

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: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 2:49 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input checked="" type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2012	Time: 2:49 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE METHODIST HOSPITALS, INC. 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	450,629	-142,045	2,997,715	7,387,051	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	229,070	0	0	275,059	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	1,110	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	680,809	-142,045	2,997,715	7,662,110	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150002			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 2:42 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 600 GRANT STREET			PO Box:						1.00	
2.00	City: GARY			State: IN		Zip Code: 46402-		County: LAKE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		THE METHODIST HOSPITALS, INC.	150002	16974	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		REHABILITATION	15T002	16974	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		METHODIST HOME CARE SERVICES	157536	16974		02/12/2002	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) 1										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	Y		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.			13,495	0	90	452	13,881	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.			734	0	0	19	305	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: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 2:42 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.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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: 150002

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

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2012 2:42 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 2:42 pm	
			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)		N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		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	109.00
			1.00		2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		1,250,000	7,500,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)						N		140.00
	1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:		Contractor's Name:		Contractor's Number:			141.00	
142.00	Street:		PO Box:		Zip Code:			142.00	
143.00	City:		State:					143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						Y		145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital						N	N	155.00
156.00	Subprovider - IPF						N	N	156.00
157.00	Subprovider - IRF						N	N	157.00
158.00	SUBPROVIDER						N	N	158.00
159.00	SNF						N	N	159.00
160.00	HOME HEALTH AGENCY						N	N	160.00
161.00	CMHC						N	N	161.00
							1.00		
Multi campus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 2:42 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
			1.00	2.00
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
			1.00	2.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			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.	Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			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	04/13/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150002

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2012 2:42 pm

		Part A		
		Description	Y/N	Date
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00
				21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			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.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			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.			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			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			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.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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.			35.00
				Y/N
				Date
				1.00
				2.00
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150002

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2012 2:42 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/13/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 2:42 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	400	146,000	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)		400	146,000	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	33	12,045	0.00		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	35	12,775	0.00		8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	43.00	468	170,820	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	39	14,235			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	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		507				27.00
28.00 Observation Bed Days						28.00
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: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 2:42 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	43,519	13,246	77,838		1.00
2.00 HMO		2,620	13,793			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	324			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	43,519	13,246	77,838		7.00
8.00 INTENSIVE CARE UNIT	0	4,951	0	8,211		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	0	0	4,580		8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	3,065		13.00
14.00 Total (see instructions)	0	48,470	13,246	93,694		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	9,947	734	12,157		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	0	11,470	2,633	19,417		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		4,195	9,941		28.00
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)			879	1,044		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 2:42 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	7,553	1.00
2.00 HMO					428	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	2.73	1,774.97	0.00	0	7,553	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	48.87	0.00	0	742	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	0.00	23.36	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	2.73	1,847.20	0.00			27.00
28.00 Observation Bed Days						28.00
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: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,170	16,252		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
8.01 NEONATAL INTENSIVE CARE UNIT				8.01
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,170	16,252		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	49	912		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
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
28.02 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: 150002

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2012 2:42 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	106,862,753	0	106,862,753	3,842,199.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		316,485	0	316,485	2,323.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		642,561	0	642,561	4,717.00 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)		177,021	0	177,021	5,678.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		10,525,056	-740,076	9,784,980	285,161.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		4,637,921	0	4,637,921	107,515.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		794,998	0	794,998	9,220.00 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		24,333,362	0	24,333,362	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		2,268,995	0	2,268,995	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		45,444	0	45,444	22.00
23.00	Physician Part B		85,418	0	85,418	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	1,090,970	0	1,090,970	32,186.00 26.00
27.00	Administrative & General	5.00	18,232,833	-427,728	17,805,105	650,045.00 27.00
28.00	Administrative & General under contract (see inst.)		2,598,721	0	2,598,721	15,970.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	3,129,838	0	3,129,838	152,548.00 30.00
31.00	Laundry & Linen Service	8.00	48,445	0	48,445	5,257.00 31.00
32.00	Housekeeping	9.00	3,098,244	0	3,098,244	214,601.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	2,474,834	-577,009	1,897,825	125,699.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	255,111	577,009	832,120	55,114.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	2,432,868	0	2,432,868	63,424.00 38.00
39.00	Central Services and Supply	14.00	497,081	0	497,081	29,571.00 39.00
40.00	Pharmacy	15.00	0	0	0	0.00 40.00
41.00	Medical Records & Medical Records Library	16.00	1,514,787	0	1,514,787	74,141.00 41.00
42.00	Social Service	17.00	67,563	427,728	495,291	18,827.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 2:42 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)	27.81	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	136.24	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	136.22	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)	31.18	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	34.31	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	43.14	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	86.23	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	33.90	26.00
27.00	Administrative & General	27.39	27.00
28.00	Administrative & General under contract (see inst.)	162.73	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	20.52	30.00
31.00	Laundry & Linen Service	9.22	31.00
32.00	Housekeeping	14.44	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.10	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	15.10	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	38.36	38.00
39.00	Central Services and Supply	16.81	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	20.43	41.00
42.00	Social Service	26.31	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150002

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2012 2:42 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)	108,641,892	0	108,641,892	3,847,774.00	1.00
2.00	Excluded area salaries (see instructions)	10,525,056	-740,076	9,784,980	285,161.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	98,116,836	740,076	98,856,912	3,562,613.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,432,919	0	5,432,919	116,735.00	4.00
5.00	Subtotal wage-related costs (see inst.)	24,378,806	0	24,378,806	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	127,928,561	740,076	128,668,637	3,679,348.00	6.00
7.00	Total overhead cost (see instructions)	35,441,295	0	35,441,295	1,437,383.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150002

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2012 2:42 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	28.23	1.00
2.00	Excluded area salaries (see instructions)	34.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27.75	3.00
4.00	Subtotal other wages & related costs (see inst.)	46.54	4.00
5.00	Subtotal wage-related costs (see inst.)	24.66	5.00
6.00	Total (sum of lines 3 thru 5)	34.97	6.00
7.00	Total overhead cost (see instructions)	24.66	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2012 2:42 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,431,280	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	734,368	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)	10,245,611	8.00
9.00	Prescription Drug Plan	1,982,444	9.00
10.00	Dental, Hearing and Vision Plan	644,083	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	471,111	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,707,534	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,655,705	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	461,226	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,333,362	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	2,399,856	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150002

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2012 2:42 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150002 Component CCN: 157536		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 5/30/2012 2:42 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	417.00	0.00	0.00	0.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			0.00	0.00	0.00	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	0.00	0.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.00	0.00	0.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			23844		20.00	
20.01				99915		20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,210	153	121	203	4,687	21.00
22.00	Skilled Nursing Visit Charges	631,500	22,950	18,150	30,450	703,050	22.00
23.00	Physical Therapy Visits	2,812	0	13	200	3,025	23.00
24.00	Physical Therapy Visit Charges	461,168	0	2,132	32,800	496,100	24.00
25.00	Occupational Therapy Visits	1,064	0	1	81	1,146	25.00
26.00	Occupational Therapy Visit Charges	175,560	0	165	13,365	189,090	26.00
27.00	Speech Pathology Visits	146	0	0	5	151	27.00
28.00	Speech Pathology Visit Charges	25,842	0	0	885	26,727	28.00
29.00	Medical Social Service Visits	15	2	1	1	19	29.00
30.00	Medical Social Service Visit Charges	3,585	478	239	239	4,541	30.00
31.00	Home Health Aide Visits	2,287	5	3	147	2,442	31.00
32.00	Home Health Aide Visit Charges	153,229	335	201	9,849	163,614	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,534	160	139	637	11,470	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,450,884	23,763	20,887	87,588	1,583,122	35.00
36.00	Total Number of Episodes (standard/non outlier)	475		50	31	556	36.00
37.00	Total Number of Outlier Episodes		4		0	4	37.00
38.00	Total Non-Routine Medical Supply Charges	52,584	5,243	2,229	1,336	61,392	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/30/2012 2:42 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)		0.345919	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		25,207,199	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		48,552,178	5.00	
6.00	Medicaid charges		153,426,718	6.00	
7.00	Medicaid cost (line 1 times line 6)		53,073,217	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)		0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	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	39,642,900	0	39,642,900	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	13,713,232	0	13,713,232	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	13,713,232	0	13,713,232	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,872,376	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,997,352	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		8,875,024	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,070,039	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		16,783,271	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,783,271	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet A	
Date/Time Prepared: 5/30/2012 2:42 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		12,283,702	12,283,702	44,786	12,328,488	1.00	
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00	
4.00 EMPLOYEE BENEFITS	1,090,970	20,141,320	21,232,290	-222	21,232,068	4.00	
5.01 DATA PROCESSING	3,330,729	10,997,515	14,328,244	0	14,328,244	5.01	
5.02 PURCHASING, RECEIVING AND STORES	902,618	2,619,114	3,521,732	-51,179	3,470,553	5.02	
5.03 ADMINITTING	1,796,882	425,430	2,222,312	-51	2,222,261	5.03	
5.04 CASHIERING/ACCOUNTS RECEIVABLE	1,765,576	2,913,765	4,679,341	0	4,679,341	5.04	
5.05 OTHER ADMINISTRATIVE AND GENERAL	9,915,638	11,883,695	21,799,333	-453,166	21,346,167	5.05	
5.06 PATIENT TRANSPORTATION	521,390	116,460	637,850	0	637,850	5.06	
7.00 OPERATION OF PLANT	3,129,838	12,376,335	15,506,173	-11	15,506,162	7.00	
8.00 LAUNDRY & LINEN SERVICE	48,445	1,334,430	1,382,875	0	1,382,875	8.00	
9.00 HOUSEKEEPING	3,098,244	1,196,304	4,294,548	-458	4,294,090	9.00	
10.00 DIETARY	2,474,834	2,620,022	5,094,856	-1,358,552	3,736,304	10.00	
11.00 CAFETERIA	255,111	24,574	279,685	1,358,539	1,638,224	11.00	
13.00 NURSING ADMINISTRATION	2,432,868	669,476	3,102,344	-1,015	3,101,329	13.00	
14.00 CENTRAL SERVICES & SUPPLY	497,081	430,742	927,823	-33,178	894,645	14.00	
15.00 PHARMACY	0	5,186,983	5,186,983	-13,892	5,173,091	15.00	
16.00 MEDICAL RECORDS & LIBRARY	1,514,787	948,811	2,463,598	-336	2,463,262	16.00	
17.00 SOCIAL SERVICE	0	0	0	427,728	427,728	17.00	
17.01 STAFF EDUCATION	0	0	0	0	0	17.01	
17.02 MEDICAL EDUCATION	67,563	25,151	92,714	-316	92,398	17.02	
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	177,021	177,021	21.00	
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	32,098	17,454	49,552	72,250	121,802	22.00	
23.00 PARAMEDICAL PRGM	303,508	102,666	406,174	218,530	624,704	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	24,087,350	4,172,241	28,259,591	-278,570	27,981,021	30.00	
31.00 INTENSIVE CARE UNIT	5,618,948	1,298,698	6,917,646	-160,862	6,756,784	31.00	
31.01 NEONATAL INTENSIVE CARE UNIT	2,285,907	771,076	3,056,983	-11,182	3,045,801	31.01	
41.00 SUBPROVIDER - IRF	2,672,099	431,349	3,103,448	-57,535	3,045,913	41.00	
43.00 NURSERY	828,308	330,907	1,159,215	-46,292	1,112,923	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	3,008,484	14,840,084	17,848,568	-1,676,446	16,172,122	50.00	
50.01 ENDOSCOPY	571,056	736,313	1,307,369	-145,036	1,162,333	50.01	
51.00 RECOVERY ROOM	835,402	113,742	949,144	-8,385	940,759	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	2,344,646	351,182	2,695,828	-29,686	2,666,142	52.00	
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	1,825,478	1,810,480	3,635,958	-3,149	3,632,809	54.00	
54.01 RADIOLOGY-ULTRASOUND	1,012,454	465,614	1,478,068	-19,234	1,458,834	54.01	
55.00 RADIOLOGY-THERAPEUTIC	493,124	837,207	1,330,331	-1,021	1,329,310	55.00	
56.00 RADIOISOTOPE	379,508	761,551	1,141,059	-1,970	1,139,089	56.00	
57.00 CT SCAN	889,173	1,379,762	2,268,935	-8,886	2,260,049	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	331,335	381,078	712,413	-1,215	711,198	58.00	
59.00 CARDIAC CATHETERIZATION	1,388,784	4,575,239	5,964,023	-1,663,461	4,300,562	59.00	
60.00 LABORATORY	3,216,737	6,050,870	9,267,607	932,169	10,199,776	60.00	
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,119,246	514,040	1,633,286	-11,504	1,621,782	62.00	
65.00 RESPIRATORY THERAPY	1,874,279	812,401	2,686,680	-38,282	2,648,398	65.00	
66.00 PHYSICAL THERAPY	1,384,940	213,681	1,598,621	-5,258	1,593,363	66.00	
67.00 OCCUPATIONAL THERAPY	870,408	236,280	1,106,688	-1,470	1,105,218	67.00	
68.00 SPEECH PATHOLOGY	323,060	31,498	354,558	-506	354,052	68.00	
69.00 ELECTROCARDIOLOGY	445,620	160,350	605,970	-702	605,268	69.00	
69.01 CARDIAC REHAB	335,506	340,886	676,392	-512	675,880	69.01	
70.00 ELECTROENCEPHALOGRAPHY	856,274	4,191,007	5,047,281	-3,491,985	1,555,296	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,322,387	6,322,387	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,922,044	10,922,044	72.00	
73.00 DRUGS CHARGED TO PATIENTS	369,150	10,337,366	10,706,516	-770	10,705,746	73.00	
74.00 RENAL DIALYSIS	0	1,572,005	1,572,005	0	1,572,005	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	1,706,680	1,937,881	3,644,561	-149,856	3,494,705	90.00	
91.00 EMERGENCY	5,061,168	3,386,232	8,447,400	-252,802	8,194,598	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 HOME HEALTH AGENCY	1,499,170	461,940	1,961,110	-3,162	1,957,948	101.00	
SPECIAL PURPOSE COST CENTERS							
118.00 SUBTOTALS (SUM OF LINES 1-117)	100,812,474	149,816,909	250,629,383	10,493,339	261,122,722	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	82,323	178,983	261,306	0	261,306	190.00	
192.00 PHYSICIANS' PRIVATE OFFICES	4,923,848	12,344,137	17,267,985	-9,750,631	7,517,354	192.00	
192.01 OTHER NON-REIMBURSABLE	1,044,108	4,393,587	5,437,695	-742,708	4,694,987	192.01	
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02	
200.00 TOTAL (SUM OF LINES 118-199)	106,862,753	166,733,616	273,596,369	0	273,596,369	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150002

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

Worksheet A
Date/Time Prepared:
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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	-2,635,662	9,692,826	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
4.00	EMPLOYEE BENEFITS	-3,000	21,229,068	4.00
5.01	DATA PROCESSING	-47,073	14,281,171	5.01
5.02	PURCHASING, RECEIVING AND STORES	0	3,470,553	5.02
5.03	ADMITTING	0	2,222,261	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	38,006	4,717,347	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	-585,326	20,760,841	5.05
5.06	PATIENT TRANSPORTATION	0	637,850	5.06
7.00	OPERATION OF PLANT	0	15,506,162	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,382,875	8.00
9.00	HOUSEKEEPING	0	4,294,090	9.00
10.00	DIETARY	-49,675	3,686,629	10.00
11.00	CAFETERIA	-526,157	1,112,067	11.00
13.00	NURSING ADMINISTRATION	-2,013	3,099,316	13.00
14.00	CENTRAL SERVICES & SUPPLY	-45,676	848,969	14.00
15.00	PHARMACY	0	5,173,091	15.00
16.00	MEDICAL RECORDS & LIBRARY	-14,843	2,448,419	16.00
17.00	SOCIAL SERVICE	0	427,728	17.00
17.01	STAFF EDUCATION	0	0	17.01
17.02	MEDICAL EDUCATION	0	92,398	17.02
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	177,021	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	121,802	22.00
23.00	PARAMED PRGM	-132,564	492,140	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-372,677	27,608,344	30.00
31.00	INTENSIVE CARE UNIT	-20	6,756,764	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	-565,000	2,480,801	31.01
41.00	SUBPROVIDER - IRF	0	3,045,913	41.00
43.00	NURSERY	0	1,112,923	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-9,267,071	6,905,051	50.00
50.01	ENDOSCOPY	0	1,162,333	50.01
51.00	RECOVERY ROOM	0	940,759	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,666,142	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-150,655	3,482,154	54.00
54.01	RADIOLOGY-ULTRASOUND	0	1,458,834	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	1,329,310	55.00
56.00	RADIOISOTOPE	0	1,139,089	56.00
57.00	CT SCAN	-13	2,260,036	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	711,198	58.00
59.00	CARDIAC CATHETERIZATION	0	4,300,562	59.00
60.00	LABORATORY	-714,620	9,485,156	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	-646,087	975,695	62.00
65.00	RESPIRATORY THERAPY	-34	2,648,364	65.00
66.00	PHYSICAL THERAPY	0	1,593,363	66.00
67.00	OCCUPATIONAL THERAPY	0	1,105,218	67.00
68.00	SPEECH PATHOLOGY	0	354,052	68.00
69.00	ELECTROCARDIOLOGY	0	605,268	69.00
69.01	CARDIAC REHAB	-179,283	496,597	69.01
70.00	ELECTROENCEPHALOGRAPHY	-90,785	1,464,511	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,322,387	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	10,922,044	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	10,705,746	73.00
74.00	RENAL DIALYSIS	0	1,572,005	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-21,526	3,473,179	90.00
91.00	EMERGENCY	-651,744	7,542,854	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	0	1,957,948	101.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-16,663,498	244,459,224	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	261,306	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	7,517,354	192.00
192.01	OTHER NON-REIMBURSABLE	0	4,694,987	192.01
192.02	FAMILY HEALTH/GARY COMM HEALTH	0	0	192.02
200.00	TOTAL (SUM OF LINES 118-199)	-16,663,498	256,932,871	200.00

RECLASSIFICATIONS

Provider CCN: 150002

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	577,009	781,530	1.00
	TOTALS		577,009	781,530	
B - CLINICAL TRAINING COST					
1.00	PARAMED PRGM	23.00	218,970	0	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
	TOTALS		218,970	0	
C - SOCIAL WORKERS					
1.00	SOCIAL SERVICE	17.00	427,728	0	1.00
	TOTALS		427,728	0	
D - HBP SALARIES					
1.00	ADULTS & PEDIATRICS	30.00	0	314,688	1.00
2.00	OPERATING ROOM	50.00	0	8,397,530	2.00
3.00	LABORATORY	60.00	959,046	0	3.00
4.00	EMERGENCY	91.00	0	415,695	4.00
	TOTALS		959,046	9,127,913	
E - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	177,021	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	72,250	2.00
	TOTALS		0	249,271	
F - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,322,387	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,922,044	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

