

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: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 6/27/2012 5:28 pm
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PART I - COST REPORT STATUS	
Provider use only	1. <input 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.
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SHC-ST LOUIS for the cost reporting period beginning 03/02/2011 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

	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	0	1	0	261,092 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	0	1	0	261,092 200.00

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: 263304		Period: From 03/02/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 6/27/2012 5:28 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 63131		4.00 County: ST LOUIS					
1.00	Street: 2001 SOUTH LINDBERGH BOULEVARD	State: MO		Zip Code: 63131		County: ST LOUIS			1.00		
2.00	City: ST. LOUIS								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			
3.00	Hospital and Hospital-Based Component Identification:	SHC-ST LOUIS		263304	41180	7	03/02/2011	N	T	O	3.00
4.00	Hospital										4.00
5.00	Subprovider - IPF										5.00
6.00	Subprovider - IRF										6.00
7.00	Subprovider - (Other)										7.00
8.00	Swing Beds - SNF						N	N	N		8.00
9.00	Swing Beds - NF						N				9.00
10.00	Hospital-Based SNF						N	N	N		10.00
11.00	Hospital-Based NF						N				11.00
12.00	Hospital-Based OLTC										12.00
13.00	Hospital-Based HHA						N	N	N		13.00
14.00	Separately Certified ASC						N	N	N		14.00
15.00	Hospital-Based Hospice										15.00
16.00	Hospital-Based Health Clinic - RHC						N	N	N		16.00
17.00	Hospital-Based Health Clinic - FQHC						N	N	N		17.00
18.00	Hospital-Based (CMHC) 1						N	N	N		18.00
19.00	Hospital-Based (CORF) 1						N	N	N		19.00
20.00	Renal Dialysis										20.00
21.00	Other										21.00
						From:	To:				
						1.00	2.00				
22.00	Cost Reporting Period (mm/dd/yyyy)					03/02/2011	12/31/2011		20.00		
23.00	Type of Control (see instructions)					2		21.00			
Inpatient PPS Information											
24.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		22.00		
25.00	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.						1	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
26.00	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.	0	0	0	0	0	0		24.00		
27.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00		
						Urban/Rural	S		Date of Geogr		
						1.00	2.00				
28.00	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		
29.00	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		
30.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00		
						Beginning:	Ending:				
						1.00	2.00				
31.00	Enter applicable beginning and ending dates of SCH status. Subscriber line 36 for number of periods in excess of one and enter subsequent dates.								36.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 6/27/2012 5:28 pm		
		Beginning: 1.00	Ending: 2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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

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			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			Y	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		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)				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.				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.				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00
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.		5,000,000	55,000,000	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)				Y	HB0180		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: SHRINERS HOSPITALS FOR CHILDREN		Contractor's Name: HBCSO, INC		Contractor's Number: HB0180			141.00	
142.00	Street: 2900 ROCKY POINT DRIVE		PO Box:					142.00	
143.00	City: TAMPA		State: FL		Zip Code: 33607			143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						N		145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital				N	N		155.00	
156.00	Subprovider - IPF				N	N		156.00	
157.00	Subprovider - IRF				N	N		157.00	
158.00	SUBPROVIDER				N	N		158.00	
159.00	SNF				N	N		159.00	
160.00	HOME HEALTH AGENCY				N	N		160.00	
161.00	CMHC					N		161.00	
161.10	CORF					N		161.10	
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 6/27/2012 5:28 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		N	2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C	05/01/2012	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		N	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			N	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			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:	NONE	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet S-2
Part II
Date/Time Prepared:
6/27/2012 5:28 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 Y	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N 22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N 23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N 24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N 25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N 26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N 27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N 28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N 29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N 30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N 31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N 32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y 34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N 35.00
					Y/N Date
					1.00 2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				Y 36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				Y 37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				N 38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				N 39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N 40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet S-2
Part II
Date/Time Prepared:
6/27/2012 5:28 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)	N		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.	Y		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
6/27/2012 5:28 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	80	24,400	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)		80	24,400	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		80	24,400	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		80				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
6/27/2012 5:28 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	0	60	2,096		1.00
2.00 HMO		0	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	0	60	2,096		7.00
8.00 INTENSIVE CARE UNIT	0	0	0	0		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	0		13.00
14.00 Total (see instructions)	0	0	60	2,096		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	0		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
6/27/2012 5:28 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	0	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	173.03	0.00	0	0	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	173.03	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
6/27/2012 5:28 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)	9	280		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	9	280		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 6/27/2012 5:28 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)		0.467109	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		54,941	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		3,755,921	6.00	
7.00	Medicaid cost (line 1 times line 6)		1,754,425	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)		1,699,484	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)		1,699,484	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	4,384,189	0	4,384,189	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,047,894	0	2,047,894	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)	2,047,894	0	2,047,894	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)		0	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		0	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		0	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		0	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		2,047,894	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,747,378	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A

Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		0	0	782,144	782,144	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	466,090	466,090	2.00
3.00 OTHER CAP REL COSTS		1,248,234	1,248,234	-1,248,234	0	3.00
4.00 EMPLOYEE BENEFITS	132,214	4,703,441	4,835,655	0	4,835,655	4.00
5.00 ADMINISTRATIVE & GENERAL	1,451,327	543,609	1,994,936	-83,537	1,911,399	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	246,824	717,577	964,401	0	964,401	7.00
8.00 LAUNDRY & LINEN SERVICE	18,177	1,780	19,957	0	19,957	8.00
9.00 HOUSEKEEPING	236,673	63,359	300,032	33,014	333,046	9.00
10.00 DIETARY	0	714,349	714,349	0	714,349	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	465,020	30,371	495,391	0	495,391	13.00
14.00 CENTRAL SERVICES & SUPPLY	116,528	22,395	138,923	0	138,923	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	180,639	13,722	194,361	0	194,361	16.00
17.00 SOCIAL SERVICE	232,119	6,034	238,153	0	238,153	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,621,623	482,373	2,103,996	0	2,103,996	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - 1RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,054,687	4,346,618	5,401,305	-2,965,963	2,435,342	50.00
51.00 RECOVERY ROOM	439,811	9,416	449,227	0	449,227	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	78,406	1,141,306	1,219,712	0	1,219,712	53.00
54.00 RADIOLOGY-DIAGNOSTIC	423,816	179,532	603,348	0	603,348	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	99,821	99,821	0	99,821	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	164,866	232,845	397,711	0	397,711	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	165,483	9,385	174,868	0	174,868	65.00
66.00 PHYSICAL THERAPY	258,090	5,751	263,841	0	263,841	66.00
67.00 OCCUPATIONAL THERAPY	317,344	11,000	328,344	0	328,344	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	244,860	244,860	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,653,319	2,653,319	72.00
73.00 DRUGS CHARGED TO PATIENTS	184,664	255,860	440,524	0	440,524	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	252,181	17,895	270,076	0	270,076	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
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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	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,040,492	14,856,673	22,897,165	-118,307	22,778,858	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	559,152	1,110,991	1,670,143	0	1,670,143	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	596,057	382,002	978,059	0	978,059	194.00
194.01 PATIENT & FAMILY SUPPORT	29,333	2,045	31,378	0	31,378	194.01
194.02 DONOR DEVELOPMENT	44,215	7,053	51,268	118,307	169,575	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
200.00 TOTAL (SUM OF LINES 118-199)	9,269,249	16,358,764	25,628,013	0	25,628,013	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	782,144	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	466,090	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-8,601	4,827,054	4.00
5.00	ADMINISTRATIVE & GENERAL	2,101,065	4,012,464	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	0	964,401	7.00
8.00	LAUNDRY & LINEN SERVICE	0	19,957	8.00
9.00	HOUSEKEEPING	-101	332,945	9.00
10.00	DIETARY	-124,331	590,018	10.00
11.00	CAFETERIA	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-289	495,102	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	138,923	14.00
15.00	PHARMACY	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	-8,703	185,658	16.00
17.00	SOCIAL SERVICE	-255	237,898	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-1,700,576	403,420	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-1,680,977	754,365	50.00
51.00	RECOVERY ROOM	-5,193	444,034	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	-892,828	326,884	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-291,815	311,533	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	-102,520	-2,699	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-1,043,062	-645,351	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	-10,475	164,393	65.00
66.00	PHYSICAL THERAPY	-12,692	251,149	66.00
67.00	OCCUPATIONAL THERAPY	-31,221	297,123	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-237	244,623	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	2,653,319	72.00
73.00	DRUGS CHARGED TO PATIENTS	-10,578	429,946	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-2,483	267,593	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 263304

Period:
From 03/02/2011
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	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-3,825,872	18,952,986	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	-3,871	1,666,272	191.00
191.01	RESEARCH	0	0	191.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	ORTHOTICS & PROSTHETICS	-55	978,004	194.00
194.01	PATIENT & FAMILY SUPPORT	0	31,378	194.01
194.02	DONOR DEVELOPMENT	-10,950	158,625	194.02
194.03		0	0	194.03
194.04		0	0	194.04
194.05		0	0	194.05
200.00	TOTAL (SUM OF LINES 118-199)	-3,840,748	21,787,265	200.00

