATORY THERAPY	2,331,364	131,560	2,199,804	0	0	65.00	
66.00	PHYSICAL THERAPY	4,316,585	506,280	3,810,305	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	1,364,427	127,848	1,236,579	0	0	67.00	
68.00	SPEECH PATHOLOGY	563,270	24,739	538,531	0	0	68.00	
69.00	ELECTROCARDIOLOGY	7,685,885	1,178,172	6,507,713	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,558,293	122,514	5,435,779	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	5,173,313	113,994	5,059,319	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	10,380,104	441,570	9,938,534	0	0	73.00	
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00	
76.97	CARDIAC REHABILITATION	312,069	7,592	304,477	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	768,828	17,551	751,277	0	0	90.00	
90.01	DENTAL CLINIC	583,458	18,259	565,199	0	0	90.01	
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02	
90.03	DIABETIC TRAINING	1,113,376	267,830	845,546	0	0	90.03	
90.04	INFUSION CENTER	1,017,038	424,204	592,834	0	0	90.04	
91.00	EMERGENCY	6,082,358	1,039,508	5,042,850	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,074,057	569,620	2,504,437	0	0	92.00	
92.01	OBSERVATION BEDS (DISTINCT PART)	616,262	225,194	391,068	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF	0	0	0	0	0	99.10	
200.00	Subtotal (sum of lines 50 thru 199)	95,356,384	12,088,302	83,268,082	0	0	200.00	
201.00	Less Observation Beds	3,074,057	569,620	2,504,437	0	0	201.00	
202.00	Total (line 200 minus line 201)	92,282,327	11,518,682	80,763,645	0	0	202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 5/28/2012 7:46 pm
		Title XIX		Hospital
				PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	16,062,786	75,598,778	0.212474	50.00
52.00 DELIVERY ROOM & LABOR ROOM	2,590,563	3,249,685	0.797174	52.00
54.00 RADIOLOGY-DIAGNOSTIC	7,526,737	17,810,989	0.422590	54.00
54.01 NUCLEAR MEDICINE	1,033,805	4,405,378	0.234669	54.01
54.02 ULTRASOUND	883,041	5,950,425	0.148400	54.02
57.00 CT SCAN	2,237,166	38,929,619	0.057467	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,628,627	15,649,910	0.104066	58.00
59.00 CARDIAC CATHETERIZATION	2,824,614	16,788,992	0.168242	59.00
60.00 LABORATORY	8,349,997	46,728,694	0.178691	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,278,361	4,085,314	0.312916	62.00
65.00 RESPIRATORY THERAPY	2,331,364	7,712,548	0.302282	65.00
66.00 PHYSICAL THERAPY	4,316,585	13,923,047	0.310032	66.00
67.00 OCCUPATIONAL THERAPY	1,364,427	5,206,288	0.262073	67.00
68.00 SPEECH PATHOLOGY	563,270	1,424,404	0.395443	68.00
69.00 ELECTROCARDIOLOGY	7,685,885	22,117,626	0.347500	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,558,293	19,182,669	0.289756	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	5,173,313	17,793,482	0.290742	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,380,104	61,730,083	0.168153	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	76.00
76.97 CARDIAC REHABILITATION	312,069	1,010,463	0.308838	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00 CLINIC	768,828	533,830	1.440211	90.00
90.01 DENTAL CLINIC	583,458	1,017,157	0.573616	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	90.02
90.03 DIABETIC TRAINING	1,113,376	152,965	7.278632	90.03
90.04 INFUSION CENTER	1,017,038	523,654	1.942195	90.04
91.00 EMERGENCY	6,082,358	23,013,527	0.264295	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	3,074,057	0	0.000000	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	616,262	818,009	0.753368	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF	0	0	0.000000	99.10
200.00 Subtotal (sum of lines 50 thru 199)	95,356,384	0	0	200.00
201.00 Less Observation Beds	3,074,057	0	0	201.00
202.00 Total (line 200 minus line 201)	92,282,327	405,357,536		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,144,989	0	3,144,989	17,723	177.45	30.00
31.00	INTENSIVE CARE UNIT	1,347,965	0	1,347,965	4,406	305.94	31.00
40.00	SUBPROVIDER - IPF	1,226,966	0	1,226,966	3,417	359.08	40.00
41.00	SUBPROVIDER - IRF	353,641	0	353,641	1,477	239.43	41.00
43.00	NURSERY	402,111		402,111	1,587	253.38	43.00
44.00	SKILLED NURSING FACILITY	2,270,197		2,270,197	14,179	160.11	44.00
200.00	Total (lines 30-199)	8,745,869		8,745,869	42,789		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII		Hospital PPS	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,105	1,615,682				30.00
31.00	INTENSIVE CARE UNIT	2,735	836,746				31.00
40.00	SUBPROVIDER - IPF	1,578	566,628				40.00
41.00	SUBPROVIDER - IRF	1,070	256,190				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	5,489	878,844				44.00
200.00	Total (lines 30-199)	19,977	4,154,090				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,841,369	75,598,778	0.037585	14,561,066	547,278	50.00
52.00	DELIVERY ROOM & LABOR ROOM	734,442	3,249,685	0.226004	15,050	3,401	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,421,910	17,810,989	0.079833	2,770,893	221,209	54.00
54.01	NUCLEAR MEDICINE	111,765	4,405,378	0.025370	862,620	21,885	54.01
54.02	ULTRASOUND	56,884	5,950,425	0.009560	489,783	4,682	54.02
57.00	CT SCAN	194,010	38,929,619	0.004984	5,569,022	27,756	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	128,709	15,649,910	0.008224	858,173	7,058	58.00
59.00	CARDIAC CATHETERIZATION	527,419	16,788,992	0.031415	4,603,782	144,628	59.00
60.00	LABORATORY	780,691	46,728,694	0.016707	8,413,396	140,563	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	74,668	4,085,314	0.018277	2,132,290	38,972	62.00
65.00	RESPIRATORY THERAPY	131,560	7,712,548	0.017058	3,273,180	55,834	65.00
66.00	PHYSICAL THERAPY	506,280	13,923,047	0.036363	1,044,093	37,966	66.00
67.00	OCCUPATIONAL THERAPY	127,848	5,206,288	0.024556	642,167	15,769	67.00
68.00	SPEECH PATHOLOGY	24,739	1,424,404	0.017368	204,526	3,552	68.00
69.00	ELECTROCARDIOLOGY	1,178,172	22,117,626	0.053268	3,060,946	163,050	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	122,514	19,182,669	0.006387	7,069,253	45,151	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	113,994	17,793,482	0.006407	6,021,174	38,578	72.00
73.00	DRUGS CHARGED TO PATIENTS	441,570	61,730,083	0.007153	21,358,621	152,778	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	7,592	1,010,463	0.007513	9,619	72	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	17,551	533,830	0.032878	813	27	90.00
90.01	DENTAL CLINIC	18,259	1,017,157	0.017951	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03	DIABETIC TRAINING	267,830	152,965	1.750923	5,307	9,292	90.03
90.04	INFUSION CENTER	424,204	523,654	0.810085	2,470	2,001	90.04
91.00	EMERGENCY	1,039,508	23,013,527	0.045169	2,968,719	134,094	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	569,620	0	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	225,194	818,009	0.275295	0	0	92.01
200.00	Total (Lines 50-199)	12,088,302	405,357,536		85,936,963	1,815,596	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,723	0.00	9,105	0	0	30.00
31.00	INTENSIVE CARE UNIT	4,406	0.00	2,735	0	0	31.00
40.00	SUBPROVIDER - IPF	3,417	0.00	1,578	0	0	40.00
41.00	SUBPROVIDER - IRF	1,477	0.00	1,070	0	0	41.00
43.00	NURSERY	1,587	0.00	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	14,179	0.00	5,489	0	0	44.00
200.00	Total (lines 30-199)	42,789		19,977	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
	12.00	13.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	0			30.00
31.00 INTENSIVE CARE UNIT	0	0			31.00
40.00 SUBPROVIDER - IPF	0	0			40.00
41.00 SUBPROVIDER - IRF	0	0			41.00
43.00 NURSERY	0	0			43.00
44.00 SKILLED NURSING FACILITY	0	0			44.00
200.00 Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	0	0	54.02
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
90.01 DENTAL CLINIC	0	0	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	0	0	0	0	0	0	0	90.03
90.04 INFUSION CENTER	0	0	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	0	92.01
200.00 Total (lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	75,598,778	0.000000	0.000000	14,561,066	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,249,685	0.000000	0.000000	15,050	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	17,810,989	0.000000	0.000000	2,770,893	54.00
54.01	NUCLEAR MEDICINE	0	4,405,378	0.000000	0.000000	862,620	54.01
54.02	ULTRASOUND	0	5,950,425	0.000000	0.000000	489,783	54.02
57.00	CT SCAN	0	38,929,619	0.000000	0.000000	5,569,022	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	15,649,910	0.000000	0.000000	858,173	58.00
59.00	CARDIAC CATHETERIZATION	0	16,788,992	0.000000	0.000000	4,603,782	59.00
60.00	LABORATORY	0	46,728,694	0.000000	0.000000	8,413,396	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,085,314	0.000000	0.000000	2,132,290	62.00
65.00	RESPIRATORY THERAPY	0	7,712,548	0.000000	0.000000	3,273,180	65.00
66.00	PHYSICAL THERAPY	0	13,923,047	0.000000	0.000000	1,044,093	66.00
67.00	OCCUPATIONAL THERAPY	0	5,206,288	0.000000	0.000000	642,167	67.00
68.00	SPEECH PATHOLOGY	0	1,424,404	0.000000	0.000000	204,526	68.00
69.00	ELECTROCARDIOLOGY	0	22,117,626	0.000000	0.000000	3,060,946	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,182,669	0.000000	0.000000	7,069,253	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	17,793,482	0.000000	0.000000	6,021,174	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	61,730,083	0.000000	0.000000	21,358,621	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	CARDIAC REHABILITATION	0	1,010,463	0.000000	0.000000	9,619	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	533,830	0.000000	0.000000	813	90.00
90.01	DENTAL CLINIC	0	1,017,157	0.000000	0.000000	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03	DIABETIC TRAINING	0	152,965	0.000000	0.000000	5,307	90.03
90.04	INFUSION CENTER	0	523,654	0.000000	0.000000	2,470	90.04
91.00	EMERGENCY	0	23,013,527	0.000000	0.000000	2,968,719	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	818,009	0.000000	0.000000	0	92.01
200.00	Total (Lines 50-199)	0	405,357,536			85,936,963	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	10,462,652	0	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,116	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,897,859	0	0	0	54.00
54.01	NUCLEAR MEDICINE	0	1,193,951	0	0	0	54.01
54.02	ULTRASOUND	0	824,999	0	0	0	54.02
57.00	CT SCAN	0	7,675,570	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	4,188,096	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	4,451,408	0	0	0	59.00
60.00	LABORATORY	0	553,831	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	356,080	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	342,215	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	19,213	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	1,317	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	7,235,812	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,603,219	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	2,914,370	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	8,214,388	0	0	0	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	489,656	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	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	DIABETIC TRAINING	0	4,628	0	0	0	90.03
90.04	INFUSION CENTER	0	219,466	0	0	0	90.04
91.00	EMERGENCY	0	4,102,361	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	351,793	0	0	0	92.01
200.00	Total (Lines 50-199)	0	60,109,000	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	54.01
54.02 ULTRASOUND	0	0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 DENTAL CLINIC	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03 DIABETIC TRAINING	0	0	90.03
90.04 INFUSION CENTER	0	0	90.04
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.212474	10,462,652	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.797174	6,116	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.422590	3,897,859	0	0		54.00
54.01 NUCLEAR MEDICINE	0.234669	1,193,951	0	0		54.01
54.02 ULTRASOUND	0.148400	824,999	0	0		54.02
57.00 CT SCAN	0.057467	7,675,570	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.104066	4,188,096	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.168242	4,451,408	0	0		59.00
60.00 LABORATORY	0.178691	553,831	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916	356,080	0	0		62.00
65.00 RESPIRATORY THERAPY	0.302282	342,215	0	0		65.00
66.00 PHYSICAL THERAPY	0.310032	19,213	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.262073	1,317	0	0		67.00
68.00 SPEECH PATHOLOGY	0.395443	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.347500	7,235,812	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756	2,603,219	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.290742	2,914,370	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.168153	8,214,388	0	12,495		73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0.308838	489,656	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	1.440211	0	0	0		90.00
90.01 DENTAL CLINIC	0.573616	0	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.02
90.03 DIABETIC TRAINING	7.278632	4,628	0	0		90.03
90.04 INFUSION CENTER	1.942195	219,466	0	0		90.04
91.00 EMERGENCY	0.264295	4,102,361	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0.753368	351,793	0	0		92.01
200.00 Subtotal (see instructions)		60,109,000	0	12,495		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		60,109,000	0	12,495		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	2,223,042	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	4,876	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,647,196	0	0		54.00
54.01 NUCLEAR MEDICINE	280,183	0	0		54.01
54.02 ULTRASOUND	122,430	0	0		54.02
57.00 CT SCAN	441,092	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	435,838	0	0		58.00
59.00 CARDIAC CATHETERIZATION	748,914	0	0		59.00
60.00 LABORATORY	98,965	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	111,423	0	0		62.00
65.00 RESPIRATORY THERAPY	103,445	0	0		65.00
66.00 PHYSICAL THERAPY	5,957	0	0		66.00
67.00 OCCUPATIONAL THERAPY	345	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	2,514,445	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	754,298	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	847,330	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,381,274	0	2,101		73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	151,224	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 DENTAL CLINIC	0	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.02
90.03 DIABETIC TRAINING	33,686	0	0		90.03
90.04 INFUSION CENTER	426,246	0	0		90.04
91.00 EMERGENCY	1,084,234	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	265,030	0	0		92.01
200.00 Subtotal (see instructions)	13,681,473	0	2,101		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	13,681,473	0	2,101		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/28/2012 7:46 pm
		Component CCN: 15S006	Title XVIII	Subprovider - IPF