Provider CCN: 150002

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

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
44.00		0.00	0	0	44.00	
	TOTALS		0	17,244,431		
G - KCI USA						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	44,786	1.00	
	TOTALS		0	44,786		
500.00	Grand Total: Increases		2,182,753	27,447,931	500.00	

RECLASSIFICATIONS

Provider CCN: 150002

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	577,009	781,530	0		1.00
	TOTALS		577,009	781,530			
B - CLINICAL TRAINING COST							
1.00	ADULTS & PEDIATRICS	30.00	15,009	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	9,438	0	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	10,268	0	0		3.00
4.00	OPERATING ROOM	50.00	11,628	0	0		4.00
5.00	ENDOSCOPY	50.01	4,152	0	0		5.00
6.00	LABORATORY	60.00	3,619	0	0		6.00
7.00	RESPIRATORY THERAPY	65.00	7,409	0	0		7.00
8.00	EMERGENCY	91.00	157,447	0	0		8.00
	TOTALS		218,970	0			
C - SOCIAL WORKERS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	427,728	0	0		1.00
	TOTALS		427,728	0			
D - HBP SALARIES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	959,046	8,788,945	0		1.00
2.00	OTHER NON-REIMBURSABLE	192.01	0	338,968	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		959,046	9,127,913			
E - RESIDENTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	25,342	0		1.00
2.00	EMERGENCY	91.00	0	223,929	0		2.00
	TOTALS		0	249,271			
F - MED SUPPLY RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	222	0		1.00
2.00		5.02	0	6,393	0		2.00
3.00		5.03	0	51	0		3.00
4.00		5.05	0	96	0		4.00
5.00		7.00	0	11	0		5.00
6.00		9.00	0	458	0		6.00
7.00		10.00	0	13	0		7.00
8.00		13.00	0	1,015	0		8.00
9.00		14.00	0	33,178	0		9.00
10.00		15.00	0	13,892	0		10.00
11.00		16.00	0	336	0		11.00
12.00		17.02	0	316	0		12.00
13.00		23.00	0	440	0		13.00
14.00		30.00	0	578,249	0		14.00
15.00		31.00	0	151,424	0		15.00
16.00		31.01	0	914	0		16.00
17.00		41.00	0	57,535	0		17.00
18.00		43.00	0	46,292	0		18.00
19.00		50.00	0	10,062,348	0		19.00
20.00		50.01	0	140,884	0		20.00
21.00		51.00	0	8,385	0		21.00
22.00		52.00	0	29,686	0		22.00
23.00		54.00	0	3,149	0		23.00
24.00		54.01	0	19,234	0		24.00
25.00		55.00	0	1,021	0		25.00
26.00		56.00	0	1,970	0		26.00
27.00		57.00	0	8,886	0		27.00
28.00		58.00	0	1,215	0		28.00
29.00		59.00	0	1,663,461	0		29.00
30.00		60.00	0	23,258	0		30.00
31.00		62.00	0	11,504	0		31.00
32.00		65.00	0	30,873	0		32.00
33.00		66.00	0	5,258	0		33.00
34.00		67.00	0	1,470	0		34.00
35.00		68.00	0	506	0		35.00
36.00		69.00	0	702	0		36.00
37.00		69.01	0	512	0		37.00
38.00		70.00	0	3,491,985	0		38.00
39.00		73.00	0	770	0		39.00
40.00		90.00	0	149,856	0		40.00
41.00		91.00	0	287,121	0		41.00
42.00		101.00	0	3,162	0		42.00
43.00		192.00	0	2,640	0		43.00
44.00		192.01	0	403,740	0		44.00
	TOTALS		0	17,244,431			

Provider CCN: 150002

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	G - KCI USA						
1.00	PURCHASING, RECEIVING AND STORES	5.02	0	44,786	14		1.00
	TOTALS		0	44,786			
500.00	Grand Total: Decreases		2,182,753	27,447,931			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2012 2:42 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	3,745,499	0	0	0	0	1.00
2.00	Land Improvements	5,625,790	0	0	0	0	2.00
3.00	Buildings and Fixtures	238,315,117	0	0	0	1,756,318	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	192,468,822	8,790,643	0	8,790,643	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	440,155,228	8,790,643	0	8,790,643	1,756,318	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	440,155,228	8,790,643	0	8,790,643	1,756,318	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	6,345,542	0	5,938,160	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)	6,345,542	0	5,938,160	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	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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	3,745,499	0		1.00	
2.00	Land Improvements	5,625,790	0		2.00	
3.00	Buildings and Fixtures	236,558,799	0		3.00	
4.00	Building Improvements	0	0		4.00	
5.00	Fixed Equipment	0	0		5.00	
6.00	Movable Equipment	201,259,465	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	447,189,553	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	447,189,553	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	12,283,702		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	12,283,702		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	7,180,973	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0
3.00	Total (sum of lines 1-2)	0	0	0	7,180,973	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		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	2,467,067	0	0	44,786	9,692,826	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,467,067	0	0	44,786	9,692,826	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150002

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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,471,093	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	-11,564,831		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-526,157	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts		0		0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines	B	-49,675	DIETARY	10.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	835,431	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			0*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant			0	0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 HUMAN RESOURCE OTHER REVENUE	B	-3,000	EMPLOYEE BENEFITS	4.00 33.00
34.00 IT OTHER REVENUE	B	-47,073	DATA PROCESSING	5.01 34.00
35.00 CENTRAL BUS OFFICE OTHER REVENUE	B	38,006	CASHIERING/ACCOUNTS RECEIVABLE	5.04 35.00
36.00 ADMINISTRATIVE OTHER REVENUE	B	-447,510	OTHER ADMINISTRATIVE AND GENERAL	5.05 36.00
37.00 NURSING DEVELOPMENT	B	-2,013	NURSING ADMINISTRATION	13.00 37.00
38.00 CENTRAL SERVICES & SUPPLY OTHER REV	B	-45,676	CENTRAL SERVICES & SUPPLY	14.00 38.00
39.00 SALE OF MEDICAL RECORDS	B	-14,843	MEDICAL RECORDS & LIBRARY	16.00 39.00
40.00 EMS REVENUE	B	-132,564	PARAMED ED PRGM	23.00 40.00
41.00 PSYCH REVENUE	B	-56,274	ADULTS & PEDIATRICS	30.00 41.00
42.00 RADIOLOGY REVENUE	B	-653	RADIOLOGY-DIAGNOSTIC	54.00 42.00
43.00 LAB REVENUE	B	-718	LABORATORY	60.00 43.00
44.00 PHLEBOTOMY REVENUE	B	-646,087	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00 44.00
45.00 CARDIO REHAB REVENUE	B	-179,283	CARDIAC REHAB	69.01 45.00
45.01 NEUROSCIENCE REVENUE	B	-13,259	ELECTROENCEPHALOGRAPHY	70.00 45.01
45.02 REHAB REVENUE	B	-270	CLINIC	90.00 45.02
45.03 LOBBYING FEES	A	-92,800	OTHER ADMINISTRATIVE AND GENERAL	5.05 45.03

Provider CCN: 150002

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

Worksheet A-8
 Date/Time Prepared:
 5/30/2012 2:42 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	
45.04 IHA LOBBYING	A	-7,107	OTHER ADMINISTRATIVE AND GENERAL	5.05	45.04
45.05 MAJESTIC STAR INCOME	B	-236,049	EMERGENCY	91.00	45.05
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,663,498			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150002

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

Worksheet A-8
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	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	9	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	HUMAN RESOURCE OTHER REVENUE	0	33.00
34.00	IT OTHER REVENUE	0	34.00
35.00	CENTRAL BUS OFFICE OTHER REVENUE	0	35.00
36.00	ADMINISTRATIVE OTHER REVENUE	0	36.00
37.00	NURSING DEVELOPMENT	0	37.00
38.00	CENTRAL SERVICES & SUPPLY OTHER REV	0	38.00
39.00	SALE OF MEDICAL RECORDS	0	39.00
40.00	EMS REVENUE	0	40.00
41.00	PSYCH REVENUE	0	41.00
42.00	RADIOLOGY REVENUE	0	42.00
43.00	LAB REVENUE	0	43.00
44.00	PHLEBOTOMY REVENUE	0	44.00
45.00	CARDIO REHAB REVENUE	0	45.00
45.01	NEUROSCIENCE REVENUE	0	45.01
45.02	REHAB REVENUE	0	45.02
45.03	LOBBYING FEES	0	45.03
45.04	IHA LOBBYING	0	45.04
45.05	MAJESTIC STAR INCOME	0	45.05
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150002

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 2:42 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	EMPLOYEE BENEFITS	10,098	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	242,765	37,870	2.00
3.00	17.02	MEDICAL EDUCATION	16,869	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	533,830	316,403	4.00
5.00	31.00	INTENSIVE CARE UNIT	62,400	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	565,000	565,000	6.00
7.00	41.00	SUBPROVIDER - IRF	59,400	0	7.00
8.00	50.00	OPERATING ROOM	9,350,477	9,267,055	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	158,113	150,000	9.00
10.00	57.00	CT SCAN	124	0	10.00
11.00	60.00	LABORATORY	959,046	642,561	11.00
12.00	65.00	RESPIRATORY THERAPY	25,250	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	77,526	77,526	13.00
14.00	90.00	CLINIC	102,094	21,224	14.00
15.00	91.00	EMERGENCY	481,528	415,695	15.00
200.00			12,644,520	11,493,334	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150002

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 2:42 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	10,098	171,400	123	10,136	507	1.00
2.00	204,895	171,400	2,486	204,856	10,243	2.00
3.00	16,869	171,400	205	16,893	845	3.00
4.00	217,427	171,400	2,639	217,464	10,873	4.00
5.00	62,400	171,400	757	62,380	3,119	5.00
6.00	0	171,400	0	0	0	6.00
7.00	59,400	171,400	721	59,413	2,971	7.00
8.00	83,422	204,100	850	83,406	4,170	8.00
9.00	8,113	231,100	73	8,111	406	9.00
10.00	124	231,100	1	111	6	10.00
11.00	316,485	219,500	2,323	245,144	12,257	11.00
12.00	25,250	171,400	306	25,216	1,261	12.00
13.00	0	171,400	0	0	0	13.00
14.00	80,869	171,400	981	80,838	4,042	14.00
15.00	65,833	171,400	799	65,841	3,292	15.00
200.00	1,151,185		12,264	1,079,809	53,992	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150002

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 2:42 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	10,136	1.00
2.00	0	0	0	0	204,856	2.00
3.00	0	0	0	0	16,893	3.00
4.00	0	0	0	0	217,464	4.00
5.00	0	0	0	0	62,380	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	59,413	7.00
8.00	0	0	0	0	83,406	8.00
9.00	0	0	0	0	8,111	9.00
10.00	0	0	0	0	111	10.00
11.00	0	0	0	0	245,144	11.00
12.00	0	0	0	0	25,216	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	80,838	14.00
15.00	0	0	0	0	65,841	15.00
200.00	0	0	0	0	1,079,809	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150002