RECLASSIFICATIONS

Provider CCN: 263304

Period:
From 03/02/2011
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 - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	512,813	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	305,592	2.00
	TOTALS		0	818,405	
B - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	269,331	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	160,498	2.00
	TOTALS		0	429,829	
C - MEDICAL SUPPLIES					
1.00	MEDI CAL SUPPLIES CHARGED TO PATI ENTS	71.00	0	244,860	1.00
	TOTALS		0	244,860	
D - IMPLANTS & DEVICES					
1.00	IMPL. DEV. CHARGED TO PATI ENTS	72.00	0	2,653,319	1.00
	TOTALS		0	2,653,319	
E - CHIEF OF STAFF					
1.00	ADM NI STRATI VE & GENERAL	5.00	34,770	0	1.00
	TOTALS		34,770	0	
F - PUBLIC RELATIONS					
1.00	DONOR DEVELOPMENT	194.02	82,888	35,419	1.00
	TOTALS		82,888	35,419	
G - ENVI RONMENTAL SERVI CES					
1.00	HOUSEKEEPING	9.00	33,014	0	1.00
	TOTALS		33,014	0	
500.00	Grand Total : Increases		150,672	4,181,832	500.00

Provider CCN: 263304

Period:
From 03/02/2011
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 - DEPRECIATION							
1.00	OTHER CAP REL COSTS	3.00	0	512,813	9		1.00
2.00	OTHER CAP REL COSTS	3.00	0	305,592	9		2.00
	TOTALS		0	818,405			
B - INSURANCE							
1.00	OTHER CAP REL COSTS	3.00	0	269,331	12		1.00
2.00	OTHER CAP REL COSTS	3.00	0	160,498	12		2.00
	TOTALS		0	429,829			
C - MEDICAL SUPPLIES							
1.00	OPERATING ROOM	50.00	0	244,860	0		1.00
	TOTALS		0	244,860			
D - IMPLANTS & DEVICES							
1.00	OPERATING ROOM	50.00	0	2,653,319	0		1.00
	TOTALS		0	2,653,319			
E - CHIEF OF STAFF							
1.00	OPERATING ROOM	50.00	34,770	0	0		1.00
	TOTALS		34,770	0			
F - PUBLIC RELATIONS							
1.00	ADMINISTRATIVE & GENERAL	5.00	82,888	35,419	0		1.00
	TOTALS		82,888	35,419			
G - ENVIRONMENTAL SERVICES							
1.00	OPERATING ROOM	50.00	33,014	0	0		1.00
	TOTALS		33,014	0			
500.00	Grand Total: Decreases		150,672	4,181,832			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	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	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	0	0	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	0	0	0	0	0	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
		PART III - RECONCILIATION OF CAPITAL COSTS CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	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: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0		1.00		
2.00	Land Improvements	0	0		2.00		
3.00	Buildings and Fixtures	0	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	0	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	0	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	0	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	512,813	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	305,592	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	818,405	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	269,331	0	0	782,144	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	160,498	0	0	466,090	2.00
3.00	Total (sum of lines 1-2)	0	429,829	0	0	1,248,234	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,242,338				
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-586	RADIOLOGY-DIAGNOSTIC		54.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,206,266				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	B	-124,331	DIETARY		10.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts	B	-8,691	MEDICAL RECORDS & LIBRARY		16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant					0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00	32.00
33.00 ADMINISTRATION	B	-3,485	ADMINISTRATIVE & GENERAL		5.00	33.00
33.01 RESPIRATORY THERAPY	B	-280	RESPIRATORY THERAPY		65.00	33.01
33.02 PURCHASED SERVICES-RADIOLOGY	A	-17,841	RADIOLOGY-DIAGNOSTIC		54.00	33.02
33.03 PURCHASED SERVICES-MRI	A	-97,308	MAGNETIC RESONANCE IMAGING (MRI)		58.00	33.03
33.04 CAFETERIA-HR	A	-8,601	EMPLOYEE BENEFITS		4.00	33.04
33.05 CAFETERIA-ADMINISTRATION	A	-28,641	ADMINISTRATIVE & GENERAL		5.00	33.05
33.06 CAFETERIA-ENVIRONMENTAL SVCS	A	-101	HOUSEKEEPING		9.00	33.06
33.07 CAFETERIA-NURSING ADMIN	A	-289	NURSING ADMINISTRATION		13.00	33.07
33.08 CAFETERIA-MEDICAL RECORDS	A	-12	MEDICAL RECORDS & LIBRARY		16.00	33.08
33.09 CAFETERIA-OUTPATIENT	A	-255	SOCIAL SERVICE		17.00	33.09
33.10 CAFETERIA-ROUTINE	A	-14,272	ADULTS & PEDIATRICS		30.00	33.10
33.11 CAFETERIA-OPERATING ROOM	A	-433	OPERATING ROOM		50.00	33.11
33.12 CAFETERIA-ANESTHESIA	A	-40	ANESTHESIOLOGY		53.00	33.12
33.13 CAFETERIA-LABORATORY	A	-68	LABORATORY		60.00	33.13
33.14 CAFETERIA-PHYSICAL THERAPY	A	-250	PHYSICAL THERAPY		66.00	33.14
33.15 CAFETERIA-OCCUPATIONAL THERAPY	A	-117	OCCUPATIONAL THERAPY		67.00	33.15
33.16 CAFETERIA-PHARMACY	A	-500	DRUGS CHARGED TO PATIENTS		73.00	33.16
33.17 CAFETERIA-RESEARCH	A	-3,871	RESEARCH		191.00	33.17
33.18 CAFETERIA-ORTHOTICS & PROSTHETICS	A	-55	ORTHOTICS & PROSTHETICS		194.00	33.18
33.19 CAFETERIA-PUBLIC RELATIONS	A	-10,950	DONOR DEVELOPMENT		194.02	33.19
33.20 CAFETERIA-CLINIC	A	-496	CLINIC		90.00	33.20