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,841,369	75,598,778	0.037585	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	734,442	3,249,685	0.226004	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,421,910	17,810,989	0.079833	23,759	1,897	54.00
54.01 NUCLEAR MEDICINE	111,765	4,405,378	0.025370	3,539	90	54.01
54.02 ULTRASOUND	56,884	5,950,425	0.009560	1,736	17	54.02
57.00 CT SCAN	194,010	38,929,619	0.004984	86,048	429	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	128,709	15,649,910	0.008224	5,960	49	58.00
59.00 CARDIAC CATHETERIZATION	527,419	16,788,992	0.031415	15,657	492	59.00
60.00 LABORATORY	780,691	46,728,694	0.016707	248,782	4,156	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	74,668	4,085,314	0.018277	1,430	26	62.00
65.00 RESPIRATORY THERAPY	131,560	7,712,548	0.017058	8,583	146	65.00
66.00 PHYSICAL THERAPY	506,280	13,923,047	0.036363	20,077	730	66.00
67.00 OCCUPATIONAL THERAPY	127,848	5,206,288	0.024556	4,681	115	67.00
68.00 SPEECH PATHOLOGY	24,739	1,424,404	0.017368	3,401	59	68.00
69.00 ELECTROCARDIOLOGY	1,178,172	22,117,626	0.053268	19,149	1,020	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	122,514	19,182,669	0.006387	15,212	97	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	113,994	17,793,482	0.006407	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	441,570	61,730,083	0.007153	246,019	1,760	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97 CARDIAC REHABILITATION	7,592	1,010,463	0.007513	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	17,551	533,830	0.032878	3	0	90.00
90.01 DENTAL CLINIC	18,259	1,017,157	0.017951	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03 DIABETIC TRAINING	267,830	152,965	1.750923	51	89	90.03
90.04 INFUSION CENTER	424,204	523,654	0.810085	16	13	90.04
91.00 EMERGENCY	1,039,508	23,013,527	0.045169	151,867	6,860	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	569,620	0	0.000000	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	225,194	818,009	0.275295	0	0	92.01
200.00 Total (Lines 50-199)	12,088,302	405,357,536		855,970	18,045	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DENTAL CLINIC	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04 INFUSION CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 150006 Component CCN: 15S006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	75,598,778	0.000000	0.000000	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,249,685	0.000000	0.000000	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	17,810,989	0.000000	0.000000	23,759	54.00
54.01 NUCLEAR MEDICINE	0	4,405,378	0.000000	0.000000	3,539	54.01
54.02 ULTRASOUND	0	5,950,425	0.000000	0.000000	1,736	54.02
57.00 CT SCAN	0	38,929,619	0.000000	0.000000	86,048	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	15,649,910	0.000000	0.000000	5,960	58.00
59.00 CARDIAC CATHETERIZATION	0	16,788,992	0.000000	0.000000	15,657	59.00
60.00 LABORATORY	0	46,728,694	0.000000	0.000000	248,782	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,085,314	0.000000	0.000000	1,430	62.00
65.00 RESPIRATORY THERAPY	0	7,712,548	0.000000	0.000000	8,583	65.00
66.00 PHYSICAL THERAPY	0	13,923,047	0.000000	0.000000	20,077	66.00
67.00 OCCUPATIONAL THERAPY	0	5,206,288	0.000000	0.000000	4,681	67.00
68.00 SPEECH PATHOLOGY	0	1,424,404	0.000000	0.000000	3,401	68.00
69.00 ELECTROCARDIOLOGY	0	22,117,626	0.000000	0.000000	19,149	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,182,669	0.000000	0.000000	15,212	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	17,793,482	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	61,730,083	0.000000	0.000000	246,019	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97 CARDIAC REHABILITATION	0	1,010,463	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	533,830	0.000000	0.000000	3	90.00
90.01 DENTAL CLINIC	0	1,017,157	0.000000	0.000000	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03 DIABETIC TRAINING	0	152,965	0.000000	0.000000	51	90.03
90.04 INFUSION CENTER	0	523,654	0.000000	0.000000	16	90.04
91.00 EMERGENCY	0	23,013,527	0.000000	0.000000	151,867	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	818,009	0.000000	0.000000	0	92.01
200.00 Total (Lines 50-199)	0	405,357,536			855,970	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	330	0	0	0	90.00
90.01 DENTAL CLINIC	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04 INFUSION CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00 Total (Lines 50-199)	0	330	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	54.01
54.02 ULTRASOUND	0	0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 DENTAL CLINIC	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03 DIABETIC TRAINING	0	0	90.03
90.04 INFUSION CENTER	0	0	90.04
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 7:46 pm		
		Component CCN: 15S006	Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.212474	0	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.797174	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.422590	0	0	0	54.00
54.01	NUCLEAR MEDICINE	0.234669	0	0	0	54.01
54.02	ULTRASOUND	0.148400	0	0	0	54.02
57.00	CT SCAN	0.057467	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.104066	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.168242	0	0	0	59.00
60.00	LABORATORY	0.178691	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0.302282	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.310032	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.262073	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.395443	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.347500	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.290742	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.168153	0	0	1,073	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0.308838	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	1.440211	330	0	0	90.00
90.01	DENTAL CLINIC	0.573616	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.02
90.03	DIABETIC TRAINING	7.278632	0	0	0	90.03
90.04	INFUSION CENTER	1.942195	0	0	0	90.04
91.00	EMERGENCY	0.264295	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.753368	0	0	0	92.01
200.00	Subtotal (see instructions)		330	0	1,073	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		330	0	1,073	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01 NUCLEAR MEDICINE	0	0	0		54.01
54.02 ULTRASOUND	0	0	0		54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
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
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	180		73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	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	475	0	0		90.00
90.01 DENTAL CLINIC	0	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.02
90.03 DIABETIC TRAINING	0	0	0		90.03
90.04 INFUSION CENTER	0	0	0		90.04
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
200.00 Subtotal (see instructions)	475	0	180		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	475	0	180		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/28/2012 7:46 pm
		Component CCN: 15T006	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,841,369	75,598,778	0.037585	4,872	183	50.00
52.00 DELIVERY ROOM & LABOR ROOM	734,442	3,249,685	0.226004	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,421,910	17,810,989	0.079833	16,903	1,349	54.00
54.01 NUCLEAR MEDICINE	111,765	4,405,378	0.025370	0	0	54.01
54.02 ULTRASOUND	56,884	5,950,425	0.009560	820	8	54.02
57.00 CT SCAN	194,010	38,929,619	0.004984	43,454	217	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	128,709	15,649,910	0.008224	11,531	95	58.00
59.00 CARDIAC CATHETERIZATION	527,419	16,788,992	0.031415	3,091	97	59.00
60.00 LABORATORY	780,691	46,728,694	0.016707	133,239	2,226	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	74,668	4,085,314	0.018277	2,618	48	62.00
65.00 RESPIRATORY THERAPY	131,560	7,712,548	0.017058	50,873	868	65.00
66.00 PHYSICAL THERAPY	506,280	13,923,047	0.036363	513,883	18,686	66.00
67.00 OCCUPATIONAL THERAPY	127,848	5,206,288	0.024556	534,887	13,135	67.00
68.00 SPEECH PATHOLOGY	24,739	1,424,404	0.017368	127,028	2,206	68.00
69.00 ELECTROCARDIOLOGY	1,178,172	22,117,626	0.053268	12,479	665	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	122,514	19,182,669	0.006387	35,087	224	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	113,994	17,793,482	0.006407	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	441,570	61,730,083	0.007153	253,541	1,814	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97 CARDIAC REHABILITATION	7,592	1,010,463	0.007513	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	17,551	533,830	0.032878	1	0	90.00
90.01 DENTAL CLINIC	18,259	1,017,157	0.017951	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03 DIABETIC TRAINING	267,830	152,965	1.750923	255	446	90.03
90.04 INFUSION CENTER	424,204	523,654	0.810085	0	0	90.04
91.00 EMERGENCY	1,039,508	23,013,527	0.045169	127	6	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	569,620	0	0.000000	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	225,194	818,009	0.275295	0	0	92.01
200.00 Total (Lines 50-199)	12,088,302	405,357,536		1,744,689	42,273	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15T006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DENTAL CLINIC	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04 INFUSION CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 150006 Component CCN: 15T006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	75,598,778	0.000000	0.000000	4,872	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,249,685	0.000000	0.000000	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	17,810,989	0.000000	0.000000	16,903	54.00
54.01 NUCLEAR MEDICINE	0	4,405,378	0.000000	0.000000	0	54.01
54.02 ULTRASOUND	0	5,950,425	0.000000	0.000000	820	54.02
57.00 CT SCAN	0	38,929,619	0.000000	0.000000	43,454	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	15,649,910	0.000000	0.000000	11,531	58.00
59.00 CARDIAC CATHETERIZATION	0	16,788,992	0.000000	0.000000	3,091	59.00
60.00 LABORATORY	0	46,728,694	0.000000	0.000000	133,239	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,085,314	0.000000	0.000000	2,618	62.00
65.00 RESPIRATORY THERAPY	0	7,712,548	0.000000	0.000000	50,873	65.00
66.00 PHYSICAL THERAPY	0	13,923,047	0.000000	0.000000	513,883	66.00