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

Worksheet A-8-2
Date/Time Prepared:
5/30/2012 2:42 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	0	1.00
2.00	39	37,909	2.00
3.00	0	0	3.00
4.00	0	316,403	4.00
5.00	20	20	5.00
6.00	0	565,000	6.00
7.00	0	0	7.00
8.00	16	9,267,071	8.00
9.00	2	150,002	9.00
10.00	13	13	10.00
11.00	71,341	713,902	11.00
12.00	34	34	12.00
13.00	0	77,526	13.00
14.00	31	21,256	14.00
15.00	0	415,695	15.00
200.00	71,496	11,564,831	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	
		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	9,692,826	9,692,826				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00 EMPLOYEE BENEFITS	21,229,068	40,596	0	21,269,664		4.00
5.01 DATA PROCESSING	14,281,171	63,169	0	669,776	15,014,116	5.01
5.02 PURCHASING, RECEIVING AND STORES	3,470,553	50,398	0	181,507	0	5.02
5.03 ADMINISTRATION	2,222,261	66,792	0	361,335	0	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	4,717,347	210,651	0	355,040	0	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	20,760,841	684,476	0	1,907,924	15,014,116	5.05
5.06 PATIENT TRANSPORTATION	637,850	0	0	104,846	0	5.06
7.00 OPERATION OF PLANT	15,506,162	2,057,497	0	629,379	0	7.00
8.00 LAUNDRY & LINEN SERVICE	1,382,875	122,524	0	9,742	0	8.00
9.00 HOUSEKEEPING	4,294,090	141,839	0	623,026	0	9.00
10.00 DIETARY	3,686,629	129,555	0	381,634	0	10.00
11.00 CAFETERIA	1,112,067	90,575	0	167,331	0	11.00
13.00 NURSING ADMINISTRATION	3,099,316	43,648	0	489,225	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	848,969	246,374	0	99,958	0	14.00
15.00 PHARMACY	5,173,091	130,305	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,448,419	77,721	0	304,609	0	16.00
17.00 SOCIAL SERVICE	427,728	11,197	0	86,012	0	17.00
17.01 STAFF EDUCATION	0	76,621	0	0	0	17.01
17.02 MEDICAL EDUCATION	92,398	2,571	0	13,586	0	17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	177,021	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	121,802	30,705	0	6,455	0	22.00
23.00 PARAMEDICAL PRGM	492,140	0	0	105,065	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	27,608,344	2,180,260	0	4,840,726	0	30.00
31.00 INTENSIVE CARE UNIT	6,756,764	136,539	0	1,128,016	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	2,480,801	15,521	0	457,608	0	31.01
41.00 SUBPROVIDER - IRF	3,045,913	214,755	0	537,332	0	41.00
43.00 NURSERY	1,112,923	167,883	0	166,564	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,905,051	774,707	0	602,638	0	50.00
50.01 ENDOSCOPY	1,162,333	0	0	113,999	0	50.01
51.00 RECOVERY ROOM	940,759	99,985	0	167,991	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,666,142	48,136	0	471,485	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,482,154	0	0	367,085	0	54.00
54.01 RADIOLOGY-ULTRASOUND	1,458,834	34,740	0	203,594	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	1,329,310	92,692	0	99,162	0	55.00
56.00 RADIOISOTOPE	1,139,089	62,159	0	76,315	0	56.00
57.00 CT SCAN	2,260,036	58,859	0	178,804	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	711,198	28,904	0	66,628	0	58.00
59.00 CARDIAC CATHETERIZATION	4,300,562	57,691	0	279,271	0	59.00
60.00 LABORATORY	9,485,156	161,656	0	838,980	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	975,695	2,646	0	225,069	0	62.00
65.00 RESPIRATORY THERAPY	2,648,364	53,381	0	375,409	0	65.00
66.00 PHYSICAL THERAPY	1,593,363	84,340	0	278,498	0	66.00
67.00 OCCUPATIONAL THERAPY	1,105,218	72,483	0	175,030	0	67.00
68.00 SPEECH PATHOLOGY	354,052	12,345	0	64,964	0	68.00
69.00 ELECTROCARDIOLOGY	605,268	0	0	89,610	0	69.00
69.01 CARDIAC REHAB	496,597	0	0	67,467	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	1,464,511	0	0	172,188	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,322,387	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	10,922,044	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,705,746	11,424	0	74,232	0	73.00
74.00 RENAL DIALYSIS	1,572,005	30,127	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	3,473,179	546,768	0	343,196	0	90.00
91.00 EMERGENCY	7,542,854	186,023	0	986,089	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	1,957,948	0	0	301,468	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	244,459,224	9,411,238	0	20,245,868	15,014,116	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	261,306	12,380	0	16,554	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	7,517,354	183,603	0	797,282	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
192.01 OTHER NON-REIMBURSABLE	4,694,987	23,762	0	209,960	0	192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	61,843	0	0	0	192.02
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)	256,932,871	9,692,826	0	21,269,664	15,014,116	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5A.04	5.05	
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 DATA PROCESSING						5.01
5.02 PURCHASING, RECEIVING AND STORES	3,702,458					5.02
5.03 ADMINISTRATION	5,387	2,655,775				5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	2,945	59,064	5,345,047			5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	13,683	191,917	395,040	38,967,997	38,967,997	5.05
5.06 PATIENT TRANSPORTATION	281	0	0	742,977	132,830	5.06
7.00 OPERATION OF PLANT	59,930	576,892	1,187,470	20,017,330	3,578,718	7.00
8.00 LAUNDRY & LINEN SERVICE	860	34,354	70,714	1,621,069	289,816	8.00
9.00 HOUSEKEEPING	61,673	39,770	81,861	5,242,259	937,216	9.00
10.00 DIETARY	43,270	36,325	74,772	4,352,185	778,088	10.00
11.00 CAFETERIA	118	25,396	52,275	1,447,762	258,832	11.00
13.00 NURSING ADMINISTRATION	1,270	12,238	25,191	3,670,888	656,285	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	69,080	142,193	1,406,574	251,469	14.00
15.00 PHARMACY	6,699	36,536	75,204	5,421,835	969,321	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,188	21,792	44,856	2,899,585	518,391	16.00
17.00 SOCIAL SERVICE	0	3,140	6,462	534,539	95,565	17.00
17.01 STAFF EDUCATION	0	21,483	44,221	142,325	25,445	17.01
17.02 MEDICAL EDUCATION	178	721	1,484	110,938	19,834	17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	177,021	31,648	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,609	17,721	185,292	33,127	22.00
23.00 PARAMED ED PRGM	3,004	0	0	600,209	107,306	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	165,193	611,313	1,258,321	36,664,157	6,554,875	30.00
31.00 INTENSIVE CARE UNIT	57,886	38,284	78,803	8,196,292	1,465,341	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	1,470	4,352	8,958	2,968,710	530,749	31.01
41.00 SUBPROVIDER - IRF	0	60,214	123,944	3,982,158	711,934	41.00
43.00 NURSERY	21,684	47,072	96,893	1,613,019	288,377	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	215,157	217,217	447,117	9,161,887	1,637,971	50.00
50.01 ENDOSCOPY	31,739	0	0	1,308,071	233,858	50.01
51.00 RECOVERY ROOM	4,058	28,034	57,706	1,298,533	232,153	51.00
52.00 DELIVERY ROOM & LABOR ROOM	13,815	13,497	27,782	3,240,857	579,404	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	14,732	0	0	3,863,971	690,805	54.00
54.01 RADIOLOGY-ULTRASOUND	34,453	9,740	20,050	1,761,411	314,907	54.01
55.00 RADIOLOGY-THERAPEUTIC	7,554	25,989	53,496	1,608,203	287,516	55.00
56.00 RADIOISOTOPE	2,623	17,428	35,875	1,333,489	238,402	56.00
57.00 CT SCAN	49,181	16,503	33,970	2,597,353	464,357	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	19,389	8,104	16,682	850,905	152,126	58.00
59.00 CARDIAC CATHETERIZATION	239,121	16,176	33,296	4,926,117	880,696	59.00
60.00 LABORATORY	287,043	45,326	93,298	10,911,459	1,950,762	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	36,184	742	1,527	1,241,863	222,022	62.00
65.00 RESPIRATORY THERAPY	53,759	14,967	30,809	3,176,689	567,932	65.00
66.00 PHYSICAL THERAPY	1,609	23,648	48,676	2,030,134	362,949	66.00
67.00 OCCUPATIONAL THERAPY	1,422	20,323	41,833	1,416,309	253,209	67.00
68.00 SPEECH PATHOLOGY	396	3,461	7,125	442,343	79,083	68.00
69.00 ELECTROCARDIOLOGY	2,721	0	0	697,599	124,717	69.00
69.01 CARDIAC REHAB	749	0	0	564,813	100,978	69.01
70.00 ELECTROENCEPHALOGRAPHY	25,432	0	0	1,662,131	297,157	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	729,983	0	0	7,052,370	1,260,830	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	1,261,068	0	0	12,183,112	2,178,109	72.00
73.00 DRUGS CHARGED TO PATIENTS	39,352	3,203	6,593	10,840,550	1,938,084	73.00
74.00 RENAL DIALYSIS	497	8,447	17,388	1,628,464	291,138	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	9,886	153,306	315,563	4,841,898	865,639	90.00
91.00 EMERGENCY	110,222	52,158	107,362	8,984,708	1,606,295	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	11,322	0	0	2,270,738	405,965	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,651,186	2,576,821	5,182,531	242,861,098	36,452,231	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,709	3,471	7,145	320,565	57,311	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	14,228	51,480	105,965	8,669,912	1,550,016	192.00
192.01 OTHER NON-REIMBURSABLE	17,335	6,663	13,714	4,966,421	887,902	192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	17,340	35,692	114,875	20,537	192.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5A.04	5.05	
202.00 TOTAL (sum lines 118-201)	3,702,458	2,655,775	5,345,047	256,932,871	38,967,997	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	PATIENT TRANSPORTATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 DATA PROCESSING						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06 PATIENT TRANSPORTATION	875,807					5.06
7.00 OPERATION OF PLANT	0	23,596,048				7.00
8.00 LAUNDRY & LINEN SERVICE	0	443,467	2,354,352			8.00
9.00 HOUSEKEEPING	0	513,377	0	6,692,852		9.00
10.00 DIETARY	0	468,919	0	138,627	5,737,819	10.00
11.00 CAFETERIA	0	327,830	0	96,917	0	11.00
13.00 NURSING ADMINISTRATION	0	157,981	0	46,704	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	891,736	27,064	263,625	0	14.00
15.00 PHARMACY	0	471,630	15	139,429	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	281,306	0	83,163	0	16.00
17.00 SOCIAL SERVICE	0	40,528	0	11,981	0	17.00
17.01 STAFF EDUCATION	0	277,326	0	81,986	0	17.01
17.02 MEDICAL EDUCATION	0	9,305	0	2,751	0	17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	111,134	0	32,855	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	344,431	7,891,331	1,161,512	2,332,921	3,831,041	30.00
31.00 INTENSIVE CARE UNIT	2,278	494,196	61,488	146,100	852,061	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	56,177	54,276	16,608	0	31.01
41.00 SUBPROVIDER - IRF	9,960	777,293	0	229,792	648,494	41.00
43.00 NURSERY	0	607,644	50,456	179,638	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	2,804,008	244,584	828,952	0	50.00
50.01 ENDOSCOPY	29,826	0	6,577	0	608	50.01
51.00 RECOVERY ROOM	0	361,889	64,023	106,986	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	14,877	174,227	54,698	51,507	268,553	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	110,158	0	81,328	0	0	54.00
54.01 RADIOLOGY-ULTRASOUND	87,508	125,738	13,800	37,172	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	7,231	335,493	3,687	99,182	0	55.00
56.00 RADIOISOTOPE	42,082	224,980	0	66,511	0	56.00
57.00 CT SCAN	117,877	213,039	18,743	62,981	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	37,436	104,616	7,493	30,928	0	58.00
59.00 CARDIAC CATHETERIZATION	20,788	208,809	83,378	61,730	29,168	59.00
60.00 LABORATORY	18	585,103	0	172,975	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,578	0	2,832	0	62.00
65.00 RESPIRATORY THERAPY	1,916	193,210	3,603	57,119	0	65.00
66.00 PHYSICAL THERAPY	0	305,265	29,543	90,246	0	66.00
67.00 OCCUPATIONAL THERAPY	0	262,349	0	77,558	0	67.00
68.00 SPEECH PATHOLOGY	0	44,683	0	13,210	1,823	68.00
69.00 ELECTROCARDIOLOGY	2,314	0	14,043	0	0	69.00
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	1,988	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	41,349	0	12,224	0	73.00
74.00 RENAL DIALYSIS	18	109,044	112,696	32,237	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	506	1,978,997	0	585,053	0	90.00
91.00 EMERGENCY	44,595	673,299	261,345	199,048	106,071	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	875,807	22,576,856	2,354,352	6,391,548	5,737,819	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	44,807	0	13,246	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	664,542	0	196,459	0	192.00
192.01 OTHER NON-REIMBURSABLE	0	86,007	0	25,426	0	192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	223,836	0	66,173	0	192.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	875,807	23,596,048	2,354,352	6,692,852	5,737,819	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 2:42 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	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	DATA PROCESSING						5.01
5.02	PURCHASING, RECEIVING AND STORES						5.02
5.03	ADMINISTRATION						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	PATIENT TRANSPORTATION						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	2,131,341					11.00
13.00	NURSING ADMINISTRATION	50,534	4,582,392				13.00
14.00	CENTRAL SERVICES & SUPPLY	23,561	0	2,864,029			14.00
15.00	PHARMACY	0	0	8,768	7,010,998		15.00
16.00	MEDICAL RECORDS & LIBRARY	59,073	0	2,863	0	3,844,381	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	MEDICAL EDUCATION	0	0	233	0	0	17.02
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	252	0	0	0	0	22.00
23.00	PARAMED ED PRGM	10,799	40,697	3,668	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	694,338	2,616,638	211,063	0	375,083	30.00
31.00	INTENSIVE CARE UNIT	129,117	486,580	74,719	0	72,704	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	48,289	181,980	1,924	0	40,736	31.01
41.00	SUBPROVIDER - IRF	80,994	0	0	0	42,425	41.00
43.00	NURSERY	19,574	73,765	22,696	0	8,309	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	84,486	318,388	274,258	0	447,945	50.00
50.01	ENDOSCOPY	13,824	52,095	41,192	0	37,407	50.01
51.00	RECOVERY ROOM	19,222	72,438	5,024	0	35,921	51.00
52.00	DELIVERY ROOM & LABOR ROOM	57,007	214,831	17,968	0	12,839	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	55,098	0	18,558	0	120,101	54.00
54.01	RADIOLOGY-ULTRASOUND	19,979	0	9,887	0	51,862	54.01
55.00	RADIOLOGY-THERAPEUTIC	10,731	0	3,433	0	70,431	55.00
56.00	RADIOISOTOPE	7,458	0	64,369	0	39,749	56.00
57.00	CT SCAN	22,159	0	45,063	0	346,916	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	7,545	0	25,377	0	87,512	58.00
59.00	CARDIAC CATHETERIZATION	31,609	0	312,489	0	203,395	59.00
60.00	LABORATORY	97,195	0	381,069	1,220,215	454,659	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	49,511	0	46,470	0	26,534	62.00
65.00	RESPIRATORY THERAPY	55,047	0	44,222	0	99,989	65.00
66.00	PHYSICAL THERAPY	33,121	0	2,099	0	31,588	66.00
67.00	OCCUPATIONAL THERAPY	19,721	0	1,377	0	21,418	67.00
68.00	SPEECH PATHOLOGY	6,904	0	519	0	4,903	68.00
69.00	ELECTROCARDIOLOGY	16,044	0	3,561	0	68,630	69.00
69.01	CARDIAC REHAB	8,960	0	685	0	2,155	69.01
70.00	ELECTROENCEPHALOGRAPHY	17,106	0	33,246	0	68,794	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	955,416	0	153,327	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	141,782	72.00
73.00	DRUGS CHARGED TO PATIENTS	7,589	0	51,504	5,774,239	434,351	73.00
74.00	RENAL DIALYSIS	0	0	0	0	28,270	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	43,874	0	12,660	0	79,988	90.00
91.00	EMERGENCY	139,307	524,980	138,512	0	219,089	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	38,721	0	10,502	16,544	15,569	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,978,749	4,582,392	2,825,394	7,010,998	3,844,381	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,055	0	1,500	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	120,985	0	14,547	0	0	192.00
192.01	OTHER NON-REIMBURSABLE	26,552	0	22,588	0	0	192.01
192.02	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
202.00 TOTAL (sum lines 118-201)	2,131,341	4,582,392	2,864,029	7,010,998	3,844,381	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	17.01	17.02	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 DATA PROCESSING						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06 PATIENT TRANSPORTATION						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	682,613					17.00
17.01 STAFF EDUCATION	0	527,082				17.01
17.02 MEDICAL EDUCATION	0	381	143,442			17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	208,669		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	362,660	22.00
23.00 PARAMED ED PRGM	0	170	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	529,025	312,682	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	75,043	0	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	11,183	0	0	0	31.01
41.00 SUBPROVIDER - IRF	121,164	16,022	0	0	0	41.00
43.00 NURSERY	0	3,426	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	9,155	0	0	0	50.00
50.01 ENDOSCOPY	0	1,448	0	0	0	50.01
51.00 RECOVERY ROOM	0	11,889	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	19,017	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,659	0	0	0	54.00
54.01 RADIOLOGY-ULTRASOUND	0	1,399	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	389	0	0	0	55.00
56.00 RADIOISOTOPE	0	35	0	0	0	56.00
57.00 CT SCAN	0	3,193	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	92	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	3,539	0	0	0	59.00
60.00 LABORATORY	0	445	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	113	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	7,205	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	438	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	834	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	170	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	1,653	0	0	0	69.00
69.01 CARDIAC REHAB	0	57	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	3,158	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	537	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	2,204	0	0	0	90.00
91.00 EMERGENCY	32,424	29,140	143,442	208,669	362,660	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	2,218	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	682,613	520,894	143,442	208,669	362,660	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	3,193	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	0	2,995	0	0	0	192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
200.00 Cross Foot Adjustments				0		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	17.01	17.02	21.00	22.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	682,613	527,082	143,442	208,669	362,660	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

Period:
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Cost Center Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	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 DATA PROCESSING					5.01
5.02 PURCHASING, RECEIVING AND STORES					5.02
5.03 ADMITTING					5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL					5.05
5.06 PATIENT TRANSPORTATION					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
17.01 STAFF EDUCATION					17.01
17.02 MEDICAL EDUCATION					17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00 PARAMED PRGM	762,849				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	63,519,097	0	63,519,097	30.00
31.00 INTENSIVE CARE UNIT	0	12,055,919	0	12,055,919	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	3,910,632	0	3,910,632	31.01
41.00 SUBPROVIDER - IRF	0	6,620,236	0	6,620,236	41.00
43.00 NURSERY	0	2,866,904	0	2,866,904	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	15,811,634	0	15,811,634	50.00
50.01 ENDOSCOPY	0	1,724,906	0	1,724,906	50.01
51.00 RECOVERY ROOM	0	2,208,078	0	2,208,078	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	4,705,785	0	4,705,785	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	4,943,678	0	4,943,678	54.00
54.01 RADIOLOGY-ULTRASOUND	0	2,423,663	0	2,423,663	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	2,426,296	0	2,426,296	55.00
56.00 RADIOISOTOPE	0	2,017,075	0	2,017,075	56.00
57.00 CT SCAN	0	3,891,681	0	3,891,681	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,304,030	0	1,304,030	58.00
59.00 CARDIAC CATHETERIZATION	0	6,761,718	0	6,761,718	59.00
60.00 LABORATORY	0	15,773,900	0	15,773,900	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,598,923	0	1,598,923	62.00
65.00 RESPIRATORY THERAPY	0	4,206,932	0	4,206,932	65.00
66.00 PHYSICAL THERAPY	0	2,885,383	0	2,885,383	66.00
67.00 OCCUPATIONAL THERAPY	0	2,052,775	0	2,052,775	67.00
68.00 SPEECH PATHOLOGY	0	593,638	0	593,638	68.00
69.00 ELECTROCARDIOLOGY	0	928,561	0	928,561	69.00
69.01 CARDIAC REHAB	0	677,648	0	677,648	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	2,083,580	0	2,083,580	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,421,943	0	9,421,943	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	14,503,003	0	14,503,003	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	19,100,427	0	19,100,427	73.00
74.00 RENAL DIALYSIS	0	2,201,867	0	2,201,867	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	8,410,819	0	8,410,819	90.00
91.00 EMERGENCY	762,849	14,436,433	-571,329	13,865,104	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00 HOME HEALTH AGENCY	0	2,760,257	0	2,760,257	101.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1-117)	762,849	238,827,421	-571,329	238,256,092	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	442,484	0	442,484	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	11,219,654	0	11,219,654	192.00
192.01 OTHER NON-REIMBURSABLE	0	6,017,891	0	6,017,891	192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	425,421	0	425,421	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