67.00 OCCUPATIONAL THERAPY	0	5,206,288	0.000000	0.000000	534,887	67.00
68.00 SPEECH PATHOLOGY	0	1,424,404	0.000000	0.000000	127,028	68.00
69.00 ELECTROCARDIOLOGY	0	22,117,626	0.000000	0.000000	12,479	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,182,669	0.000000	0.000000	35,087	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	17,793,482	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	61,730,083	0.000000	0.000000	253,541	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97 CARDIAC REHABILITATION	0	1,010,463	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	533,830	0.000000	0.000000	1	90.00
90.01 DENTAL CLINIC	0	1,017,157	0.000000	0.000000	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03 DIABETIC TRAINING	0	152,965	0.000000	0.000000	255	90.03
90.04 INFUSION CENTER	0	523,654	0.000000	0.000000	0	90.04
91.00 EMERGENCY	0	23,013,527	0.000000	0.000000	127	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	818,009	0.000000	0.000000	0	92.01
200.00 Total (Lines 50-199)	0	405,357,536			1,744,689	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15T006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	90	0	0	0	90.00
90.01 DENTAL CLINIC	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04 INFUSION CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00 Total (Lines 50-199)	0	90	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15T006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	54.01
54.02 ULTRASOUND	0	0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 DENTAL CLINIC	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03 DIABETIC TRAINING	0	0	90.03
90.04 INFUSION CENTER	0	0	90.04
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 7:46 pm		
		Component CCN: 15T006	Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.212474	0	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.797174	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.422590	0	0	0	54.00
54.01	NUCLEAR MEDICINE	0.234669	0	0	0	54.01
54.02	ULTRASOUND	0.148400	0	0	0	54.02
57.00	CT SCAN	0.057467	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.104066	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.168242	0	0	0	59.00
60.00	LABORATORY	0.178691	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0.302282	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.310032	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.262073	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.395443	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.347500	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.290742	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.168153	0	0	395	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0.308838	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	1.440211	90	0	0	90.00
90.01	DENTAL CLINIC	0.573616	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.02
90.03	DIABETIC TRAINING	7.278632	0	0	0	90.03
90.04	INFUSION CENTER	1.942195	0	0	0	90.04
91.00	EMERGENCY	0.264295	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.753368	0	0	0	92.01
200.00	Subtotal (see instructions)		90	0	395	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		90	0	395	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006 Component CCN: 15T006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01 NUCLEAR MEDICINE	0	0	0		54.01
54.02 ULTRASOUND	0	0	0		54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
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
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	66		73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	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	130	0	0		90.00
90.01 DENTAL CLINIC	0	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.02
90.03 DIABETIC TRAINING	0	0	0		90.03
90.04 INFUSION CENTER	0	0	0		90.04
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
200.00 Subtotal (see instructions)	130	0	66		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	130	0	66		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DENTAL CLINIC	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04 INFUSION CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 150006 Component CCN: 155297	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	75,598,778	0.000000	0.000000	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,249,685	0.000000	0.000000	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	17,810,989	0.000000	0.000000	58,395	54.00
54.01 NUCLEAR MEDICINE	0	4,405,378	0.000000	0.000000	3,718	54.01
54.02 ULTRASOUND	0	5,950,425	0.000000	0.000000	2,591	54.02
57.00 CT SCAN	0	38,929,619	0.000000	0.000000	20,558	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	15,649,910	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	16,788,992	0.000000	0.000000	13,920	59.00
60.00 LABORATORY	0	46,728,694	0.000000	0.000000	395,812	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,085,314	0.000000	0.000000	29,622	62.00
65.00 RESPIRATORY THERAPY	0	7,712,548	0.000000	0.000000	595,878	65.00
66.00 PHYSICAL THERAPY	0	13,923,047	0.000000	0.000000	993,875	66.00
67.00 OCCUPATIONAL THERAPY	0	5,206,288	0.000000	0.000000	855,089	67.00
68.00 SPEECH PATHOLOGY	0	1,424,404	0.000000	0.000000	66,062	68.00
69.00 ELECTROCARDIOLOGY	0	22,117,626	0.000000	0.000000	44,018	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,182,669	0.000000	0.000000	559,952	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	17,793,482	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	61,730,083	0.000000	0.000000	1,253,528	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97 CARDIAC REHABILITATION	0	1,010,463	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	533,830	0.000000	0.000000	4	90.00
90.01 DENTAL CLINIC	0	1,017,157	0.000000	0.000000	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03 DIABETIC TRAINING	0	152,965	0.000000	0.000000	0	90.03
90.04 INFUSION CENTER	0	523,654	0.000000	0.000000	0	90.04
91.00 EMERGENCY	0	23,013,527	0.000000	0.000000	1,312	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	818,009	0.000000	0.000000	0	92.01
200.00 Total (Lines 50-199)	0	405,357,536			4,894,334	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DENTAL CLINIC	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04 INFUSION CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 150006 Component CCN: 155297	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	54.01
54.02 ULTRASOUND	0	0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 DENTAL CLINIC	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03 DIABETIC TRAINING	0	0	90.03
90.04 INFUSION CENTER	0	0	90.04
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 7:46 pm		
		Component CCN: 155297	Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.212474	0	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.797174	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.422590	0	0	0	54.00
54.01	NUCLEAR MEDICINE	0.234669	0	0	0	54.01
54.02	ULTRASOUND	0.148400	0	0	0	54.02
57.00	CT SCAN	0.057467	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.104066	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.168242	0	0	0	59.00
60.00	LABORATORY	0.178691	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0.302282	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.310032	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.262073	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.395443	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.347500	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.290742	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.168153	0	0	65	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0.308838	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	1.440211	0	0	0	90.00
90.01	DENTAL CLINIC	0.573616	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.02
90.03	DIABETIC TRAINING	7.278632	0	0	0	90.03
90.04	INFUSION CENTER	1.942195	0	0	0	90.04
91.00	EMERGENCY	0.264295	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.753368	0	0	0	92.01
200.00	Subtotal (see instructions)		0	0	65	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	65	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Co-ins. (see instructions)	Cost Services Not Subject To Ded. & Co-ins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01 NUCLEAR MEDICINE	0	0	0		54.01
54.02 ULTRASOUND	0	0	0		54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
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
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	11		73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	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 DENTAL CLINIC	0	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.02
90.03 DIABETIC TRAINING	0	0	0		90.03
90.04 INFUSION CENTER	0	0	0		90.04
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
200.00 Subtotal (see instructions)	0	0	11		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	11		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,144,989	0	3,144,989	17,723	177.45	30.00
31.00	INTENSIVE CARE UNIT	1,347,965	0	1,347,965	4,406	305.94	31.00
40.00	SUBPROVIDER - IPF	1,226,966	0	1,226,966	3,417	359.08	40.00
41.00	SUBPROVIDER - IRF	353,641	0	353,641	1,477	239.43	41.00
43.00	NURSERY	402,111		402,111	1,587	253.38	43.00
44.00	SKILLED NURSING FACILITY	2,270,197		2,270,197	14,179	160.11	44.00
200.00	Total (lines 30-199)	8,745,869		8,745,869	42,789		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/28/2012 7:46 pm
		Title XIX	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	1,042	184,903		30.00
31.00 INTENSIVE CARE UNIT	188	57,517		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
43.00 NURSERY	428	108,447		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
200.00 Total (lines 30-199)	1,658	350,867		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description		Title XIX			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,841,369	75,598,778	0.037585	1,865,917	70,130	50.00
52.00	DELIVERY ROOM & LABOR ROOM	734,442	3,249,685	0.226004	603,254	136,338	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,421,910	17,810,989	0.079833	217,041	17,327	54.00
54.01	NUCLEAR MEDICINE	111,765	4,405,378	0.025370	47,896	1,215	54.01
54.02	ULTRASOUND	56,884	5,950,425	0.009560	54,015	516	54.02
57.00	CT SCAN	194,010	38,929,619	0.004984	441,112	2,199	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	128,709	15,649,910	0.008224	89,116	733	58.00