Period:
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Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	762,849	256,932,871	-571,329	256,361,542		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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	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	40,596	0	40,596	40,596 4.00
5.01	DATA PROCESSING	0	63,169	0	63,169	1,279 5.01
5.02	PURCHASING, RECEIVING AND STORES	0	50,398	0	50,398	347 5.02
5.03	ADMITTING	0	66,792	0	66,792	690 5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	0	210,651	0	210,651	678 5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	0	684,476	0	684,476	3,643 5.05
5.06	PATIENT TRANSPORTATION	0	0	0	0	200 5.06
7.00	OPERATION OF PLANT	0	2,057,497	0	2,057,497	1,202 7.00
8.00	LAUNDRY & LINEN SERVICE	0	122,524	0	122,524	19 8.00
9.00	HOUSEKEEPING	0	141,839	0	141,839	1,190 9.00
10.00	DIETARY	0	129,555	0	129,555	729 10.00
11.00	CAFETERIA	0	90,575	0	90,575	320 11.00
13.00	NURSING ADMINISTRATION	0	43,648	0	43,648	934 13.00
14.00	CENTRAL SERVICES & SUPPLY	0	246,374	0	246,374	191 14.00
15.00	PHARMACY	0	130,305	0	130,305	0 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	77,721	0	77,721	582 16.00
17.00	SOCIAL SERVICE	0	11,197	0	11,197	164 17.00
17.01	STAFF EDUCATION	0	76,621	0	76,621	0 17.01
17.02	MEDICAL EDUCATION	0	2,571	0	2,571	26 17.02
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	30,705	0	30,705	12 22.00
23.00	PARAMED ED PRGM	0	0	0	0	201 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	2,180,260	0	2,180,260	9,222 30.00
31.00	INTENSIVE CARE UNIT	0	136,539	0	136,539	2,154 31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	15,521	0	15,521	874 31.01
41.00	SUBPROVIDER - IRF	0	214,755	0	214,755	1,026 41.00
43.00	NURSERY	0	167,883	0	167,883	318 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	774,707	0	774,707	1,151 50.00
50.01	ENDOSCOPY	0	0	0	0	218 50.01
51.00	RECOVERY ROOM	0	99,985	0	99,985	321 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	48,136	0	48,136	900 52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	701 54.00
54.01	RADIOLOGY-ULTRASOUND	0	34,740	0	34,740	389 54.01
55.00	RADIOLOGY-THERAPEUTIC	0	92,692	0	92,692	189 55.00
56.00	RADIOISOTOPE	0	62,159	0	62,159	146 56.00
57.00	CT SCAN	0	58,859	0	58,859	341 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	28,904	0	28,904	127 58.00
59.00	CARDIAC CATHETERIZATION	0	57,691	0	57,691	533 59.00
60.00	LABORATORY	0	161,656	0	161,656	1,602 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,646	0	2,646	430 62.00
65.00	RESPIRATORY THERAPY	0	53,381	0	53,381	717 65.00
66.00	PHYSICAL THERAPY	0	84,340	0	84,340	532 66.00
67.00	OCCUPATIONAL THERAPY	0	72,483	0	72,483	334 67.00
68.00	SPEECH PATHOLOGY	0	12,345	0	12,345	124 68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	171 69.00
69.01	CARDIAC REHAB	0	0	0	0	129 69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	329 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	11,424	0	11,424	142 73.00
74.00	RENAL DIALYSIS	0	30,127	0	30,127	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	546,768	0	546,768	655 90.00
91.00	EMERGENCY	0	186,023	0	186,023	1,883 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY	0	0	0	0	576 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	9,411,238	0	9,411,238	38,641 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,380	0	12,380	32 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	183,603	0	183,603	1,522 192.00
192.01	OTHER NON-REIMBURSABLE	0	23,762	0	23,762	401 192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	61,843	0	61,843	0	192.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	9,692,826	0	9,692,826	40,596	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 2:42 pm	
Cost Center Description	DATA PROCESSING 5.01	PURCHASING, RECEIVING AND STORES 5.02	ADMINISTRATIVE 5.03	CASHIERING/ACCOUNTS RECEIVABLE 5.04	OTHER ADMINISTRATIVE AND GENERAL 5.05		
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 DATA PROCESSING	64,448						5.01
5.02 PURCHASING, RECEIVING AND STORES	0	50,745					5.02
5.03 ADMINISTRATION	0	74	67,556				5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	0	40	1,502	212,871			5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	64,448	187	4,882	15,733	773,369		5.05
5.06 PATIENT TRANSPORTATION	0	4	0	0	2,636		5.06
7.00 OPERATION OF PLANT	0	821	14,675	47,292	71,021		7.00
8.00 LAUNDRY & LINEN SERVICE	0	12	874	2,816	5,752		8.00
9.00 HOUSEKEEPING	0	845	1,012	3,260	18,600		9.00
10.00 DIETARY	0	593	924	2,978	15,442		10.00
11.00 CAFETERIA	0	2	646	2,082	5,137		11.00
13.00 NURSING ADMINISTRATION	0	17	311	1,003	13,024		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	1,757	5,663	4,991		14.00
15.00 PHARMACY	0	92	929	2,995	19,237		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	30	554	1,786	10,288		16.00
17.00 SOCIAL SERVICE	0	0	80	257	1,897		17.00
17.01 STAFF EDUCATION	0	0	546	1,761	505		17.01
17.02 MEDICAL EDUCATION	0	2	18	59	394		17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	628		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	219	706	657		22.00
23.00 PARAMEDICAL PRGM	0	41	0	0	2,130		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	0	2,263	15,552	50,114	130,112		30.00
31.00 INTENSIVE CARE UNIT	0	793	974	3,138	29,080		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	20	111	357	10,533		31.01
41.00 SUBPROVIDER - IRF	0	0	1,532	4,936	14,129		41.00
43.00 NURSERY	0	297	1,197	3,859	5,723		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	2,948	5,525	17,807	32,506		50.00
50.01 ENDOSCOPY	0	435	0	0	4,641		50.01
51.00 RECOVERY ROOM	0	56	713	2,298	4,607		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	189	343	1,106	11,499		52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	202	0	0	13,709		54.00
54.01 RADIOLOGY-ULTRASOUND	0	472	248	798	6,249		54.01
55.00 RADIOLOGY-THERAPEUTIC	0	104	661	2,131	5,706		55.00
56.00 RADIOISOTOPE	0	36	443	1,429	4,731		56.00
57.00 CT SCAN	0	674	420	1,353	9,215		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	266	206	664	3,019		58.00
59.00 CARDIAC CATHETERIZATION	0	3,276	411	1,326	17,478		59.00
60.00 LABORATORY	0	3,933	1,153	3,716	38,714		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	496	19	61	4,406		62.00
65.00 RESPIRATORY THERAPY	0	737	381	1,227	11,271		65.00
66.00 PHYSICAL THERAPY	0	22	602	1,939	7,203		66.00
67.00 OCCUPATIONAL THERAPY	0	19	517	1,666	5,025		67.00
68.00 SPEECH PATHOLOGY	0	5	88	284	1,569		68.00
69.00 ELECTROCARDIOLOGY	0	37	0	0	2,475		69.00
69.01 CARDIAC REHAB	0	10	0	0	2,004		69.01
70.00 ELECTROENCEPHALOGRAPHY	0	348	0	0	5,897		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,002	0	0	25,022		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	17,296	0	0	43,226		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	539	81	263	38,462		73.00
74.00 RENAL DIALYSIS	0	7	215	692	5,778		74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	135	3,900	12,568	17,179		90.00
91.00 EMERGENCY	0	1,510	1,327	4,276	31,878		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
101.00 HOME HEALTH AGENCY	0	155	0	0	8,057		101.00
SPECIAL PURPOSE COST CENTERS							
118.00 SUBTOTALS (SUM OF LINES 1-117)	64,448	50,042	65,548	206,399	723,442		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	270	88	285	1,137		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	195	1,310	4,220	30,761		192.00
192.01 OTHER NON-REIMBURSABLE	0	238	169	546	17,621		192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	0	441	1,421	408		192.02
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0		201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 2:42 pm	
Cost Center Description	DATA PROCESSING 5.01	PURCHASING, RECEIVING AND STORES 5.02	ADMINISTRATIVE 5.03	CASHIERING/ACC OUNTS RECEIVABLE 5.04	OTHER ADMINISTRATIVE AND GENERAL 5.05		
202.00 TOTAL (sum lines 118-201)	64,448	50,745	67,556	212,871	773,369	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 2:42 pm	
Cost Center Description		PATIENT TRANSPORTATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	DATA PROCESSING						5.01
5.02	PURCHASING, RECEIVING AND STORES						5.02
5.03	ADMINISTRATIVE						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	PATIENT TRANSPORTATION	2,840					5.06
7.00	OPERATION OF PLANT	0	2,192,508				7.00
8.00	LAUNDRY & LINEN SERVICE	0	41,206	173,203			8.00
9.00	HOUSEKEEPING	0	47,702	0	214,448		9.00
10.00	DIETARY	0	43,571	0	4,442	198,234	10.00
11.00	CAFETERIA	0	30,461	0	3,105	0	11.00
13.00	NURSING ADMINISTRATION	0	14,679	0	1,496	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	82,859	1,991	8,447	0	14.00
15.00	PHARMACY	0	43,823	1	4,467	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	26,139	0	2,665	0	16.00
17.00	SOCIAL SERVICE	0	3,766	0	384	0	17.00
17.01	STAFF EDUCATION	0	25,769	0	2,627	0	17.01
17.02	MEDICAL EDUCATION	0	865	0	88	0	17.02
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	10,326	0	1,053	0	22.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,119	733,252	85,451	74,750	132,356	30.00
31.00	INTENSIVE CARE UNIT	7	45,920	4,523	4,681	29,438	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	5,220	3,993	532	0	31.01
41.00	SUBPROVIDER - IRF	32	72,225	0	7,363	22,405	41.00
43.00	NURSERY	0	56,461	3,712	5,756	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	260,544	17,993	26,561	0	50.00
50.01	ENDOSCOPY	97	0	484	0	21	50.01
51.00	RECOVERY ROOM	0	33,626	4,710	3,428	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	48	16,189	4,024	1,650	9,278	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	357	0	5,983	0	0	54.00
54.01	RADIOLOGY-ULTRASOUND	284	11,683	1,015	1,191	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	23	31,173	271	3,178	0	55.00
56.00	RADIOISOTOPE	136	20,905	0	2,131	0	56.00
57.00	CT SCAN	382	19,795	1,379	2,018	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	121	9,721	551	991	0	58.00
59.00	CARDIAC CATHETERIZATION	67	19,402	6,134	1,978	1,008	59.00
60.00	LABORATORY	0	54,367	0	5,542	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	890	0	91	0	62.00
65.00	RESPIRATORY THERAPY	6	17,953	265	1,830	0	65.00
66.00	PHYSICAL THERAPY	0	28,365	2,173	2,892	0	66.00
67.00	OCCUPATIONAL THERAPY	0	24,377	0	2,485	0	67.00
68.00	SPEECH PATHOLOGY	0	4,152	0	423	63	68.00
69.00	ELECTROCARDIOLOGY	8	0	1,033	0	0	69.00
69.01	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	6	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,842	0	392	0	73.00
74.00	RENAL DIALYSIS	0	10,132	8,291	1,033	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2	183,885	0	18,746	0	90.00
91.00	EMERGENCY	145	62,562	19,226	6,378	3,665	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,840	2,097,807	173,203	204,794	198,234	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,163	0	424	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	61,748	0	6,295	0	192.00
192.01	OTHER NON-REIMBURSABLE	0	7,992	0	815	0	192.01
192.02	FAMILY HEALTH/GARY COMM HEALTH	0	20,798	0	2,120	0	192.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,840	2,192,508	173,203	214,448	198,234	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
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Date/Time Prepared:
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
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 DATA PROCESSING						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMINISTRATION						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06 PATIENT TRANSPORTATION						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	132,328					11.00
13.00 NURSING ADMINISTRATION	3,137	78,249				13.00
14.00 CENTRAL SERVICES & SUPPLY	1,463	0	353,736			14.00
15.00 PHARMACY	0	0	1,083	202,932		15.00
16.00 MEDICAL RECORDS & LIBRARY	3,668	0	354	0	123,787	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 STAFF EDUCATION	0	0	0	0	0	17.01
17.02 MEDICAL EDUCATION	0	0	29	0	0	17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	16	0	0	0	0	22.00
23.00 PARAMED ED PRGM	670	695	453	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	43,113	44,680	26,068	0	12,046	30.00
31.00 INTENSIVE CARE UNIT	8,016	8,309	9,228	0	2,335	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	2,998	3,108	238	0	1,308	31.01
41.00 SUBPROVIDER - IRF	5,029	0	0	0	1,362	41.00
43.00 NURSERY	1,215	1,260	2,803	0	267	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,245	5,437	33,873	0	14,386	50.00
50.01 ENDOSCOPY	858	890	5,088	0	1,201	50.01
51.00 RECOVERY ROOM	1,193	1,237	621	0	1,154	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,539	3,668	2,219	0	412	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,421	0	2,292	0	3,857	54.00
54.01 RADIOLOGY-ULTRASOUND	1,240	0	1,221	0	1,666	54.01
55.00 RADIOLOGY-THERAPEUTIC	666	0	424	0	2,262	55.00
56.00 RADIOISOTOPE	463	0	7,950	0	1,277	56.00
57.00 CT SCAN	1,376	0	5,566	0	11,141	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	468	0	3,134	0	2,810	58.00
59.00 CARDIAC CATHETERIZATION	1,962	0	38,595	0	6,532	59.00
60.00 LABORATORY	6,034	0	47,065	35,319	14,928	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,074	0	5,739	0	852	62.00
65.00 RESPIRATORY THERAPY	3,418	0	5,462	0	3,211	65.00
66.00 PHYSICAL THERAPY	2,056	0	259	0	1,014	66.00
67.00 OCCUPATIONAL THERAPY	1,224	0	170	0	688	67.00
68.00 SPEECH PATHOLOGY	429	0	64	0	157	68.00
69.00 ELECTROCARDIOLOGY	996	0	440	0	2,204	69.00
69.01 CARDIAC REHAB	556	0	85	0	69	69.01
70.00 ELECTROENCEPHALOGRAPHY	1,062	0	4,106	0	2,209	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	118,006	0	4,924	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,553	72.00
73.00 DRUGS CHARGED TO PATIENTS	471	0	6,361	167,134	13,949	73.00
74.00 RENAL DIALYSIS	0	0	0	0	908	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	2,724	0	1,564	0	2,569	90.00
91.00 EMERGENCY	8,649	8,965	17,107	0	7,036	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	2,404	0	1,297	479	500	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	122,853	78,249	348,964	202,932	123,787	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	314	0	185	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	7,512	0	1,797	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	1,649	0	2,790	0	0	192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002			Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/30/2012 2:42 pm
Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
202.00 TOTAL (sum lines 118-201)	132,328	78,249	353,736	202,932	123,787	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	17.01	17.02	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 DATA PROCESSING						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06 PATIENT TRANSPORTATION						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	17,745					17.00
17.01 STAFF EDUCATION	0	107,829				17.01
17.02 MEDICAL EDUCATION	0	78	4,130			17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	628		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		43,694	22.00
23.00 PARAMED ED PRGM	0	35	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	13,752	63,967	0			30.00
31.00 INTENSIVE CARE UNIT	0	15,352	0			31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	2,288	0			31.01
41.00 SUBPROVIDER - IRF	3,150	3,278	0			41.00
43.00 NURSERY	0	701	0			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	1,873	0			50.00
50.01 ENDOSCOPY	0	296	0			50.01
51.00 RECOVERY ROOM	0	2,432	0			51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,890	0			52.00
53.00 ANESTHESIOLOGY	0	0	0			53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	749	0			54.00
54.01 RADIOLOGY-ULTRASOUND	0	286	0			54.01
55.00 RADIOLOGY-THERAPEUTIC	0	79	0			55.00
56.00 RADIOISOTOPE	0	7	0			56.00
57.00 CT SCAN	0	653	0			57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	19	0			58.00
59.00 CARDIAC CATHETERIZATION	0	724	0			59.00
60.00 LABORATORY	0	91	0			60.00
60.01 BLOOD LABORATORY	0	0	0			60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	23	0			62.00
65.00 RESPIRATORY THERAPY	0	1,474	0			65.00
66.00 PHYSICAL THERAPY	0	90	0			66.00
67.00 OCCUPATIONAL THERAPY	0	171	0			67.00
68.00 SPEECH PATHOLOGY	0	35	0			68.00
69.00 ELECTROCARDIOLOGY	0	338	0			69.00
69.01 CARDIAC REHAB	0	12	0			69.01
70.00 ELECTROENCEPHALOGRAPHY	0	646	0			70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0			72.00
73.00 DRUGS CHARGED TO PATIENTS	0	110	0			73.00
74.00 RENAL DIALYSIS	0	0	0			74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	451	0			90.00
91.00 EMERGENCY	843	5,961	4,130			91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	454	0			101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	17,745	106,563	4,130	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	653	0			192.00
192.01 OTHER NON-REIMBURSABLE	0	613	0			192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	0	0			192.02
200.00 Cross Foot Adjustments				628	43,694	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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Cost Center Description	SOCIAL SERVICE 17.00	STAFF EDUCATION 17.01	MEDICAL EDUCATION 17.02	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00	
				201.00 Negative Cost Centers	0	
202.00 TOTAL (sum lines 118-201)	17,745	107,829	4,130	628	43,694	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/30/2012 2:42 pm	
Cost Center Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	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	DATA PROCESSING				5.01
5.02	PURCHASING, RECEIVING AND STORES				5.02
5.03	ADMINISTRATIVE				5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL				5.05
5.06	PATIENT TRANSPORTATION				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
17.01	STAFF EDUCATION				17.01
17.02	MEDICAL EDUCATION				17.02
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED PRGM	4,225			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		3,618,077	0	3,618,077
31.00	INTENSIVE CARE UNIT		300,487	0	300,487
31.01	NEONATAL INTENSIVE CARE UNIT		47,101	0	47,101
41.00	SUBPROVIDER - IRF		351,222	0	351,222
43.00	NURSERY		251,452	0	251,452
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		1,200,556	0	1,200,556
50.01	ENDOSCOPY		14,229	0	14,229
51.00	RECOVERY ROOM		156,381	0	156,381
52.00	DELIVERY ROOM & LABOR ROOM		107,090	0	107,090
53.00	ANESTHESIOLOGY		0	0	0
54.00	RADIOLOGY-DIAGNOSTIC		31,271	0	31,271
54.01	RADIOLOGY-ULTRASOUND		61,482	0	61,482
55.00	RADIOLOGY-THERAPEUTIC		139,559	0	139,559
56.00	RADIOISOTOPE		101,813	0	101,813
57.00	CT SCAN		113,172	0	113,172
58.00	MAGNETIC RESONANCE IMAGING (MRI)		51,001	0	51,001
59.00	CARDIAC CATHETERIZATION		157,117	0	157,117
60.00	LABORATORY		374,120	0	374,120
60.01	BLOOD LABORATORY		0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		18,727	0	18,727
65.00	RESPIRATORY THERAPY		101,333	0	101,333
66.00	PHYSICAL THERAPY		131,487	0	131,487
67.00	OCCUPATIONAL THERAPY		109,159	0	109,159
68.00	SPEECH PATHOLOGY		19,738	0	19,738
69.00	ELECTROCARDIOLOGY		7,702	0	7,702
69.01	CARDIAC REHAB		2,865	0	2,865
70.00	ELECTROENCEPHALOGRAPHY		14,603	0	14,603
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		157,954	0	157,954
72.00	IMPL. DEV. CHARGED TO PATIENT		65,075	0	65,075
73.00	DRUGS CHARGED TO PATIENTS		243,170	0	243,170
74.00	RENAL DIALYSIS		57,183	0	57,183
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC		791,146	0	791,146
91.00	EMERGENCY		371,564	0	371,564
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0	
OTHER REIMBURSABLE COST CENTERS					
101.00	HOME HEALTH AGENCY		13,922	0	13,922
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	9,181,758	0	9,181,758
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN		19,278	0	19,278
192.00	PHYSICIANS' PRIVATE OFFICES		299,616	0	299,616
192.01	OTHER NON-REIMBURSABLE		56,596	0	56,596
192.02	FAMILY HEALTH/GARY COMM HEALTH		87,031	0	87,031

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

Period:
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Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	4,225	48,547	0	48,547		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	4,225	9,692,826	0	9,692,826		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING, RECEIVING AND STORES (PURCHASE REQUISITIONS)	
	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	1,410,133					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		1,410,133				2.00
4.00 EMPLOYEE BENEFITS	5,906	5,906	105,771,783			4.00
5.01 DATA PROCESSING	9,190	9,190	3,330,729	1,000		5.01
5.02 PURCHASING, RECEIVING AND STORES	7,332	7,332	902,618	0	32,066,932	5.02
5.03 ADMITTING	9,717	9,717	1,796,882	0	46,653	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	30,646	30,646	1,765,576	0	25,507	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	99,579	99,579	9,487,910	1,000	118,506	5.05
5.06 PATIENT TRANSPORTATION	0	0	521,390	0	2,435	5.06
7.00 OPERATION OF PLANT	299,329	299,329	3,129,838	0	519,052	7.00
8.00 LAUNDRY & LINEN SERVICE	17,825	17,825	48,445	0	7,448	8.00
9.00 HOUSEKEEPING	20,635	20,635	3,098,244	0	534,151	9.00
10.00 DIETARY	18,848	18,848	1,897,825	0	374,761	10.00
11.00 CAFETERIA	13,177	13,177	832,120	0	1,019	11.00
13.00 NURSING ADMINISTRATION	6,350	6,350	2,432,868	0	11,000	13.00
14.00 CENTRAL SERVICES & SUPPLY	35,843	35,843	497,081	0	0	14.00
15.00 PHARMACY	18,957	18,957	0	0	58,019	15.00
16.00 MEDICAL RECORDS & LIBRARY	11,307	11,307	1,514,787	0	18,949	16.00
17.00 SOCIAL SERVICE	1,629	1,629	427,728	0	0	17.00
17.01 STAFF EDUCATION	11,147	11,147	0	0	0	17.01
17.02 MEDICAL EDUCATION	374	374	67,563	0	1,540	17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,467	4,467	32,098	0	0	22.00
23.00 PARAMEDICAL PRGM	0	0	522,478	0	26,019	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	317,189	317,189	24,072,341	0	1,430,736	30.00
31.00 INTENSIVE CARE UNIT	19,864	19,864	5,609,510	0	501,353	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	2,258	2,258	2,275,639	0	12,734	31.01
41.00 SUBPROVIDER - IRF	31,243	31,243	2,672,099	0	0	41.00
43.00 NURSERY	24,424	24,424	828,308	0	187,802	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	112,706	112,706	2,996,856	0	1,863,479	50.00
50.01 ENDOSCOPY	0	0	566,904	0	274,889	50.01
51.00 RECOVERY ROOM	14,546	14,546	835,402	0	35,149	51.00
52.00 DELIVERY ROOM & LABOR ROOM	7,003	7,003	2,344,646	0	119,652	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	1,825,478	0	127,594	54.00
54.01 RADIOLOGY-ULTRASOUND	5,054	5,054	1,012,454	0	298,399	54.01
55.00 RADIOLOGY-THERAPEUTIC	13,485	13,485	493,124	0	65,428	55.00
56.00 RADIOISOTOPE	9,043	9,043	379,508	0	22,715	56.00
57.00 CT SCAN	8,563	8,563	889,173	0	425,958	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,205	4,205	331,335	0	167,930	58.00
59.00 CARDIAC CATHETERIZATION	8,393	8,393	1,388,784	0	2,071,026	59.00
60.00 LABORATORY	23,518	23,518	4,172,164	0	2,486,080	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	385	385	1,119,246	0	313,390	62.00
65.00 RESPIRATORY THERAPY	7,766	7,766	1,866,870	0	465,609	65.00
66.00 PHYSICAL THERAPY	12,270	12,270	1,384,940	0	13,939	66.00
67.00 OCCUPATIONAL THERAPY	10,545	10,545	870,408	0	12,312	67.00
68.00 SPEECH PATHOLOGY	1,796	1,796	323,060	0	3,433	68.00
69.00 ELECTROCARDIOLOGY	0	0	445,620	0	23,565	69.00
69.01 CARDIAC REHAB	0	0	335,506	0	6,491	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	856,274	0	220,270	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,322,387	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	10,922,044	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,662	1,662	369,150	0	340,827	73.00
74.00 RENAL DIALYSIS	4,383	4,383	0	0	4,305	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	79,545	79,545	1,706,680	0	85,621	90.00
91.00 EMERGENCY	27,063	27,063	4,903,721	0	954,632	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	0	1,499,170	0	98,059	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,369,167	1,369,167	100,680,550	1,000	31,622,867	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	1,801	82,323	0	170,698	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	26,711	26,711	3,964,802	0	123,226	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING, RECEIVING AND STORES (PURCHASE REQUISITIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
192.01 OTHER NON-REIMBURSABLE	3,457	3,457	1,044,108	0	150,141	192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	8,997	8,997	0	0	0	192.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	9,692,826	0	21,269,664	15,014,116	3,702,458	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.873696	0.000000	0.201090	15,014.116000	0.115460	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			40,596	64,448	50,745	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000384	64.448000	0.001582	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	ADMITTING (SQUARE FEET)	CASHIERING/ACC OUNTS RECEIVABLE (SQUARE FEET)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	
	5.03	5.04	5A.05	5.05	5.06	
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 DATA PROCESSING						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMITTING	1,377,988					5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	30,646	1,347,342				5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	99,579	99,579	-38,967,997	217,964,874		5.05
5.06 PATIENT TRANSPORTATION	0	0	0	742,977	48,450	5.06
7.00 OPERATION OF PLANT	299,329	299,329	0	20,017,330	0	7.00
8.00 LAUNDRY & LINEN SERVICE	17,825	17,825	0	1,621,069	0	8.00
9.00 HOUSEKEEPING	20,635	20,635	0	5,242,259	0	9.00
10.00 DIETARY	18,848	18,848	0	4,352,185	0	10.00
11.00 CAFETERIA	13,177	13,177	0	1,447,762	0	11.00
13.00 NURSING ADMINISTRATION	6,350	6,350	0	3,670,888	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	35,843	35,843	0	1,406,574	0	14.00
15.00 PHARMACY	18,957	18,957	0	5,421,835	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	11,307	11,307	0	2,899,585	0	16.00
17.00 SOCIAL SERVICE	1,629	1,629	0	534,539	0	17.00
17.01 STAFF EDUCATION	11,147	11,147	0	142,325	0	17.01
17.02 MEDICAL EDUCATION	374	374	0	110,938	0	17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	177,021	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,467	4,467	0	185,292	0	22.00
23.00 PARAMED ED PRGM	0	0	0	600,209	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	317,189	317,189	0	36,664,157	19,054	30.00
31.00 INTENSIVE CARE UNIT	19,864	19,864	0	8,196,292	126	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	2,258	2,258	0	2,968,710	0	31.01
41.00 SUBPROVIDER - IRF	31,243	31,243	0	3,982,158	551	41.00
43.00 NURSERY	24,424	24,424	0	1,613,019	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	112,706	112,706	0	9,161,887	0	50.00
50.01 ENDOSCOPY	0	0	0	1,308,071	1,650	50.01
51.00 RECOVERY ROOM	14,546	14,546	0	1,298,533	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	7,003	7,003	0	3,240,857	823	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	3,863,971	6,094	54.00
54.01 RADIOLOGY-ULTRASOUND	5,054	5,054	0	1,761,411	4,841	54.01
55.00 RADIOLOGY-THERAPEUTIC	13,485	13,485	0	1,608,203	400	55.00
56.00 RADIOISOTOPE	9,043	9,043	0	1,333,489	2,328	56.00
57.00 CT SCAN	8,563	8,563	0	2,597,353	6,521	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,205	4,205	0	850,905	2,071	58.00
59.00 CARDIAC CATHETERIZATION	8,393	8,393	0	4,926,117	1,150	59.00
60.00 LABORATORY	23,518	23,518	0	10,911,459	1	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	385	385	0	1,241,863	0	62.00
65.00 RESPIRATORY THERAPY	7,766	7,766	0	3,176,689	106	65.00
66.00 PHYSICAL THERAPY	12,270	12,270	0	2,030,134	0	66.00
67.00 OCCUPATIONAL THERAPY	10,545	10,545	0	1,416,309	0	67.00
68.00 SPEECH PATHOLOGY	1,796	1,796	0	442,343	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	697,599	128	69.00
69.01 CARDIAC REHAB	0	0	0	564,813	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	1,662,131	110	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,052,370	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,183,112	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,662	1,662	0	10,840,550	0	73.00
74.00 RENAL DIALYSIS	4,383	4,383	0	1,628,464	1	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	79,545	79,545	0	4,841,898	28	90.00
91.00 EMERGENCY	27,063	27,063	0	8,984,708	2,467	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	0	0	2,270,738	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,337,022	1,306,376	-38,967,997	203,893,101	48,450	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	1,801	0	320,565	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	26,711	26,711	0	8,669,912	0	192.00
192.01 OTHER NON-REIMBURSABLE	3,457	3,457	0	4,966,421	0	192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	8,997	8,997	0	114,875	0	192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	ADMINISTRATIVE (SQUARE FEET)	CASHIERING/ACCOUNTS RECEIVABLE (SQUARE FEET)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	
	5.03	5.04	5A.05	5.05	5.06	
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)	2,655,775	5,345,047		38,967,997	875,807	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.927285	3.967105		0.178781	18.076512	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	67,556	212,871		773,369	2,840	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.049025	0.157993		0.003548	0.058617	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	
	7.00	8.00	9.00	10.00	11.00	
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 DATA PROCESSING						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06 PATIENT TRANSPORTATION						5.06
7.00 OPERATION OF PLANT	948,434					7.00
8.00 LAUNDRY & LINEN SERVICE	17,825	1,900,235				8.00
9.00 HOUSEKEEPING	20,635	0	909,974			9.00
10.00 DIETARY	18,848	0	18,848	339,928		10.00
11.00 CAFETERIA	13,177	0	13,177	0	2,675,004	11.00
13.00 NURSING ADMINISTRATION	6,350	0	6,350	0	63,424	13.00
14.00 CENTRAL SERVICES & SUPPLY	35,843	21,844	35,843	0	29,571	14.00
15.00 PHARMACY	18,957	12	18,957	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	11,307	0	11,307	0	74,141	16.00
17.00 SOCIAL SERVICE	1,629	0	1,629	0	0	17.00
17.01 STAFF EDUCATION	11,147	0	11,147	0	0	17.01
17.02 MEDICAL EDUCATION	374	0	374	0	0	17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,467	0	4,467	0	316	22.00
23.00 PARAMED ED PRGM	0	0	0	0	13,554	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	317,189	937,473	317,189	226,964	871,452	30.00
31.00 INTENSIVE CARE UNIT	19,864	49,628	19,864	50,479	162,052	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	2,258	43,807	2,258	0	60,607	31.01
41.00 SUBPROVIDER - IRF	31,243	0	31,243	38,419	101,654	41.00
43.00 NURSERY	24,424	40,724	24,424	0	24,567	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	112,706	197,408	112,706	0	106,037	50.00
50.01 ENDOSCOPY	0	5,308	0	36	17,350	50.01
51.00 RECOVERY ROOM	14,546	51,674	14,546	0	24,125	51.00
52.00 DELIVERY ROOM & LABOR ROOM	7,003	44,148	7,003	15,910	71,548	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	65,641	0	0	69,152	54.00
54.01 RADIOLOGY-ULTRASOUND	5,054	11,138	5,054	0	25,075	54.01
55.00 RADIOLOGY-THERAPEUTIC	13,485	2,976	13,485	0	13,468	55.00
56.00 RADIOISOTOPE	9,043	0	9,043	0	9,361	56.00
57.00 CT SCAN	8,563	15,128	8,563	0	27,811	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,205	6,048	4,205	0	9,469	58.00
59.00 CARDIAC CATHETERIZATION	8,393	67,296	8,393	1,728	39,672	59.00
60.00 LABORATORY	23,518	0	23,518	0	121,987	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	385	0	385	0	62,140	62.00
65.00 RESPIRATORY THERAPY	7,766	2,908	7,766	0	69,089	65.00
66.00 PHYSICAL THERAPY	12,270	23,845	12,270	0	41,569	66.00
67.00 OCCUPATIONAL THERAPY	10,545	0	10,545	0	24,752	67.00
68.00 SPEECH PATHOLOGY	1,796	0	1,796	108	8,665	68.00
69.00 ELECTROCARDIOLOGY	0	11,334	0	0	20,137	69.00
69.01 CARDIAC REHAB	0	0	0	0	11,246	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	21,469	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,662	0	1,662	0	9,525	73.00
74.00 RENAL DIALYSIS	4,383	90,959	4,383	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	79,545	0	79,545	0	55,065	90.00
91.00 EMERGENCY	27,063	210,936	27,063	6,284	174,841	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	0	0	0	48,598	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	907,468	1,900,235	869,008	339,928	2,483,489	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	0	1,801	0	6,344	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	26,711	0	26,711	0	151,846	192.00
192.01 OTHER NON-REIMBURSABLE	3,457	0	3,457	0	33,325	192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	8,997	0	8,997	0	0	192.02
200.00 Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	
	7.00	8.00	9.00	10.00	11.00	
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	23,596,048	2,354,352	6,692,852	5,737,819	2,131,341	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	24.878956	1.238979	7.354993	16.879513	0.796762	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,192,508	173,203	214,448	198,234	132,328	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.311714	0.091148	0.235664	0.583165	0.049468	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	(DIRECT NRSING HRS)	(COSTED REQUIS.)				
	13.00	14.00	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 DATA PROCESSING						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06 PATIENT TRANSPORTATION						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	1,526,133					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	18,952,516				14.00
15.00 PHARMACY	0	58,019	12,103,726			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	18,949	0	709,557,693		16.00
17.00 SOCIAL SERVICE	0	0	0	0	800	17.00
17.01 STAFF EDUCATION	0	0	0	0	0	17.01
17.02 MEDICAL EDUCATION	0	1,540	0	0	0	17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	13,554	24,276	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	871,452	1,396,698	0	69,229,132	620	30.00
31.00 INTENSIVE CARE UNIT	162,052	494,447	0	13,418,967	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	60,607	12,734	0	7,518,705	0	31.01
41.00 SUBPROVIDER - IRF	0	0	0	7,830,361	142	41.00
43.00 NURSERY	24,567	150,192	0	1,533,612	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	106,037	1,814,885	0	82,677,257	0	50.00
50.01 ENDOSCOPY	17,350	272,584	0	6,904,160	0	50.01
51.00 RECOVERY ROOM	24,125	33,249	0	6,629,911	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	71,548	118,903	0	2,369,669	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	122,807	0	22,167,127	0	54.00
54.01 RADIOLOGY-ULTRASOUND	0	65,428	0	9,572,114	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	22,715	0	12,999,438	0	55.00
56.00 RADIOISOTOPE	0	425,958	0	7,336,513	0	56.00
57.00 CT SCAN	0	298,204	0	64,030,193	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	167,930	0	16,152,078	0	58.00
59.00 CARDIAC CATHETERIZATION	0	2,067,873	0	37,540,682	0	59.00
60.00 LABORATORY	0	2,521,700	2,106,569	83,916,302	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	307,514	0	4,897,407	0	62.00
65.00 RESPIRATORY THERAPY	0	292,638	0	18,455,050	0	65.00
66.00 PHYSICAL THERAPY	0	13,887	0	5,830,286	0	66.00
67.00 OCCUPATIONAL THERAPY	0	9,110	0	3,953,189	0	67.00
68.00 SPEECH PATHOLOGY	0	3,433	0	904,855	0	68.00
69.00 ELECTROCARDIOLOGY	0	23,565	0	12,667,113	0	69.00
69.01 CARDIAC REHAB	0	4,535	0	397,757	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	220,001	0	12,697,221	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,322,387	0	28,299,636	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	26,168,766	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	340,827	9,968,596	80,168,065	0	73.00
74.00 RENAL DIALYSIS	0	0	0	5,217,852	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	83,775	0	14,763,439	0	90.00
91.00 EMERGENCY	174,841	916,594	0	40,437,214	38	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	69,497	28,561	2,873,622	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,526,133	18,696,854	12,103,726	709,557,693	800	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,923	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	96,263	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	0	149,476	0	0	0	192.01
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	(DIRECT NURSING HRS)	(COSTED REQUIS.)				
200.00 Cross Foot Adjustments	13.00	14.00	15.00	16.00	17.00	200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,582,392	2,864,029	7,010,998	3,844,381	682,613	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3.002616	0.151116	0.579243	0.005418	853.266250	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	78,249	353,736	202,932	123,787	17,745	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.051273	0.018664	0.016766	0.000174	22.181250	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.01	17.02		
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 DATA PROCESSING						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06 PATIENT TRANSPORTATION						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
17.01 STAFF EDUCATION	74,613					17.01
17.02 MEDICAL EDUCATION	54	100				17.02
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	100			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		100		22.00
23.00 PARAMED PRGM	24	0			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	44,263	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	10,623	0	0	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	1,583	0	0	0	0	31.01
41.00 SUBPROVIDER - I&R	2,268	0	0	0	0	41.00
43.00 NURSERY	485	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,296	0	0	0	0	50.00
50.01 ENDOSCOPY	205	0	0	0	0	50.01
51.00 RECOVERY ROOM	1,683	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,692	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	518	0	0	0	0	54.00
54.01 RADIOLOGY-ULTRASOUND	198	0	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	55	0	0	0	0	55.00
56.00 RADIOISOTOPE	5	0	0	0	0	56.00
57.00 CT SCAN	452	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	13	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	501	0	0	0	0	59.00
60.00 LABORATORY	63	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	16	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	1,020	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	62	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	118	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	24	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	234	0	0	0	0	69.00
69.01 CARDIAC REHAB	8	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	447	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	76	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	312	0	0	0	0	90.00
91.00 EMERGENCY	4,125	100	100	100	100	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	314	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	73,737	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	452	0	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	424	0	0	0	0	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 2:42 pm

Cost Center Description	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.01	17.02		
192.02 FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	527,082	143,442	208,669	362,660	762,849	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.064211	1,434.420000	2,086.690000	3,626.600000	7,628.490000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	107,829	4,130	628	43,694	4,225	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.445177	41.300000	6.280000	436.940000	42.250000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 2:42 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		63,519,097	0	63,519,097	30.00
31.00	INTENSIVE CARE UNIT		12,055,919	20	12,055,939	31.00
31.01	NEONATAL INTENSIVE CARE UNIT		3,910,632	0	3,910,632	31.01
41.00	SUBPROVIDER - IRF		6,620,236	0	6,620,236	41.00
43.00	NURSERY		2,866,904	0	2,866,904	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		15,811,634	16	15,811,650	50.00
50.01	ENDOSCOPY		1,724,906	0	1,724,906	50.01
51.00	RECOVERY ROOM		2,208,078	0	2,208,078	51.00
52.00	DELIVERY ROOM & LABOR ROOM		4,705,785	0	4,705,785	52.00
53.00	ANESTHESIOLOGY		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		4,943,678	2	4,943,680	54.00
54.01	RADIOLOGY-ULTRASOUND		2,423,663	0	2,423,663	54.01
55.00	RADIOLOGY-THERAPEUTIC		2,426,296	0	2,426,296	55.00
56.00	RADIOISOTOPE		2,017,075	0	2,017,075	56.00
57.00	CT SCAN		3,891,681	13	3,891,694	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,304,030	0	1,304,030	58.00
59.00	CARDIAC CATHETERIZATION		6,761,718	0	6,761,718	59.00
60.00	LABORATORY		15,773,900	71,341	15,845,241	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,598,923	0	1,598,923	62.00
65.00	RESPIRATORY THERAPY	0	4,206,932	34	4,206,966	65.00
66.00	PHYSICAL THERAPY	0	2,885,383	0	2,885,383	66.00
67.00	OCCUPATIONAL THERAPY	0	2,052,775	0	2,052,775	67.00
68.00	SPEECH PATHOLOGY	0	593,638	0	593,638	68.00
69.00	ELECTROCARDIOLOGY		928,561	0	928,561	69.00
69.01	CARDIAC REHAB		677,648	0	677,648	69.01
70.00	ELECTROENCEPHALOGRAPHY		2,083,580	0	2,083,580	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,421,943	0	9,421,943	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		14,503,003	0	14,503,003	72.00
73.00	DRUGS CHARGED TO PATIENTS		19,100,427	0	19,100,427	73.00
74.00	RENAL DIALYSIS		2,201,867	0	2,201,867	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		8,410,819	31	8,410,850	90.00
91.00	EMERGENCY		13,865,104	0	13,865,104	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		7,193,606		7,193,606	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY		2,760,257		2,760,257	101.00
200.00	Subtotal (see instructions)	0	245,449,698	71,457	245,521,155	200.00
201.00	Less Observation Beds		7,193,606		7,193,606	201.00
202.00	Total (see instructions)	0	238,256,092	71,457	238,327,549	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 2:42 pm		
			Title XVII I	Hospital	PPS		
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
9.00	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	58,152,137		58,152,137			30.00
31.00	INTENSIVE CARE UNIT	13,418,967		13,418,967			31.00
31.01	NEONATAL INTENSIVE CARE UNIT	7,518,705		7,518,705			31.01
41.00	SUBPROVIDER - IRF	7,830,361		7,830,361			41.00
43.00	NURSERY	1,533,612		1,533,612			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	59,114,156	23,563,101	82,677,257	0.191245	0.000000	50.00
50.01	ENDOSCOPY	4,157,684	2,746,476	6,904,160	0.249836	0.000000	50.01
51.00	RECOVERY ROOM	3,698,596	2,931,315	6,629,911	0.333048	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,760,768	608,901	2,369,669	1.985841	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,728,121	14,439,006	22,167,127	0.223018	0.000000	54.00
54.01	RADIOLOGY-ULTRASOUND	3,345,333	6,226,781	9,572,114	0.253200	0.000000	54.01
55.00	RADIOLOGY-THERAPEUTIC	1,047,543	11,951,895	12,999,438	0.186646	0.000000	55.00
56.00	RADIOISOTOPE	4,045,369	3,291,144	7,336,513	0.274936	0.000000	56.00
57.00	CT SCAN	29,950,046	34,080,147	64,030,193	0.060779	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	6,781,725	9,370,353	16,152,078	0.080735	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	17,921,215	19,619,467	37,540,682	0.180117	0.000000	59.00
60.00	LABORATORY	44,783,363	39,132,939	83,916,302	0.187972	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,502,825	394,582	4,897,407	0.326484	0.000000	62.00
65.00	RESPIRATORY THERAPY	16,764,270	1,690,780	18,455,050	0.227956	0.000000	65.00
66.00	PHYSICAL THERAPY	5,753,851	76,435	5,830,286	0.494896	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	3,924,075	29,114	3,953,189	0.519271	0.000000	67.00
68.00	SPEECH PATHOLOGY	837,230	67,625	904,855	0.656059	0.000000	68.00
69.00	ELECTROCARDIOLOGY	8,390,906	4,276,207	12,667,113	0.073305	0.000000	69.00
69.01	CARDIAC REHAB	104,699	293,058	397,757	1.703673	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	7,341,193	5,356,028	12,697,221	0.164097	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,198,113	10,101,523	28,299,636	0.332935	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	18,385,906	7,782,860	26,168,766	0.554210	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	71,880,062	8,288,003	80,168,065	0.238255	0.000000	73.00
74.00	RENAL DIALYSIS	4,945,307	272,545	5,217,852	0.421987	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	412,953	14,350,486	14,763,439	0.569706	0.000000	90.00
91.00	EMERGENCY	12,935,973	27,501,241	40,437,214	0.342880	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,076,995	11,076,995	0.649419	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	0	2,873,622	2,873,622			101.00
200.00	Subtotal (see instructions)	447,165,064	262,392,629	709,557,693			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	447,165,064	262,392,629	709,557,693			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 2:42 pm
		Title XVIII	Hospital	PPS