59.00	CARDIAC CATHETERIZATION	527,419	16,788,992	0.031415	288,351	9,059	59.00
60.00	LABORATORY	780,691	46,728,694	0.016707	885,668	14,797	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	74,668	4,085,314	0.018277	147,074	2,688	62.00
65.00	RESPIRATORY THERAPY	131,560	7,712,548	0.017058	187,251	3,194	65.00
66.00	PHYSICAL THERAPY	506,280	13,923,047	0.036363	82,990	3,018	66.00
67.00	OCCUPATIONAL THERAPY	127,848	5,206,288	0.024556	57,341	1,408	67.00
68.00	SPEECH PATHOLOGY	24,739	1,424,404	0.017368	13,235	230	68.00
69.00	ELECTROCARDIOLOGY	1,178,172	22,117,626	0.053268	153,831	8,194	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	122,514	19,182,669	0.006387	756,099	4,829	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	113,994	17,793,482	0.006407	368,261	2,359	72.00
73.00	DRUGS CHARGED TO PATIENTS	441,570	61,730,083	0.007153	1,937,102	13,856	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	7,592	1,010,463	0.007513	264	2	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	17,551	533,830	0.032878	0	0	90.00
90.01	DENTAL CLINIC	18,259	1,017,157	0.017951	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03	DIABETIC TRAINING	267,830	152,965	1.750923	812	1,422	90.03
90.04	INFUSION CENTER	424,204	523,654	0.810085	0	0	90.04
91.00	EMERGENCY	1,039,508	23,013,527	0.045169	321,045	14,501	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	569,620	0	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	225,194	818,009	0.275295	0	0	92.01
200.00	Total (Lines 50-199)	12,088,302	405,357,536		8,517,675	308,015	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description		Title XIX		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description	Title XIX					Hospital		PPS	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School				
	6.00	7.00	8.00	9.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	17,723	0.00	1,042	0	0	0	30.00	
31.00	INTENSIVE CARE UNIT	4,406	0.00	188	0	0	0	31.00	
40.00	SUBPROVIDER - IPF	3,417	0.00	0	0	0	0	40.00	
41.00	SUBPROVIDER - IRF	1,477	0.00	0	0	0	0	41.00	
43.00	NURSERY	1,587	0.00	428	0	0	0	43.00	
44.00	SKILLED NURSING FACILITY	14,179	0.00	0	0	0	0	44.00	
200.00	Total (lines 30-199)	42,789		1,658	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/28/2012 7:46 pm
		Title XIX	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00		5.00	
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0		0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0		0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0		0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0		0	54.01
54.02 ULTRASOUND	0	0	0	0		0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0		0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0		0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		0	89.00
90.00 CLINIC	0	0	0	0		0	90.00
90.01 DENTAL CLINIC	0	0	0	0		0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0		0	90.02
90.03 DIABETIC TRAINING	0	0	0	0		0	90.03
90.04 INFUSION CENTER	0	0	0	0		0	90.04
91.00 EMERGENCY	0	0	0	0		0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		0	92.01
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: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description	Title XIX			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	75,598,778	0.000000	0.000000	1,865,917	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,249,685	0.000000	0.000000	603,254	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	17,810,989	0.000000	0.000000	217,041	54.00
54.01 NUCLEAR MEDICINE	0	4,405,378	0.000000	0.000000	47,896	54.01
54.02 ULTRASOUND	0	5,950,425	0.000000	0.000000	54,015	54.02
57.00 CT SCAN	0	38,929,619	0.000000	0.000000	441,112	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	15,649,910	0.000000	0.000000	89,116	58.00
59.00 CARDIAC CATHETERIZATION	0	16,788,992	0.000000	0.000000	288,351	59.00
60.00 LABORATORY	0	46,728,694	0.000000	0.000000	885,668	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,085,314	0.000000	0.000000	147,074	62.00
65.00 RESPIRATORY THERAPY	0	7,712,548	0.000000	0.000000	187,251	65.00
66.00 PHYSICAL THERAPY	0	13,923,047	0.000000	0.000000	82,990	66.00
67.00 OCCUPATIONAL THERAPY	0	5,206,288	0.000000	0.000000	57,341	67.00
68.00 SPEECH PATHOLOGY	0	1,424,404	0.000000	0.000000	13,235	68.00
69.00 ELECTROCARDIOLOGY	0	22,117,626	0.000000	0.000000	153,831	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,182,669	0.000000	0.000000	756,099	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	17,793,482	0.000000	0.000000	368,261	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	61,730,083	0.000000	0.000000	1,937,102	73.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97 CARDIAC REHABILITATION	0	1,010,463	0.000000	0.000000	264	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	533,830	0.000000	0.000000	0	90.00
90.01 DENTAL CLINIC	0	1,017,157	0.000000	0.000000	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03 DIABETIC TRAINING	0	152,965	0.000000	0.000000	812	90.03
90.04 INFUSION CENTER	0	523,654	0.000000	0.000000	0	90.04
91.00 EMERGENCY	0	23,013,527	0.000000	0.000000	321,045	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	818,009	0.000000	0.000000	0	92.01
200.00 Total (Lines 50-199)	0	405,357,536			8,517,675	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description	Title XIX			Hospital	PPS		
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
	11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	0	54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
90.01 DENTAL CLINIC	0	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.02
90.03 DIABETIC TRAINING	0	0	0	0	0	0	90.03
90.04 INFUSION CENTER	0	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
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: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Hospital	PPS
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 NUCLEAR MEDICINE	0	0		54.01
54.02 ULTRASOUND	0	0		54.02
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
90.01 DENTAL CLINIC	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.02
90.03 DIABETIC TRAINING	0	0		90.03
90.04 INFUSION CENTER	0	0		90.04
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 7:46 pm
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Hospital	PPS	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)			Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.212474	0	2,523,701	0	50.00	
52.00 DELIVERY ROOM & LABOR ROOM	0.797174	0	201,557	0	52.00	
54.00 RADIOLOGY-DIAGNOSTIC	0.422590	0	695,451	0	54.00	
54.01 NUCLEAR MEDICINE	0.234669	0	103,575	0	54.01	
54.02 ULTRASOUND	0.148400	0	514,902	0	54.02	
57.00 CT SCAN	0.057467	0	1,778,126	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.104066	0	694,715	0	58.00	
59.00 CARDIAC CATHETERIZATION	0.168242	0	529,923	0	59.00	
60.00 LABORATORY	0.178691	0	2,067,980	0	60.00	
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01	
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916	0	37,605	0	62.00	
65.00 RESPIRATORY THERAPY	0.302282	0	118,130	0	65.00	
66.00 PHYSICAL THERAPY	0.310032	0	672,792	0	66.00	
67.00 OCCUPATIONAL THERAPY	0.262073	0	0	0	67.00	
68.00 SPEECH PATHOLOGY	0.395443	0	0	0	68.00	
69.00 ELECTROCARDIOLOGY	0.347500	0	676,310	0	69.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0.290742	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0.168153	0	0	0	73.00	
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00	
76.97 CARDIAC REHABILITATION	0.308838	0	24,304	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	1.440211	0	0	0	90.00	
90.01 DENTAL CLINIC	0.573616	0	0	0	90.01	
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.02	
90.03 DIABETIC TRAINING	7.278632	0	6,891	0	90.03	
90.04 INFUSION CENTER	1.942195	0	53,767	0	90.04	
91.00 EMERGENCY	0.264295	0	1,815,239	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00	
92.01 OBSERVATION BEDS (DISTINCT PART)	0.753368	0	36,646	0	92.01	
200.00 Subtotal (see instructions)		0	12,551,614	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	12,551,614	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 7:46 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	536,221	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	160,676	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	293,891	0		54.00
54.01 NUCLEAR MEDICINE	0	24,306	0		54.01
54.02 ULTRASOUND	0	76,411	0		54.02
57.00 CT SCAN	0	102,184	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	72,296	0		58.00
59.00 CARDIAC CATHETERIZATION	0	89,155	0		59.00
60.00 LABORATORY	0	369,529	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	11,767	0		62.00
65.00 RESPIRATORY THERAPY	0	35,709	0		65.00
66.00 PHYSICAL THERAPY	0	208,587	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	235,018	0		69.00
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
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	7,506	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 DENTAL CLINIC	0	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.02
90.03 DIABETIC TRAINING	0	50,157	0		90.03
90.04 INFUSION CENTER	0	104,426	0		90.04
91.00 EMERGENCY	0	479,759	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	27,608	0		92.01
200.00 Subtotal (see instructions)	0	2,885,206	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	2,885,206	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2012 7:46 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		17,723	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,723	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		17,723	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,105	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,972,517	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		16,972,517	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		31,258,859	28.00