Cost Center Description	PPS Inpatient Ratio		
	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS			30.00
31.00 INTENSIVE CARE UNIT			31.00
31.01 NEONATAL INTENSIVE CARE UNIT			31.01
41.00 SUBPROVIDER - IRF			41.00
43.00 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0.191245		50.00
50.01 ENDOSCOPY	0.249836		50.01
51.00 RECOVERY ROOM	0.333048		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1.985841		52.00
53.00 ANESTHESIOLOGY	0.000000		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.223019		54.00
54.01 RADIOLOGY-ULTRASOUND	0.253200		54.01
55.00 RADIOLOGY-THERAPEUTIC	0.186646		55.00
56.00 RADIOISOTOPE	0.274936		56.00
57.00 CT SCAN	0.060779		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.080735		58.00
59.00 CARDIAC CATHETERIZATION	0.180117		59.00
60.00 LABORATORY	0.188822		60.00
60.01 BLOOD LABORATORY	0.000000		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.326484		62.00
65.00 RESPIRATORY THERAPY	0.227957		65.00
66.00 PHYSICAL THERAPY	0.494896		66.00
67.00 OCCUPATIONAL THERAPY	0.519271		67.00
68.00 SPEECH PATHOLOGY	0.656059		68.00
69.00 ELECTROCARDIOLOGY	0.073305		69.00
69.01 CARDIAC REHAB	1.703673		69.01
70.00 ELECTROENCEPHALOGRAPHY	0.164097		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332935		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.554210		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.238255		73.00
74.00 RENAL DIALYSIS	0.421987		74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0.569708		90.00
91.00 EMERGENCY	0.342880		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.649419		92.00
OTHER REIMBURSABLE COST CENTERS			
101.00 HOME HEALTH AGENCY			101.00
200.00 Subtotal (see instructions)			200.00
201.00 Less Observation Beds			201.00
202.00 Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 2:42 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		63,519,097	0	0	30.00
31.00	INTENSIVE CARE UNIT		12,055,919	0	0	31.00
31.01	NEONATAL INTENSIVE CARE UNIT		3,910,632	0	0	31.01
41.00	SUBPROVIDER - IRF		6,620,236	0	0	41.00
43.00	NURSERY		2,866,904	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		15,811,634	0	0	50.00
50.01	ENDOSCOPY		1,724,906	0	0	50.01
51.00	RECOVERY ROOM		2,208,078	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		4,705,785	0	0	52.00
53.00	ANESTHESIOLOGY		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		4,943,678	0	0	54.00
54.01	RADIOLOGY-ULTRASOUND		2,423,663	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC		2,426,296	0	0	55.00
56.00	RADIOISOTOPE		2,017,075	0	0	56.00
57.00	CT SCAN		3,891,681	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,304,030	0	0	58.00
59.00	CARDIAC CATHETERIZATION		6,761,718	0	0	59.00
60.00	LABORATORY		15,773,900	0	0	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,598,923	0	0	62.00
65.00	RESPIRATORY THERAPY	0	4,206,932	0	0	65.00
66.00	PHYSICAL THERAPY	0	2,885,383	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	2,052,775	0	0	67.00
68.00	SPEECH PATHOLOGY	0	593,638	0	0	68.00
69.00	ELECTROCARDIOLOGY		928,561	0	0	69.00
69.01	CARDIAC REHAB		677,648	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY		2,083,580	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,421,943	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		14,503,003	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		19,100,427	0	0	73.00
74.00	RENAL DIALYSIS		2,201,867	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		8,410,819	0	0	90.00
91.00	EMERGENCY		13,865,104	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		7,193,606	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY		2,760,257	0	0	101.00
200.00	Subtotal (see instructions)	0	245,449,698	0	0	200.00
201.00	Less Observation Beds		7,193,606			201.00
202.00	Total (see instructions)	0	238,256,092	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 2:42 pm		
			Title XIX	Hospital	Cost		
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
9.00	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	58,152,137		58,152,137			30.00
31.00	INTENSIVE CARE UNIT	13,418,967		13,418,967			31.00
31.01	NEONATAL INTENSIVE CARE UNIT	7,518,705		7,518,705			31.01
41.00	SUBPROVIDER - IRF	7,830,361		7,830,361			41.00
43.00	NURSERY	1,533,612		1,533,612			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	59,114,156	23,563,101	82,677,257	0.191245	0.000000	50.00
50.01	ENDOSCOPY	4,157,684	2,746,476	6,904,160	0.249836	0.000000	50.01
51.00	RECOVERY ROOM	3,698,596	2,931,315	6,629,911	0.333048	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,760,768	608,901	2,369,669	1.985841	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,728,121	14,439,006	22,167,127	0.223018	0.000000	54.00
54.01	RADIOLOGY-ULTRASOUND	3,345,333	6,226,781	9,572,114	0.253200	0.000000	54.01
55.00	RADIOLOGY-THERAPEUTIC	1,047,543	11,951,895	12,999,438	0.186646	0.000000	55.00
56.00	RADIOISOTOPE	4,045,369	3,291,144	7,336,513	0.274936	0.000000	56.00
57.00	CT SCAN	29,950,046	34,080,147	64,030,193	0.060779	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	6,781,725	9,370,353	16,152,078	0.080735	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	17,921,215	19,619,467	37,540,682	0.180117	0.000000	59.00
60.00	LABORATORY	44,783,363	39,132,939	83,916,302	0.187972	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,502,825	394,582	4,897,407	0.326484	0.000000	62.00
65.00	RESPIRATORY THERAPY	16,764,270	1,690,780	18,455,050	0.227956	0.000000	65.00
66.00	PHYSICAL THERAPY	5,753,851	76,435	5,830,286	0.494896	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	3,924,075	29,114	3,953,189	0.519271	0.000000	67.00
68.00	SPEECH PATHOLOGY	837,230	67,625	904,855	0.656059	0.000000	68.00
69.00	ELECTROCARDIOLOGY	8,390,906	4,276,207	12,667,113	0.073305	0.000000	69.00
69.01	CARDIAC REHAB	104,699	293,058	397,757	1.703673	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	7,341,193	5,356,028	12,697,221	0.164097	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,198,113	10,101,523	28,299,636	0.332935	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	18,385,906	7,782,860	26,168,766	0.554210	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	71,880,062	8,288,003	80,168,065	0.238255	0.000000	73.00
74.00	RENAL DIALYSIS	4,945,307	272,545	5,217,852	0.421987	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	412,953	14,350,486	14,763,439	0.569706	0.000000	90.00
91.00	EMERGENCY	12,935,973	27,501,241	40,437,214	0.342880	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,076,995	11,076,995	0.649419	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	0	2,873,622	2,873,622			101.00
200.00	Subtotal (see instructions)	447,165,064	262,392,629	709,557,693			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	447,165,064	262,392,629	709,557,693			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 2:42 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
31.01	NEONATAL INTENSIVE CARE UNIT			31.01
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
50.01	ENDOSCOPY	0.000000		50.01
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	RADIOLOGY-ULTRASOUND	0.000000		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
69.01	CARDIAC REHAB	0.000000		69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 2:42 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	3,618,077	0	3,618,077	87,779	41.22	30.00
31.00	INTENSIVE CARE UNIT	300,487		300,487	8,211	36.60	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	47,101		47,101	4,580	10.28	31.01
41.00	SUBPROVIDER - IRF	351,222	0	351,222	12,157	28.89	41.00
43.00	NURSERY	251,452		251,452	3,065	82.04	43.00
200.00	Total (Lines 30-199)	4,568,339		4,568,339	115,792		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 2:42 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	43,519	1,793,853				30.00
31.00	INTENSIVE CARE UNIT	4,951	181,207				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
41.00	SUBPROVIDER - IRF	9,947	287,369				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	58,417	2,262,429				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 2:42 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,200,556	82,677,257	0.014521	29,566,253	429,332	50.00
50.01	ENDOSCOPY	14,229	6,904,160	0.002061	2,306,720	4,754	50.01
51.00	RECOVERY ROOM	156,381	6,629,911	0.023587	1,382,839	32,617	51.00
52.00	DELIVERY ROOM & LABOR ROOM	107,090	2,369,669	0.045192	22,751	1,028	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	31,271	22,167,127	0.001411	4,925,104	6,949	54.00
54.01	RADIOLOGY-ULTRASOUND	61,482	9,572,114	0.006423	1,495,797	9,608	54.01
55.00	RADIOLOGY-THERAPEUTIC	139,559	12,999,438	0.010736	458,678	4,924	55.00
56.00	RADIOISOTOPE	101,813	7,336,513	0.013878	2,088,380	28,983	56.00
57.00	CT SCAN	113,172	64,030,193	0.001767	14,586,331	25,774	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	51,001	16,152,078	0.003158	3,318,718	10,481	58.00
59.00	CARDIAC CATHETERIZATION	157,117	37,540,682	0.004185	10,240,266	42,856	59.00
60.00	LABORATORY	374,120	83,916,302	0.004458	23,604,291	105,228	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,727	4,897,407	0.003824	2,575,069	9,847	62.00
65.00	RESPIRATORY THERAPY	101,333	18,455,050	0.005491	9,003,431	49,438	65.00
66.00	PHYSICAL THERAPY	131,487	5,830,286	0.022552	1,784,328	40,240	66.00
67.00	OCCUPATIONAL THERAPY	109,159	3,953,189	0.027613	806,200	22,262	67.00
68.00	SPEECH PATHOLOGY	19,738	904,855	0.021813	392,605	8,564	68.00
69.00	ELECTROCARDIOLOGY	7,702	12,667,113	0.000608	4,462,509	2,713	69.00
69.01	CARDIAC REHAB	2,865	397,757	0.007203	169	1	69.01
70.00	ELECTROENCEPHALOGRAPHY	14,603	12,697,221	0.001150	1,500,665	1,726	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	157,954	28,299,636	0.005581	10,367,196	57,859	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	65,075	26,168,766	0.002487	10,755,513	26,749	72.00
73.00	DRUGS CHARGED TO PATIENTS	243,170	80,168,065	0.003033	36,796,749	111,605	73.00
74.00	RENAL DIALYSIS	57,183	5,217,852	0.010959	3,441,837	37,719	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	791,146	14,763,439	0.053588	46,799	2,508	90.00
91.00	EMERGENCY	371,564	40,437,214	0.009189	6,714,886	61,703	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	409,748	11,076,995	0.036991	0	0	92.00
200.00	Total (lines 50-199)	5,009,245	618,230,289		182,644,084	1,135,468	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 2:42 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
31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 2:42 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)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	87,779	0.00	43,519	0	30.00	
31.00	INTENSIVE CARE UNIT	8,211	0.00	4,951	0	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	4,580	0.00	0	0	31.01	
41.00	SUBPROVIDER - IRF	12,157	0.00	9,947	0	41.00	
43.00	NURSERY	3,065	0.00	0	0	43.00	
200.00	Total (Lines 30-199)	115,792		58,417	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 2:42 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
50.01 ENDOSCOPY	0	0	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 RADIOLOGY-ULTRASOUND	0	0	0	0	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
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
69.01 CARDIAC REHAB	0	0	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO 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
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	762,849	762,849	762,849	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	762,849	762,849	762,849	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 2:42 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	82,677,257	0.000000	0.000000	29,566,253	50.00
50.01 ENDOSCOPY	0	6,904,160	0.000000	0.000000	2,306,720	50.01
51.00 RECOVERY ROOM	0	6,629,911	0.000000	0.000000	1,382,839	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,369,669	0.000000	0.000000	22,751	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	22,167,127	0.000000	0.000000	4,925,104	54.00
54.01 RADIOLOGY-ULTRASOUND	0	9,572,114	0.000000	0.000000	1,495,797	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	12,999,438	0.000000	0.000000	458,678	55.00
56.00 RADIOISOTOPE	0	7,336,513	0.000000	0.000000	2,088,380	56.00
57.00 CT SCAN	0	64,030,193	0.000000	0.000000	14,586,331	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	16,152,078	0.000000	0.000000	3,318,718	58.00
59.00 CARDIAC CATHETERIZATION	0	37,540,682	0.000000	0.000000	10,240,266	59.00
60.00 LABORATORY	0	83,916,302	0.000000	0.000000	23,604,291	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,897,407	0.000000	0.000000	2,575,069	62.00
65.00 RESPIRATORY THERAPY	0	18,455,050	0.000000	0.000000	9,003,431	65.00
66.00 PHYSICAL THERAPY	0	5,830,286	0.000000	0.000000	1,784,328	66.00
67.00 OCCUPATIONAL THERAPY	0	3,953,189	0.000000	0.000000	806,200	67.00
68.00 SPEECH PATHOLOGY	0	904,855	0.000000	0.000000	392,605	68.00
69.00 ELECTROCARDIOLOGY	0	12,667,113	0.000000	0.000000	4,462,509	69.00
69.01 CARDIAC REHAB	0	397,757	0.000000	0.000000	169	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	12,697,221	0.000000	0.000000	1,500,665	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,299,636	0.000000	0.000000	10,367,196	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	26,168,766	0.000000	0.000000	10,755,513	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	80,168,065	0.000000	0.000000	36,796,749	73.00
74.00 RENAL DIALYSIS	0	5,217,852	0.000000	0.000000	3,441,837	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	14,763,439	0.000000	0.000000	46,799	90.00
91.00 EMERGENCY	762,849	40,437,214	0.018865	0.018865	6,714,886	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	11,076,995	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	762,849	618,230,289			182,644,084	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 2:42 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)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	10,584,636	0	50.00
50.01	ENDOSCOPY	0	1,763,009	0	50.01
51.00	RECOVERY ROOM	0	1,190,278	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	22,880	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,076,520	0	54.00
54.01	RADIOLOGY-ULTRASOUND	0	1,168,396	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	5,895,883	0	55.00
56.00	RADIOISOTOPE	0	1,603,855	0	56.00
57.00	CT SCAN	0	10,392,616	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,788,931	0	58.00
59.00	CARDIAC CATHETERIZATION	0	11,944,388	0	59.00
60.00	LABORATORY	0	522,524	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	170,427	0	62.00
65.00	RESPIRATORY THERAPY	0	400,768	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	2,898	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,336,405	0	69.00
69.01	CARDIAC REHAB	0	101,569	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	652,671	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,000,999	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	4,734,131	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,755,036	0	73.00
74.00	RENAL DIALYSIS	0	151,194	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	4,964,776	0	90.00
91.00	EMERGENCY	126,676	5,158,664	97,318	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,221,103	0	92.00
200.00	Total (Lines 50-199)	126,676	80,604,557	97,318	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 2:42 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		Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			Subject To Ded. & Coins. (see instructions)	Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.191245	10,584,636	0	0	50.00
50.01	ENDOSCOPY	0.249836	1,763,009	0	0	50.01
51.00	RECOVERY ROOM	0.333048	1,190,278	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.985841	22,880	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.223018	5,076,520	0	0	54.00
54.01	RADIOLOGY-ULTRASOUND	0.253200	1,168,396	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.186646	5,895,883	0	0	55.00
56.00	RADIOISOTOPE	0.274936	1,603,855	0	0	56.00
57.00	CT SCAN	0.060779	10,392,616	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.080735	2,788,931	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.180117	11,944,388	0	0	59.00
60.00	LABORATORY	0.187972	522,524	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.326484	170,427	0	0	62.00
65.00	RESPIRATORY THERAPY	0.227956	400,768	0	0	65.00
66.00	PHYSICAL THERAPY	0.494896	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.519271	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.656059	2,898	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.073305	1,336,405	0	0	69.00
69.01	CARDIAC REHAB	1.703673	101,569	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.164097	652,671	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332935	4,000,999	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.554210	4,734,131	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.238255	3,755,036	-8,873	9,968	73.00
74.00	RENAL DIALYSIS	0.421987	151,194	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.569706	4,964,776	0	0	90.00
91.00	EMERGENCY	0.342880	5,158,664	536	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.649419	2,221,103	0	0	92.00
200.00	Subtotal (see instructions)		80,604,557	-8,337	9,968	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		80,604,557	-8,337	9,968	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 2:42 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	2,024,259	0	0		50.00
50.01 ENDOSCOPY	440,463	0	0		50.01
51.00 RECOVERY ROOM	396,420	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	45,436	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,132,155	0	0		54.00
54.01 RADIOLOGY-ULTRASOUND	295,838	0	0		54.01
55.00 RADIOLOGY-THERAPEUTIC	1,100,443	0	0		55.00
56.00 RADIOISOTOPE	440,957	0	0		56.00
57.00 CT SCAN	631,653	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	225,164	0	0		58.00
59.00 CARDIAC CATHETERIZATION	2,151,387	0	0		59.00
60.00 LABORATORY	98,220	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	55,642	0	0		62.00
65.00 RESPIRATORY THERAPY	91,357	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	1,901	0	0		68.00
69.00 ELECTROCARDIOLOGY	97,965	0	0		69.00
69.01 CARDIAC REHAB	173,040	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	107,101	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,332,073	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,623,703	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	894,656	-2,114	2,375		73.00
74.00 RENAL DIALYSIS	63,802	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	2,828,463	0	0		90.00
91.00 EMERGENCY	1,768,803	184	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,442,426	0	0		92.00
200.00 Subtotal (see instructions)	20,463,327	-1,930	2,375		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	20,463,327	-1,930	2,375		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/30/2012 2:42 pm	
		Component CCN: 15T002		Title XVIII		Subprovider - IRF PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,200,556	82,677,257	0.014521	174,845	2,539	50.00
50.01	ENDOSCOPY	14,229	6,904,160	0.002061	68,658	142	50.01
51.00	RECOVERY ROOM	156,381	6,629,911	0.023587	21,141	499	51.00
52.00	DELIVERY ROOM & LABOR ROOM	107,090	2,369,669	0.045192	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	31,271	22,167,127	0.001411	274,504	387	54.00
54.01	RADIOLOGY-ULTRASOUND	61,482	9,572,114	0.006423	60,606	389	54.01
55.00	RADIOLOGY-THERAPEUTIC	139,559	12,999,438	0.010736	4,975	53	55.00
56.00	RADIOISOTOPE	101,813	7,336,513	0.013878	57,286	795	56.00
57.00	CT SCAN	113,172	64,030,193	0.001767	297,220	525	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	51,001	16,152,078	0.003158	106,394	336	58.00
59.00	CARDIAC CATHETERIZATION	157,117	37,540,682	0.004185	200,735	840	59.00
60.00	LABORATORY	374,120	83,916,302	0.004458	1,188,374	5,298	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,727	4,897,407	0.003824	53,209	203	62.00
65.00	RESPIRATORY THERAPY	101,333	18,455,050	0.005491	503,499	2,765	65.00
66.00	PHYSICAL THERAPY	131,487	5,830,286	0.022552	2,691,390	60,696	66.00
67.00	OCCUPATIONAL THERAPY	109,159	3,953,189	0.027613	2,586,792	71,429	67.00
68.00	SPEECH PATHOLOGY	19,738	904,855	0.021813	181,115	3,951	68.00
69.00	ELECTROCARDIOLOGY	7,702	12,667,113	0.000608	47,106	29	69.00
69.01	CARDIAC REHAB	2,865	397,757	0.007203	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	14,603	12,697,221	0.001150	36,426	42	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	157,954	28,299,636	0.005581	478,512	2,671	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	65,075	26,168,766	0.002487	14,799	37	72.00
73.00	DRUGS CHARGED TO PATIENTS	243,170	80,168,065	0.003033	3,924,230	11,902	73.00
74.00	RENAL DIALYSIS	57,183	5,217,852	0.010959	400,564	4,390	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	791,146	14,763,439	0.053588	51	3	90.00
91.00	EMERGENCY	371,564	40,437,214	0.009189	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	409,748	11,076,995	0.036991	0	0	92.00
200.00	Total (lines 50-199)	5,009,245	618,230,289		13,372,431	169,921	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 2:42 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
50.01 ENDOSCOPY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
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
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	762,849	762,849	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	762,849	762,849	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 2:42 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	82,677,257	0.000000	0.000000	174,845	50.00
50.01 ENDOSCOPY	0	6,904,160	0.000000	0.000000	68,658	50.01
51.00 RECOVERY ROOM	0	6,629,911	0.000000	0.000000	21,141	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,369,669	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	22,167,127	0.000000	0.000000	274,504	54.00
54.01 RADIOLOGY-ULTRASOUND	0	9,572,114	0.000000	0.000000	60,606	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	12,999,438	0.000000	0.000000	4,975	55.00
56.00 RADIOISOTOPE	0	7,336,513	0.000000	0.000000	57,286	56.00
57.00 CT SCAN	0	64,030,193	0.000000	0.000000	297,220	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	16,152,078	0.000000	0.000000	106,394	58.00
59.00 CARDIAC CATHETERIZATION	0	37,540,682	0.000000	0.000000	200,735	59.00
60.00 LABORATORY	0	83,916,302	0.000000	0.000000	1,188,374	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,897,407	0.000000	0.000000	53,209	62.00
65.00 RESPIRATORY THERAPY	0	18,455,050	0.000000	0.000000	503,499	65.00
66.00 PHYSICAL THERAPY	0	5,830,286	0.000000	0.000000	2,691,390	66.00
67.00 OCCUPATIONAL THERAPY	0	3,953,189	0.000000	0.000000	2,586,792	67.00
68.00 SPEECH PATHOLOGY	0	904,855	0.000000	0.000000	181,115	68.00
69.00 ELECTROCARDIOLOGY	0	12,667,113	0.000000	0.000000	47,106	69.00
69.01 CARDIAC REHAB	0	397,757	0.000000	0.000000	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	12,697,221	0.000000	0.000000	36,426	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,299,636	0.000000	0.000000	478,512	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	26,168,766	0.000000	0.000000	14,799	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	80,168,065	0.000000	0.000000	3,924,230	73.00
74.00 RENAL DIALYSIS	0	5,217,852	0.000000	0.000000	400,564	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	14,763,439	0.000000	0.000000	51	90.00
91.00 EMERGENCY	762,849	40,437,214	0.018865	0.018865	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	11,076,995	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	762,849	618,230,289			13,372,431	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 2:42 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)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 ENDOSCOPY	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 RADIOLOGY-ULTRASOUND	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
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
69.01 CARDIAC REHAB	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 2:42 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)		87,779	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		87,779	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)		87,779	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)		43,519	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)		63,519,097	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)		63,519,097	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		58,152,137	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		58,152,137	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.092292	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)		662.48	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)		63,519,097	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)		723.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		31,491,654	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)		31,491,654	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,055,939	8,211	1,468.27	4,951	7,269,405	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3,910,632	4,580	853.85	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					43,316,218	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					82,077,277	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,975,060	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,262,144	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,237,204	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					78,840,073	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)					9,941	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					723.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,193,606	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 2:42 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,618,077	63,519,097	0.056960	7,193,606	409,748	90.00
91.00	Nursing School cost	0	63,519,097	0.000000	7,193,606	0	91.00
92.00	Allied health cost	0	63,519,097	0.000000	7,193,606	0	92.00
93.00	All other Medical Education	0	63,519,097	0.000000	7,193,606	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T002		Date/Time Prepared: 5/30/2012 2:42 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)		12,157	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,157	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)		12,157	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)		9,947	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)		6,620,236	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)		6,620,236	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,830,361	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,830,361	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.845457	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)		644.10	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)		6,620,236	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)		544.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,416,738	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)		5,416,738	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T002				Date/Time Prepared: 5/30/2012 2:42 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,645,226		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,061,964		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)					287,369		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					169,921		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					457,290		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,604,674		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002 Component CCN: 15T002		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 2:42 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	351,222	6,620,236	0.053053	0	0	90.00
91.00	Nursing School cost	0	6,620,236	0.000000	0	0	91.00
92.00	Allied health cost	0	6,620,236	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,620,236	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2012 2:42 pm
Cost Center Description		Cost		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		87,779	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		87,779	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)		87,779	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)		13,246	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,065	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)		63,519,097	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)		63,519,097	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		58,152,137	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		58,152,137	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.092292	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)		662.48	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)		63,519,097	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)		723.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,585,203	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)		9,585,203	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XIX		Hospital		Cost			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	2,866,904	3,065	935.37	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	12,055,919	8,211	1,468.26	0	0	0	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	3,910,632	4,580	853.85	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,351,303		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,936,506		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						9,941	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						723.63	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						7,193,606	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150002

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

Worksheet D-1
Date/Time Prepared:
5/30/2012 2:42 pm

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T002		Date/Time Prepared: 5/30/2012 2:42 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,157	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,157	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)		12,157	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)		734	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,065	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)		6,620,236	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)		6,620,236	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,830,361	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,830,361	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.845457	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)		644.10	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)		6,620,236	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)		544.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		399,707	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)		399,707	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1		
		Component CCN: 15T002				Date/Time Prepared: 5/30/2012 2:42 pm		
		Title XIX		Subprovider - IRF		Cost		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01	
44.00 CORONARY CARE UNIT							44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						319,273		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						718,980		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0		71.00
72.00 Program routine service cost (line 9 x line 71)						0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						0		76.00
77.00 Program capital-related costs (line 9 x line 76)						0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0		80.00
81.00 Inpatient routine service cost per diem limitation						0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)						0		83.00
84.00 Program inpatient ancillary services (see instructions)						0		84.00
85.00 Utilization review - physician compensation (see instructions)						0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002 Component CCN: 15T002		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 2:42 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 2:42 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		32,316,801		30.00
31.00	INTENSIVE CARE UNIT		7,863,090		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		0		31.01
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.191245	29,566,253	5,654,398	50.00
50.01	ENDOSCOPY	0.249836	2,306,720	576,302	50.01
51.00	RECOVERY ROOM	0.333048	1,382,839	460,552	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.985841	22,751	45,180	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.223019	4,925,104	1,098,392	54.00
54.01	RADIOLOGY-ULTRASOUND	0.253200	1,495,797	378,736	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.186646	458,678	85,610	55.00
56.00	RADIOISOTOPE	0.274936	2,088,380	574,171	56.00
57.00	CT SCAN	0.060779	14,586,331	886,543	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.080735	3,318,718	267,937	58.00
59.00	CARDIAC CATHETERIZATION	0.180117	10,240,266	1,844,446	59.00
60.00	LABORATORY	0.188822	23,604,291	4,457,009	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.326484	2,575,069	840,719	62.00
65.00	RESPIRATORY THERAPY	0.227957	9,003,431	2,052,395	65.00
66.00	PHYSICAL THERAPY	0.494896	1,784,328	883,057	66.00
67.00	OCCUPATIONAL THERAPY	0.519271	806,200	418,636	67.00
68.00	SPEECH PATHOLOGY	0.656059	392,605	257,572	68.00
69.00	ELECTROCARDIOLOGY	0.073305	4,462,509	327,124	69.00
69.01	CARDIAC REHAB	1.703673	169	288	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.164097	1,500,665	246,255	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332935	10,367,196	3,451,602	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.554210	10,755,513	5,960,813	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.238255	36,796,749	8,767,009	73.00
74.00	RENAL DIALYSIS	0.421987	3,441,837	1,452,410	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.569708	46,799	26,662	90.00
91.00	EMERGENCY	0.342880	6,714,886	2,302,400	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.649419	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		182,644,084	43,316,218	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)		182,644,084		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T002		Date/Time Prepared: 5/30/2012 2:42 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		2,560		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		186		31.01
41.00	SUBPROVIDER - IRF		6,338,950		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.191245	174,845	33,438	50.00
50.01	ENDOSCOPY	0.249836	68,658	17,153	50.01
51.00	RECOVERY ROOM	0.333048	21,141	7,041	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.985841	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.223019	274,504	61,220	54.00
54.01	RADIOLOGY-ULTRASOUND	0.253200	60,606	15,345	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.186646	4,975	929	55.00
56.00	RADIOISOTOPE	0.274936	57,286	15,750	56.00
57.00	CT SCAN	0.060779	297,220	18,065	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.080735	106,394	8,590	58.00
59.00	CARDIAC CATHETERIZATION	0.180117	200,735	36,156	59.00
60.00	LABORATORY	0.188822	1,188,374	224,391	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.326484	53,209	17,372	62.00
65.00	RESPIRATORY THERAPY	0.227957	503,499	114,776	65.00
66.00	PHYSICAL THERAPY	0.494896	2,691,390	1,331,958	66.00
67.00	OCCUPATIONAL THERAPY	0.519271	2,586,792	1,343,246	67.00
68.00	SPEECH PATHOLOGY	0.656059	181,115	118,822	68.00
69.00	ELECTROCARDIOLOGY	0.073305	47,106	3,453	69.00
69.01	CARDIAC REHAB	1.703673	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.164097	36,426	5,977	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332935	478,512	159,313	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.554210	14,799	8,202	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.238255	3,924,230	934,967	73.00
74.00	RENAL DIALYSIS	0.421987	400,564	169,033	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.569708	51	29	90.00
91.00	EMERGENCY	0.342880	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.649419	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		13,372,431	4,645,226	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)		13,372,431		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 2:42 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		7,743,072		30.00
31.00	INTENSIVE CARE UNIT		1,555,323		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		4,090,128		31.01
41.00	SUBPROVIDER - IRF		357,414		41.00
43.00	NURSERY		759,462		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.191245	8,992,802	1,719,828	50.00
50.01	ENDOSCOPY	0.249836	399,902	99,910	50.01
51.00	RECOVERY ROOM	0.333048	644,406	214,618	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.985841	1,246,870	2,476,086	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.223018	849,567	189,469	54.00
54.01	RADIOLOGY-ULTRASOUND	0.253200	530,936	134,433	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.186646	174,119	32,499	55.00
56.00	RADIOISOTOPE	0.274936	450,635	123,896	56.00
57.00	CT SCAN	0.060779	3,085,311	187,522	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.080735	651,610	52,608	58.00
59.00	CARDIAC CATHETERIZATION	0.180117	1,886,951	339,872	59.00
60.00	LABORATORY	0.187972	6,437,179	1,210,009	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.326484	113,829	37,163	62.00
65.00	RESPIRATORY THERAPY	0.227956	2,989,986	681,585	65.00
66.00	PHYSICAL THERAPY	0.494896	363,388	179,839	66.00
67.00	OCCUPATIONAL THERAPY	0.519271	209,190	108,626	67.00
68.00	SPEECH PATHOLOGY	0.656059	67,843	44,509	68.00
69.00	ELECTROCARDIOLOGY	0.073305	857,042	62,825	69.00
69.01	CARDIAC REHAB	1.703673	11,789	20,085	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.164097	1,396,128	229,100	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332935	2,187	728	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.554210	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.238255	9,647,832	2,298,644	73.00
74.00	RENAL DIALYSIS	0.421987	414,789	175,036	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.569706	41,028	23,374	90.00
91.00	EMERGENCY	0.342880	2,067,892	709,039	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.649419	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		43,533,211	11,351,303	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)		43,533,211		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T002		Date/Time Prepared: 5/30/2012 2:42 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		412,147		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		0		31.01
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.191245	24,388	4,664	50.00
50.01	ENDOSCOPY	0.249836	2,073	518	50.01
51.00	RECOVERY ROOM	0.333048	2,636	878	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.985841	4,725	9,383	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.223018	11,611	2,589	54.00
54.01	RADIOLOGY-ULTRASOUND	0.253200	4,547	1,151	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.186646	0	0	55.00
56.00	RADIOISOTOPE	0.274936	0	0	56.00
57.00	CT SCAN	0.060779	33,672	2,047	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.080735	10,501	848	58.00
59.00	CARDIAC CATHETERIZATION	0.180117	4,890	881	59.00
60.00	LABORATORY	0.187972	69,971	13,153	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.326484	1,923	628	62.00
65.00	RESPIRATORY THERAPY	0.227956	47,345	10,793	65.00
66.00	PHYSICAL THERAPY	0.494896	172,535	85,387	66.00
67.00	OCCUPATIONAL THERAPY	0.519271	156,123	81,070	67.00
68.00	SPEECH PATHOLOGY	0.656059	15,047	9,872	68.00
69.00	ELECTROCARDIOLOGY	0.073305	279	20	69.00
69.01	CARDIAC REHAB	1.703673	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.164097	280	46	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332935	24,613	8,195	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.554210	6,134	3,400	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.238255	318,233	75,821	73.00
74.00	RENAL DIALYSIS	0.421987	18,790	7,929	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.569706	0	0	90.00
91.00	EMERGENCY	0.342880	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.649419	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		930,316	319,273	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)		930,316		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 2:42 pm
		Title XVIIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		60,061,014	1.00
2.00	Outlier payments for discharges. (see instructions)		2,176,933	2.00
3.00	Managed Care Simulated Payments		3,244,049	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		440.76	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)		8.53	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)		8.53	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.73	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)		2.73	12.00
13.00	Total allowable FTE count for the prior year.		2.72	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		1.32	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.26	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		2.26	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.005128	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.005348	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.005128	21.00
22.00	IME payment adjustment (see instructions)		177,254	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)		177,254	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.38	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		29.47	31.00
32.00	Sum of lines 30 and 31		38.85	32.00
33.00	Allowable disproportionate share percentage (see instructions)		21.27	33.00
34.00	Disproportionate share adjustment (see instructions)		12,774,978	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)		7,339	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		744	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		10.14	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		5,859	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		1.125000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		405.45	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		339,361	46.00
47.00	Subtotal (see instructions)		75,529,540	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)		75,529,540	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,338,103	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).		78,377	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: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 2:42 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			126,676 58.00
59.00	Total (sum of amounts on lines 49 through 58)			81,072,696 59.00
60.00	Primary payer payments			109,178 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			80,963,518 61.00
62.00	Deductibles billed to program beneficiaries			5,261,368 62.00
63.00	Coinsurance billed to program beneficiaries			1,200,297 63.00
64.00	Allowable bad debts (see instructions)			1,866,806 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,306,764 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,465,596 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			75,808,617 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)			75,808,617 71.00
72.00	Interim payments			75,357,988 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)			450,629 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			300,000 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: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 2:42 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			445 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			20,366,009 2.00
3.00	PPS payments			16,311,310 3.00
4.00	Outlier payment (see instructions)			415,735 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			97,318 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			445 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			1,631 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)			1,631 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)			1,631 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			1,186 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)			445 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)			16,824,363 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			158 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,630,450 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)			13,194,200 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			17,424 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)			13,211,624 30.00
31.00	Primary payer payments			3,200 31.00
32.00	Subtotal (line 30 minus line 31)			13,208,424 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)			954,644 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			668,251 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			808,695 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			13,876,675 37.00
38.00	MSP-LCC reconciliation amount from PS&R			-315 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)			13,876,990 40.00
41.00	Interim payments			14,019,035 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)			-142,045 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: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 2:42 pm
		Component CCN: 15T002	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2012 2:42 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		73,356,742		13,094,218	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	01/01/2011	1,034,130	01/01/2011	645,273	3.01
3.02		08/30/2011	205,678	08/30/2011	100,370	3.02
3.03		12/06/2011	761,438	12/06/2011	179,174	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)		2,001,246		924,817	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)		75,357,988		14,019,035	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		450,629		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		142,045	6.02
7.00	Total Medicare program liability (see instructions)		75,808,617		13,876,990	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: 150002