29.00	Private room charges (excluding swing-bed charges)		7,126,610	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		24,132,249	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.542967	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)		1,361.63	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)		16,972,517	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)		957.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,719,403	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)		8,719,403	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,371,707	4,406	1,673.11	2,735	4,575,956		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,755,072		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,050,431		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,452,428		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,815,596		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,268,024		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,782,407		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,210		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					957.65		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,074,057		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/28/2012 7:46 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	3,144,989	16,972,517	0.185299	3,074,057	569,620	90.00
91.00	Nursing School cost	0	16,972,517	0.000000	3,074,057	0	91.00
92.00	Allied health cost	0	16,972,517	0.000000	3,074,057	0	92.00
93.00	All other Medical Education	0	16,972,517	0.000000	3,074,057	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15S006		Date/Time Prepared: 5/28/2012 7:46 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,417	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,417	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,417	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,578	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,711,928	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,711,928	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,635,291	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,635,291	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.800797	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)		1,356.54	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,711,928	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,086.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,714,197	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,714,197	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15S006				Date/Time Prepared: 5/28/2012 7:46 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					168,595		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,882,792		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)					566,628		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					18,045		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					584,673		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,298,119		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 15S006		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/28/2012 7:46 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,226,966	3,711,928	0.330547	0	0	90.00
91.00	Nursing School cost	0	3,711,928	0.000000	0	0	91.00
92.00	Allied health cost	0	3,711,928	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,711,928	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T006		Date/Time Prepared: 5/28/2012 7:46 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,477	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,477	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,477	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,070	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,338,285	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,338,285	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,853,813	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,853,813	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.721909	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)		1,255.12	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)		1,338,285	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)		906.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		969,506	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)		969,506	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T006				Date/Time Prepared: 5/28/2012 7:46 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					461,282		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,430,788		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)					256,190		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					42,273		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					298,463		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,132,325		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 15T006		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/28/2012 7:46 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	353,641	1,338,285	0.264249	0	0	90.00
91.00	Nursing School cost	0	1,338,285	0.000000	0	0	91.00
92.00	Allied health cost	0	1,338,285	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,338,285	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 155297		Date/Time Prepared: 5/28/2012 7:46 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,179	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,179	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		14,179	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,489	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,763,199	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		7,763,199	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,658,099	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,658,099	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.372051	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)		399.05	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)		7,763,199	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1	
		Component CCN: 155297		Date/Time Prepared: 5/28/2012 7:46 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)				7,763,199 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				547.51 71.00
72.00	Program routine service cost (line 9 x line 71)				3,005,282 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				3,005,282 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				3,005,282 83.00
84.00	Program inpatient ancillary services (see instructions)				1,236,612 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				4,241,894 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 155297		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/28/2012 7:46 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2012 7:46 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		17,723	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,723	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		17,723	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,042	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,587	15.00
16.00	Nursery days (title V or XIX only)		428	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,972,517	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		16,972,517	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		16,972,517	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)		957.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		997,871	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)		997,871	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XIX		Hospital		PPS		Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1,389,732	1,587	875.70	428	374,800		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,371,707	4,406	1,673.11	188	314,545		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,174,528		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,861,744		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)					350,867		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					308,015		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					658,882		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,202,862		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,210		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					957.65		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,074,057		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/28/2012 7:46 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	3,144,989	16,972,517	0.185299	3,074,057	569,620	90.00
91.00	Nursing School cost	0	16,972,517	0.000000	3,074,057	0	91.00
92.00	Allied health cost	0	16,972,517	0.000000	3,074,057	0	92.00
93.00	All other Medical Education	0	16,972,517	0.000000	3,074,057	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 7:46 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		13,624,786		30.00
31.00	INTENSIVE CARE UNIT		6,861,239		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.212474	14,561,066	3,093,848	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.797174	15,050	11,997	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.422590	2,770,893	1,170,952	54.00
54.01	NUCLEAR MEDICINE	0.234669	862,620	202,430	54.01
54.02	ULTRASOUND	0.148400	489,783	72,684	54.02
57.00	CT SCAN	0.057467	5,569,022	320,035	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.104066	858,173	89,307	58.00
59.00	CARDIAC CATHETERIZATION	0.168242	4,603,782	774,549	59.00
60.00	LABORATORY	0.178691	8,413,396	1,503,398	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916	2,132,290	667,228	62.00
65.00	RESPIRATORY THERAPY	0.302282	3,273,180	989,423	65.00
66.00	PHYSICAL THERAPY	0.310032	1,044,093	323,702	66.00
67.00	OCCUPATIONAL THERAPY	0.262073	642,167	168,295	67.00
68.00	SPEECH PATHOLOGY	0.395443	204,526	80,878	68.00
69.00	ELECTROCARDIOLOGY	0.347500	3,060,946	1,063,679	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756	7,069,253	2,048,358	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.290742	6,021,174	1,750,608	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.168153	21,358,621	3,591,516	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.308838	9,619	2,971	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	1.440211	813	1,171	90.00
90.01	DENTAL CLINIC	0.573616	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.02
90.03	DIABETIC TRAINING	7.278632	5,307	38,628	90.03
90.04	INFUSION CENTER	1.942195	2,470	4,797	90.04
91.00	EMERGENCY	0.264295	2,968,719	784,618	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.753368	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		85,936,963	18,755,072	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)		85,936,963		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 7:46 pm
		Title XVIIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
40.00	SUBPROVIDER - IPF		2,049,441	40.00