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15T002

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 2:42 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		11,624,192		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/30/2011	75,323		0	3.50
3.51		12/06/2011	38,807		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)		-114,130		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)		11,510,062		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		229,070		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		11,739,132		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/30/2012 2:42 pm
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			16,252 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			48,470 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			2,620 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			90,629 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			709,557,693 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			39,642,900 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,997,715 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			2,997,715 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/30/2012 2:42 pm
		Component CCN: 15T002	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		10,779,663	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0810	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		800,681	3.00
4.00	Outlier Payments		300,923	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)		33.306849	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)		11,881,267	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)		11,881,267	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		11,881,267	19.00
20.00	Deductibles		40,656	20.00
21.00	Subtotal (line 19 minus line 20)		11,840,611	21.00
22.00	Coinsurance		124,926	22.00
23.00	Subtotal (line 21 minus line 22)		11,715,685	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		33,496	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		23,447	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		23,200	26.00
27.00	Subtotal (sum of lines 23 and 25)		11,739,132	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)		11,739,132	32.00
33.00	Interim payments		11,510,062	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)		229,070	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: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2012 2:42 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		20,936,506	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		20,936,506	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)		20,936,506	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		14,505,399	8.00
9.00	Ancillary service charges		43,533,211	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)		58,038,610	12.00
CUSTOMARY CHARGES				
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)		58,038,610	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		37,102,104	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)		20,936,506	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.		20,936,506	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)		20,936,506	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)		20,936,506	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		20,936,506	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)		20,936,506	40.00
41.00	Interim payments		13,549,455	41.00
42.00	Balance due provider/program (line 40 minus 41)		7,387,051	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2012 2:42 pm
		Title XIX	Subprovider - IRF	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		718,980	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		718,980	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)		718,980	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		412,147	8.00
9.00	Ancillary service charges		930,316	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)		1,342,463	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)		1,342,463	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		623,483	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)		718,980	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.		718,980	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)		718,980	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		718,980	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		718,980	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)		718,980	40.00
41.00	Interim payments		443,921	41.00
42.00	Balance due provider/program (line 40 minus 41)		275,059	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 2:42 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			10.83	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			10.83	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.73	6.00
7.00	Enter the lesser of line 5 or line 6			2.73	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	2.33	0.00	2.33	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	2.33	0.00	2.33	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	2.33	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.72	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.32	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	2.12	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	2.12	0.00		17.00
18.00	Per resident amount	76,563.82	0.00		18.00
19.00	Approved amount for resident costs	162,315	0	162,315	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			162,315	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	58,417	2,620		26.00
27.00	Total Inpatient Days	102,786	102,786		27.00
28.00	Ratio of inpatient days to total inpatient days	0.568336	0.025490		28.00
29.00	Program direct GME amount	92,249	4,137		29.00
30.00	Reduction for nursing/allied health		585		30.00
31.00	Net Program direct GME amount			95,801	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 2:42 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			5,217,852 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			92,139,241 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			109,178 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			92,030,063 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			20,463,772 42.00
43.00	Primary payer payments (see instructions)			5,229 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			20,458,543 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			112,488,606 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.818128 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.181872 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			95,801 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			78,377 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			17,424 50.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150002

Period: From 01/01/2011

Worksheet H

HHA CCN: 157536

To 12/31/2011

Date/Time Prepared: 5/30/2012 2:42 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	317,465	0	0	0	461,940	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	619,575	0	0	0	0	6.00
7.00	Physical Therapy	332,154	0	0	0	0	7.00
8.00	Occupational Therapy	112,489	0	0	0	0	8.00
9.00	Speech Pathology	35,274	0	0	0	0	9.00
10.00	Medical Social Services	2,753	0	0	0	0	10.00
11.00	Home Health Aide	79,460	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,499,170	0	0	0	461,940	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150002

Period: From 01/01/2011

Worksheet H

HHA CCN: 157536

To 12/31/2011

Date/Time Prepared: 5/30/2012 2:42 pm

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		Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	779,405	-3,162	776,243	0	776,243	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	619,575	0	619,575	0	619,575	6.00
7.00	Physical Therapy	332,154	0	332,154	0	332,154	7.00
8.00	Occupational Therapy	112,489	0	112,489	0	112,489	8.00
9.00	Speech Pathology	35,274	0	35,274	0	35,274	9.00
10.00	Medical Social Services	2,753	0	2,753	0	2,753	10.00
11.00	Home Health Aide	79,460	0	79,460	0	79,460	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,961,110	-3,162	1,957,948	0	1,957,948	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 150002	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/30/2012 2:42 pm
	HHA CCN: 157536	To 12/31/2011	
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	776,243	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	619,575	0	0	0	6.00
7.00	Physical Therapy	332,154	0	0	0	7.00
8.00	Occupational Therapy	112,489	0	0	0	8.00
9.00	Speech Pathology	35,274	0	0	0	9.00
10.00	Medical Social Services	2,753	0	0	0	10.00
11.00	Home Health Aide	79,460	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,957,948	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150002	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 157536	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/30/2012 2:42 pm
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	776,243	776,243	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	619,575	406,989	1,026,564
7.00	Physical Therapy	332,154	218,187	550,341
8.00	Occupational Therapy	112,489	73,892	186,381
9.00	Speech Pathology	35,274	23,171	58,445
10.00	Medical Social Services	2,753	1,808	4,561
11.00	Home Health Aide	79,460	52,196	131,656
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	1,181,705		1,957,948

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 150002	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/30/2012 2:42 pm
	HHA CCN: 157536	To 12/31/2011	
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		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-776,243	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-776,243	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 150002	Period: From 01/01/2011	Worksheet H-1
	HHA CCN: 157536	To 12/31/2011	Part II Date/Time Prepared: 5/30/2012 2:42 pm
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		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	1,181,705	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	619,575	6.00
7.00	Physical Therapy	332,154	7.00
8.00	Occupational Therapy	112,489	8.00
9.00	Speech Pathology	35,274	9.00
10.00	Medical Social Services	2,753	10.00
11.00	Home Health Aide	79,460	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	1,181,705	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	776,243	25.00
26.00	Unit Cost Multiplier	0.656884	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150002

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157536

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 2:42 pm

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	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
1.00 Administrative and General	0	0	0	301,468	0	1.00
2.00 Skilled Nursing Care	1,026,564	0	0	0	0	2.00
3.00 Physical Therapy	550,341	0	0	0	0	3.00
4.00 Occupational Therapy	186,381	0	0	0	0	4.00
5.00 Speech Pathology	58,445	0	0	0	0	5.00
6.00 Medical Social Services	4,561	0	0	0	0	6.00
7.00 Home Health Aide	131,656	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,957,948	0	0	301,468	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150002

Period:

Worksheet H-2

HHA CCN: 157536

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

Part I
Date/Time Prepared:
5/30/2012 2:42 pm

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Agency I

PPS

	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5A.04	5.05	
1.00 Administrative and General	11,322	0	0	312,790	55,921	1.00
2.00 Skilled Nursing Care	0	0	0	1,026,564	183,530	2.00
3.00 Physical Therapy	0	0	0	550,341	98,391	3.00
4.00 Occupational Therapy	0	0	0	186,381	33,321	4.00
5.00 Speech Pathology	0	0	0	58,445	10,449	5.00
6.00 Medical Social Services	0	0	0	4,561	815	6.00
7.00 Home Health Aide	0	0	0	131,656	23,538	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	11,322	0	0	2,270,738	405,965	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150002

Period:

Worksheet H-2

HHA CCN: 157536

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

Part I
Date/Time Prepared:
5/30/2012 2:42 pm

Home Health
Agency I

PPS

		PATIENT TRANSPORTATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150002

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157536

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 2:42 pm

Home Health
Agency I

PPS

	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	38,721	0	10,502	16,544	15,569	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	38,721	0	10,502	16,544	15,569	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150002
HHA CCN: 157536

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

Worksheet H-2
Part I
Date/Time Prepared:
5/30/2012 2:42 pm

				Home Health Agency I		PPS	
				INTERNS & RESIDENTS			
		SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		17.00	17.01	17.02	21.00	22.00	
1.00	Administrative and General	0	2,218	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	2,218	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150002 HHA CCN: 157536		Period: From 01/01/2011 To 12/31/2011		Worksheet H-2 Part I Date/Time Prepared: 5/30/2012 2:42 pm	
				Home Health Agency I		PPS	
	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)		
	23.00	24.00	25.00	26.00	27.00		
1.00	Administrative and General	0	452,265	0	452,265		1.00
2.00	Skilled Nursing Care	0	1,210,094	0	1,210,094	237,126	2.00
3.00	Physical Therapy	0	648,732	0	648,732	127,123	3.00
4.00	Occupational Therapy	0	219,702	0	219,702	43,052	4.00
5.00	Speech Pathology	0	68,894	0	68,894	13,500	5.00
6.00	Medical Social Services	0	5,376	0	5,376	1,053	6.00
7.00	Home Health Aide	0	155,194	0	155,194	30,411	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	2,760,257	0	2,760,257	452,265	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.195956	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

MCRI F32 - 2.25.130.0

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part I Date/Time Prepared: 5/30/2012 2:42 pm
		HHA CCN: 157536	Home Health Agency I	PPS

		Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	1,447,220	2.00
3.00	Physical Therapy	775,855	3.00
4.00	Occupational Therapy	262,754	4.00
5.00	Speech Pathology	82,394	5.00
6.00	Medical Social Services	6,429	6.00
7.00	Home Health Aide	185,605	7.00
8.00	Supplies (see instructions)	0	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19) (2)	2,760,257	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II
	HHA CCN: 157536	Home Health Agency I	Date/Time Prepared: 5/30/2012 2:42 pm PPS

	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING, RECEIVING AND STORES (PURCHASE REQUISITIONS)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					4.00
1.00	Administrative and General	0	0	1,499,170	0	98,059	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	1,499,170	0	98,059	20.00
21.00	Total cost to be allocated	0	0	301,468	0	11,322	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.201090	0.000000	0.115461	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/30/2012 2:42 pm PPS
		Home Health Agency I	

	ADMITTING (SQUARE FEET)	CASHIERING/ACCOUNTS RECEIVABLE (SQUARE FEET)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	
	5.03	5.04	5A.05	5.05	5.06	
1.00 Administrative and General	0	0	0	312,790	0	1.00
2.00 Skilled Nursing Care	0	0	0	1,026,564	0	2.00
3.00 Physical Therapy	0	0	0	550,341	0	3.00
4.00 Occupational Therapy	0	0	0	186,381	0	4.00
5.00 Speech Pathology	0	0	0	58,445	0	5.00
6.00 Medical Social Services	0	0	0	4,561	0	6.00
7.00 Home Health Aide	0	0	0	131,656	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0		2,270,738	0	20.00
21.00 Total cost to be allocated	0	0		405,965	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000		0.178781	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/30/2012 2:42 pm PPS
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	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	0	0	0	48,598	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	48,598	20.00
21.00 Total cost to be allocated	0	0	0	0	38,721	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.796761	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/30/2012 2:42 pm PPS
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	NURSING ADMINISTRATION (DIRECT NRSING HRS) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 16.00	SOCIAL SERVICE (TIME SPENT) 17.00	
1.00 Administrative and General	0	69,497	28,561	2,873,622	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	69,497	28,561	2,873,622	0	20.00
21.00 Total cost to be allocated	0	10,502	16,544	15,569	0	21.00
22.00 Unit cost multiplier	0.000000	0.151114	0.579251	0.005418	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150002
HHA CCN: 157536

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

Worksheet H-2
Part II
Date/Time Prepared:
5/30/2012 2:42 pm
PPS

		STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
				17.01	17.02			21.00
1.00	Administrative and General	314	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	314	0	0	0	0	0	20.00
21.00	Total cost to be allocated	2,218	0	0	0	0	0	21.00
22.00	Unit cost multiplier	7.063694	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2012 2:42 pm			
		HHA CCN: 157536	Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits		
	0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,447,220	1,447,220	9,632	1.00	
2.00	Physical Therapy	3.00	775,855	0	775,855	4,762	2.00
3.00	Occupational Therapy	4.00	262,754	0	262,754	1,693	3.00
4.00	Speech Pathology	5.00	82,394	0	82,394	249	4.00
5.00	Medical Social Services	6.00	6,429		6,429	43	5.00
6.00	Home Health Aide	7.00	185,605		185,605	3,038	6.00
7.00	Total (sum of lines 1-6)		2,760,257	0	2,760,257	19,417	7.00
Program Visits							
Part B							
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		23844	0	0	8.00	
8.01	Skilled Nursing Care		99915	3,120	1,567	8.01	
9.00	Physical Therapy		23844	0	0	9.00	
9.01	Physical Therapy		99915	2,116	909	9.01	
10.00	Occupational Therapy		23844	0	0	10.00	
10.01	Occupational Therapy		99915	765	381	10.01	
11.00	Speech Pathology		23844	0	0	11.00	
11.01	Speech Pathology		99915	115	36	11.01	
12.00	Medical Social Services		23844	0	0	12.00	
12.01	Medical Social Services		99915	15	4	12.01	
13.00	Home Health Aide		23844	0	0	13.00	
13.01	Home Health Aide		99915	899	1,543	13.01	
14.00	Total (sum of lines 8-13)			7,030	4,440	14.00	
Cost Center Description							
	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)		
	0	1.00	2.00	3.00	4.00		
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	61,392	15.00	
16.00	Cost of Drugs	9.00	0	0	0	16.00	
Cost Center Description							
	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)			
	0	1.00	2.00	3.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.494896	0	0	1.00	
2.00	Occupational Therapy	67.00	0.519271	0	0	2.00	
3.00	Speech Pathology	68.00	0.656059	0	0	3.00	
4.00	Cost of Medical Supplies	71.00	0.332935	0	0	4.00	
5.00	Cost of Drugs	73.00	0.238255	0	0	5.00	

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2012 2:42 pm PPS
	Title XVIII	Home Health Agency I	

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits		
			Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	5.00	6.00	7.00	8.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation					
Cost Center Description	5.00	6.00	7.00	8.00	9.00
1.00 Skilled Nursing Care	150.25	3,120	1,567		1.00
2.00 Physical Therapy	162.93	2,116	909		2.00
3.00 Occupational Therapy	155.20	765	381		3.00
4.00 Speech Pathology	330.90	115	36		4.00
5.00 Medical Social Services	149.51	15	4		5.00
6.00 Home Health Aide	61.09	899	1,543		6.00
7.00 Total (sum of lines 1-6)		7,030	4,440		7.00
Cost Center Description	5.00	6.00	7.00	8.00	9.00

Limitation Cost Computation

8.00 Skilled Nursing Care					8.00
8.01 Skilled Nursing Care					8.01
9.00 Physical Therapy					9.00
9.01 Physical Therapy					9.01
10.00 Occupational Therapy					10.00
10.01 Occupational Therapy					10.01
11.00 Speech Pathology					11.00
11.01 Speech Pathology					11.01
12.00 Medical Social Services					12.00
12.01 Medical Social Services					12.01
13.00 Home Health Aide					13.00
13.01 Home Health Aide					13.01
14.00 Total (sum of lines 8-13)					14.00

Program Covered Charges

Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			5.00	6.00	
Supplies and Drugs Cost Computations					
15.00 Cost of Medical Supplies	0.000000	0	61,392	0	15.00
16.00 Cost of Drugs	0.000000	0	0	0	16.00
Cost Center Description		Transfer to Part I as Indicated			
		4.00			

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

1.00 Physical Therapy	col. 2, line 2.00	1.00
2.00 Occupational Therapy	col. 2, line 3.00	2.00
3.00 Speech Pathology	col. 2, line 4.00	3.00
4.00 Cost of Medical Supplies	col. 2, line 15.00	4.00
5.00 Cost of Drugs	col. 2, line 16.00	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150002	Period: From 01/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2012 2:42 pm
	HHA CCN: 157536	To 12/31/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)	
	Part A	Part B			
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		
9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	468,780	235,442	704,222	1.00
2.00	Physical Therapy	344,760	148,103	492,863	2.00
3.00	Occupational Therapy	118,728	59,131	177,859	3.00
4.00	Speech Pathology	38,054	11,912	49,966	4.00
5.00	Medical Social Services	2,243	598	2,841	5.00
6.00	Home Health Aide	54,920	94,262	149,182	6.00
7.00	Total (sum of lines 1-6)	1,027,485	549,448	1,576,933	7.00
Cost Center Description					
		10.00	11.00	12.00	
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
14.00	Total (sum of lines 8-13)				14.00
Cost of Services					
Cost Center Description	Part A	Part B			
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		
	9.00	10.00	11.00		
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0	0	0	15.00
16.00	Cost of Drugs	0	0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2012 2:42 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	2,029	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-2,029
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,050,745	551,917
12.00	Total PPS Reimbursement - Full Episodes with Outliers		4,903	2,327
13.00	Total PPS Reimbursement - LUPA Episodes		10,151	6,253
14.00	Total PPS Reimbursement - PEP Episodes		27,518	28,988
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		2,899	65
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,096,216	587,521
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,096,216	587,521
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,096,216	587,521
27.00	Reimbursable bad debts (from your records)		-1,110	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		-1,020	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,097,326	587,521
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,097,326	587,521
32.00	Interim payments (see instructions)		1,096,216	587,521
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		1,110	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

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

Provider CCN: 150002
HHA CCN: 157536

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

Worksheet H-5
Date/Time Prepared:
5/30/2012 2:42 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,096,216		587,521	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,096,216		587,521	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,110		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,097,326		587,521	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150002	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 2:42 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,877,200	1.00
2.00	Capital DRG outlier payments		49,267	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		248.30	3.00
4.00	Number of interns & residents (see instructions)		2.26	4.00
5.00	Indirect medical education percentage (see instructions)		0.26	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		12,681	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.38	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		29.47	8.00
9.00	Sum of lines 7 and 8		38.85	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.18	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		398,955	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		5,338,103	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