41.00	SUBPROVIDER - IRF		0	41.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.212474	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.797174	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.422590	23,759	54.00
54.01	NUCLEAR MEDICINE	0.234669	3,539	54.01
54.02	ULTRASOUND	0.148400	1,736	54.02
57.00	CT SCAN	0.057467	86,048	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.104066	5,960	58.00
59.00	CARDIAC CATHETERIZATION	0.168242	15,657	59.00
60.00	LABORATORY	0.178691	248,782	60.00
60.01	BLOOD LABORATORY	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916	1,430	62.00
65.00	RESPIRATORY THERAPY	0.302282	8,583	65.00
66.00	PHYSICAL THERAPY	0.310032	20,077	66.00
67.00	OCCUPATIONAL THERAPY	0.262073	4,681	67.00
68.00	SPEECH PATHOLOGY	0.395443	3,401	68.00
69.00	ELECTROCARDIOLOGY	0.347500	19,149	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756	15,212	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.290742	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.168153	246,019	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	CARDIAC REHABILITATION	0.308838	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	1.440211	3	90.00
90.01	DENTAL CLINIC	0.573616	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.02
90.03	DIABETIC TRAINING	7.278632	51	90.03
90.04	INFUSION CENTER	1.942195	16	90.04
91.00	EMERGENCY	0.264295	151,867	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.753368	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		855,970	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)		855,970	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006 Component CCN: 15T006	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 7:46 pm
		Title XVIIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		1,340,855	41.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.212474	4,872	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.797174	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.422590	16,903	54.00
54.01	NUCLEAR MEDICINE	0.234669	0	54.01
54.02	ULTRASOUND	0.148400	820	54.02
57.00	CT SCAN	0.057467	43,454	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.104066	11,531	58.00
59.00	CARDIAC CATHETERIZATION	0.168242	3,091	59.00
60.00	LABORATORY	0.178691	133,239	60.00
60.01	BLOOD LABORATORY	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916	2,618	62.00
65.00	RESPIRATORY THERAPY	0.302282	50,873	65.00
66.00	PHYSICAL THERAPY	0.310032	513,883	66.00
67.00	OCCUPATIONAL THERAPY	0.262073	534,887	67.00
68.00	SPEECH PATHOLOGY	0.395443	127,028	68.00
69.00	ELECTROCARDIOLOGY	0.347500	12,479	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756	35,087	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.290742	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.168153	253,541	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	CARDIAC REHABILITATION	0.308838	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	1.440211	1	90.00
90.01	DENTAL CLINIC	0.573616	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.02
90.03	DIABETIC TRAINING	7.278632	255	90.03
90.04	INFUSION CENTER	1.942195	0	90.04
91.00	EMERGENCY	0.264295	127	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.753368	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		1,744,689	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)		1,744,689	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 155297		Date/Time Prepared: 5/28/2012 7:46 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.212474	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.797174	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.422590	58,395	24,677	54.00
54.01	NUCLEAR MEDICINE	0.234669	3,718	872	54.01
54.02	ULTRASOUND	0.148400	2,591	385	54.02
57.00	CT SCAN	0.057467	20,558	1,181	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.104066	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.168242	13,920	2,342	59.00
60.00	LABORATORY	0.178691	395,812	70,728	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916	29,622	9,269	62.00
65.00	RESPIRATORY THERAPY	0.302282	595,878	180,123	65.00
66.00	PHYSICAL THERAPY	0.310032	993,875	308,133	66.00
67.00	OCCUPATIONAL THERAPY	0.262073	855,089	224,096	67.00
68.00	SPEECH PATHOLOGY	0.395443	66,062	26,124	68.00
69.00	ELECTROCARDIOLOGY	0.347500	44,018	15,296	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756	559,952	162,249	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.290742	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.168153	1,253,528	210,784	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.308838	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	1.440211	4	6	90.00
90.01	DENTAL CLINIC	0.573616	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.02
90.03	DIABETIC TRAINING	7.278632	0	0	90.03
90.04	INFUSION CENTER	1.942195	0	0	90.04
91.00	EMERGENCY	0.264295	1,312	347	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.753368	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		4,894,334	1,236,612	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		4,894,334		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 7:46 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		1,638,378		30.00
31.00	INTENSIVE CARE UNIT		1,340,692		31.00
40.00	SUBPROVIDER - IPF		622,900		40.00
41.00	SUBPROVIDER - IRF		116,456		41.00
43.00	NURSERY		538,153		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.212474	1,865,917	396,459	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.797174	603,254	480,898	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.422590	217,041	91,719	54.00
54.01	NUCLEAR MEDICINE	0.234669	47,896	11,240	54.01
54.02	ULTRASOUND	0.148400	54,015	8,016	54.02
57.00	CT SCAN	0.057467	441,112	25,349	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.104066	89,116	9,274	58.00
59.00	CARDIAC CATHETERIZATION	0.168242	288,351	48,513	59.00
60.00	LABORATORY	0.178691	885,668	158,261	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.312916	147,074	46,022	62.00
65.00	RESPIRATORY THERAPY	0.302282	187,251	56,603	65.00
66.00	PHYSICAL THERAPY	0.310032	82,990	25,730	66.00
67.00	OCCUPATIONAL THERAPY	0.262073	57,341	15,028	67.00
68.00	SPEECH PATHOLOGY	0.395443	13,235	5,234	68.00
69.00	ELECTROCARDIOLOGY	0.347500	153,831	53,456	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.289756	756,099	219,084	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.290742	368,261	107,069	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.168153	1,937,102	325,730	73.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.308838	264	82	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	1.440211	0	0	90.00
90.01	DENTAL CLINIC	0.573616	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.02
90.03	DIABETIC TRAINING	7.278632	812	5,910	90.03
90.04	INFUSION CENTER	1.942195	0	0	90.04
91.00	EMERGENCY	0.264295	321,045	84,851	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.753368	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		8,517,675	2,174,528	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)		8,517,675		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/28/2012 7:46 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		18,468,430	1.00
2.00	Outlier payments for discharges. (see instructions)		1,392,172	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		105.21	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.68	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.35	31.00
32.00	Sum of lines 30 and 31		21.03	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.56	33.00
34.00	Disproportionate share adjustment (see instructions)		1,211,529	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		21,072,131	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		21,072,131	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,820,534	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/28/2012 7:46 pm
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			22,892,665 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			22,892,665 61.00
62.00	Deductibles billed to program beneficiaries			2,067,012 62.00
63.00	Coinsurance billed to program beneficiaries			32,828 63.00
64.00	Allowable bad debts (see instructions)			332,138 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			232,497 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			314,612 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			21,025,322 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			21,025,322 71.00
72.00	Interim payments			21,101,222 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-75,900 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			1,787,744 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 7:46 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,101	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,681,473	2.00
3.00	PPS payments		10,364,766	3.00
4.00	Outlier payment (see instructions)		230,691	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)		2,101	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		12,495	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)		12,495	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)		2,304,996	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)		12,495	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,394	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)		2,101	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		10,595,457	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,304,996	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		8,292,562	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)		8,292,562	30.00
31.00	Primary payer payments		1,017	31.00
32.00	Subtotal (line 30 minus line 31)		8,291,545	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)		350,808	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		245,566	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		342,303	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		8,537,111	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-424	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		8,537,535	40.00
41.00	Interim payments		8,483,519	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)		54,016	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: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 7:46 pm
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0

112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 7:46 pm
		Component CCN: 15S006	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		180	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		475	2.00
3.00	PPS payments		271	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)		180	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,073	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)		1,073	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)		1,073	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		893	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)		180	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)		271	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		451	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)		451	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		451	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		451	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)		451	40.00
41.00	Interim payments		1,022	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)		-571	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: 150006 Component CCN: 15S006	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Subprovider - IPF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 7:46 pm
		Component CCN: 15T006	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		66	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		130	2.00
3.00	PPS payments		74	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)		66	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		395	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)		395	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)		395	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		329	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)		66	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)		74	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		140	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)		140	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		140	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		140	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)		140	40.00
41.00	Interim payments		149	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)		-9	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: 150006 Component CCN: 15T006	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 7:46 pm
		Component CCN: 155297	Title XVIII	Skilled Nursing Facility
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		11	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		65	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)		65	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)		65	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		54	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)		11	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		11	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		11	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		11	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		11	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		11	40.00
41.00	Interim payments		35	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)		-24	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 7:46 pm
	Title XVIII	Skilled Nursing Facility	PPS
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: 150006

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2012 7:46 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		20,126,024		8,506,660	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	09/06/2011	975,198		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	09/06/2011	23,141	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)		975,198		-23,141	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)		21,101,222		8,483,519	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		54,016	6.01	
6.02	SETTLEMENT TO PROGRAM		75,900		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,025,322		8,537,535	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: 150006

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15S006

To 12/31/2011

Part I
Date/Time Prepared:
5/28/2012 7:46 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,365,361		1,022	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,365,361		1,022	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		571	6.02
7.00	Total Medicare program liability (see instructions)		1,365,361		451	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: 150006
Component CCN: 15T006

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2012 7:46 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,279,925		149	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,279,925		149	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		18,295		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		9	6.02
7.00	Total Medicare program liability (see instructions)		1,298,220		140	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: 150006
Component CCN: 155297

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2012 7:46 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					35 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		1,994,104			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,994,104			35 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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			24 6.02
7.00	Total Medicare program liability (see instructions)		1,994,104			11 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/28/2012 7:46 pm
		Component CCN: 15S006	Title XVII	Subprovider - IPF
				PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,231,272 1.00
2.00	Net IPF PPS Outlier Payments			264,923 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			9.361644 9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,496,195 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,496,195 16.00
17.00	Primary payer payments			1,220 17.00
18.00	Subtotal (line 16 less line 17).			1,494,975 18.00
19.00	Deductibles			122,256 19.00
20.00	Subtotal (line 18 minus line 19)			1,372,719 20.00
21.00	Coinsurance			7,358 21.00
22.00	Subtotal (line 20 minus line 21)			1,365,361 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,365,361 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,365,361 31.00
32.00	Interim payments			1,365,361 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			0 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/28/2012 7:46 pm
		Component CCN: 15T006	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		1,202,578	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		41,600	3.00
4.00	Outlier Payments		69,009	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		4.046575	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		1,313,187	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		1,313,187	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		1,313,187	19.00
20.00	Deductibles		9,024	20.00
21.00	Subtotal (line 19 minus line 20)		1,304,163	21.00
22.00	Coinsurance		5,943	22.00
23.00	Subtotal (line 21 minus line 22)		1,298,220	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		1,298,220	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		1,298,220	32.00
33.00	Interim payments		1,279,925	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		18,295	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VI Date/Time Prepared: 5/28/2012 7:46 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,163,338	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,163,338	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		169,234	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,994,104	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,994,104	15.00
16.00	Interim payments		1,994,104	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2012 7:46 pm
		Title XIX	Hospital	PPS
		1.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		2,885,206	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,885,206	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,885,206	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		21,069,289	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		21,069,289	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		21,069,289	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		18,184,083	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,885,206	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		2,885,206	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,885,206	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,885,206	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		2,885,206	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,885,206	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		2,885,206	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 150006

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

Worksheet G

Date/Time Prepared:
5/28/2012 7:46 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	6,790,265	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	23,658,051	0	0	0	4.00
5.00	Other receivable	3,208,926	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,424,227	0	0	0	7.00
8.00	Prepaid expenses	1,404,630	0	0	0	8.00
9.00	Other current assets	68,175,163	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)	106,661,262	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,343,962	0	0	0	12.00
13.00	Land improvements	2,436,138	0	0	0	13.00
14.00	Accumulated depreciation	-1,576,255	0	0	0	14.00
15.00	Buildings	45,529,181	0	0	0	15.00
16.00	Accumulated depreciation	-29,976,862	0	0	0	16.00
17.00	Leasehold improvements	68,301,804	0	0	0	17.00
18.00	Accumulated depreciation	-37,415,728	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	80,671,493	0	0	0	23.00
24.00	Accumulated depreciation	-49,937,946	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)	83,375,787	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	24,135,793	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	24,135,793	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	214,172,842	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,575,546	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,379,654	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,171,915	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	2,885,426	0	0	0	43.00
44.00	Other current liabilities	571,564	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,584,105	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	50,793,797	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	50,793,797	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	73,377,902	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	140,794,940	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)	140,794,940	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	214,172,842	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150006

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

Worksheet G-1

Date/Time Prepared:
5/28/2012 7:46 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		123,318,590		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,694,764			2.00
3.00	Total (sum of line 1 and line 2)		131,013,354		0	3.00
4.00	UNRESTRICTED FUND BALANCE	15,841,800		0		4.00
5.00	DONATED PROPERTY PLANT & EQUIP	53,962		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)		15,895,762		0	10.00
11.00	Subtotal (line 3 plus line 10)		146,909,116		0	11.00
12.00	ACCRUED BENEFIT OBLIGATION	6,114,176		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)		6,114,176		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		140,794,940		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150006

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

Worksheet G-1

Date/Time Prepared:
5/28/2012 7:46 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: 150006

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

Worksheet G-2 Parts

Date/Time Prepared:
5/28/2012 7:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	31,258,859		31,258,859	1.00
2.00	SUBPROVIDER - IPF	4,635,291		4,635,291	2.00
3.00	SUBPROVIDER - IRF	1,853,813		1,853,813	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	5,658,099		5,658,099	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,406,062		43,406,062	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,132,737		11,132,737	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,132,737		11,132,737	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	54,538,799		54,538,799	17.00
18.00	Ancillary services	169,884,999	209,388,631	379,273,630	18.00
19.00	Outpatient services	5,405,124	20,653,963	26,059,087	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	7,412,860	5,194,420	12,607,280	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	237,241,782	235,237,014	472,478,796	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		164,724,944		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		164,724,944		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150006

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

Worksheet G-3

Date/Time Prepared:
5/28/2012 7:46 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	472,478,796	1.00
2.00	Less contractual allowances and discounts on patients' accounts	298,716,737	2.00
3.00	Net patient revenues (line 1 minus line 2)	173,762,059	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	164,724,944	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,037,115	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 (SPECIFY)	0	24.00
25.00	Total other income (sum of lines 6-24)	0	25.00
26.00	Total (line 5 plus line 25)	9,037,115	26.00
27.00	OTHER NON OPERATING EXPENSE	1,342,351	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,342,351	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,694,764	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150006	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/28/2012 7:46 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,493,043	1.00
2.00	Capital DRG outlier payments		262,544	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		51.83	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.68	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		18.35	8.00
9.00	Sum of lines 7 and 8		21.03	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.35	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		64,947	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,820,534	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00