Provider CCN: 263304
 Period: From 03/02/2011 To 12/31/2011
 Worksheet A-8
 Date/Time Prepared: 6/27/2012 5:28 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
33.21	PURCHASED SERVICES-LABORATORY	A	-37,725	LABORATORY	60.00 33.21
33.22	ADMINISTRATION OTHER INCOME	B	-73,075	ADMINISTRATIVE & GENERAL	5.00 33.22
33.23	RESEARCH	A	-1,176,461	ADULTS & PEDIATRICS	30.00 33.23
33.24	RESEARCH	A	-39,570	OPERATING ROOM	50.00 33.24
33.25	RESEARCH	A	-5,193	RECOVERY ROOM	51.00 33.25
33.26	RESEARCH	A	-2,984	ANESTHESIOLOGY	53.00 33.26
33.27	RESEARCH	A	-107,562	RADIOLOGY-DIAGNOSTIC	54.00 33.27
33.28	RESEARCH	A	-974,590	LABORATORY	60.00 33.28
33.29	RESEARCH	A	-10,195	RESPIRATORY THERAPY	65.00 33.29
33.30	RESEARCH	A	-12,442	PHYSICAL THERAPY	66.00 33.30
33.31	RESEARCH	A	-31,104	OCCUPATIONAL THERAPY	67.00 33.31
33.32	RESEARCH	A	-237	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 33.32
33.33	RESEARCH	A	-10,078	DRUGS CHARGED TO PATIENTS	73.00 33.33
33.34	RESEARCH	A	-1,987	CLINIC	90.00 33.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,840,748		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	ADMINISTRATION	0	33.00
33.01	RESPIRATORY THERAPY	0	33.01
33.02	PURCHASED SERVICES-RADIOLOGY	0	33.02
33.03	PURCHASED SERVICES-MRI	0	33.03
33.04	CAFETERIA-HR	0	33.04
33.05	CAFETERIA-ADMINISTRATION	0	33.05
33.06	CAFETERIA-ENVIRONMENTAL SVCS	0	33.06
33.07	CAFETERIA-NURSING ADMIN	0	33.07
33.08	CAFETERIA-MEDICAL RECORDS	0	33.08
33.09	CAFETERIA-OUTPATIENT	0	33.09
33.10	CAFETERIA-ROUTINE	0	33.10
33.11	CAFETERIA-OPERATING ROOM	0	33.11
33.12	CAFETERIA-ANESTHESIA	0	33.12
33.13	CAFETERIA-LABORATORY	0	33.13
33.14	CAFETERIA-PHYSICAL THERAPY	0	33.14
33.15	CAFETERIA-OCCUPATIONAL THERAPY	0	33.15
33.16	CAFETERIA-PHARMACY	0	33.16
33.17	CAFETERIA-RESEARCH	0	33.17
33.18	CAFETERIA-ORTHOTICS & PROSTHETICS	0	33.18
33.19	CAFETERIA-PUBLIC RELATIONS	0	33.19
33.20	CAFETERIA-CLINIC	0	33.20
33.21	PURCHASED SERVICES-LABORATORY	0	33.21
33.22	ADMINISTRATION OTHER INCOME	0	33.22
33.23	RESEARCH	0	33.23
33.24	RESEARCH	0	33.24
33.25	RESEARCH	0	33.25
33.26	RESEARCH	0	33.26
33.27	RESEARCH	0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.28	RESEARCH	0	33.28
33.29	RESEARCH	0	33.29
33.30	RESEARCH	0	33.30
33.31	RESEARCH	0	33.31
33.32	RESEARCH	0	33.32
33.33	RESEARCH	0	33.33
33.34	RESEARCH	0	33.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-8-1

Date/Time Prepared:
6/27/2012 5:28 pm

	Line No.	Cost Center	Expense Items		
	1.00	2.00	3.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		1.00	CAP REL COSTS-BLDG & FIXT	7000 DEPRECIATION	1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	7000 DEPRECIATION	2.00
3.00		1.00	CAP REL COSTS-BLDG & FIXT	7050 INSURANCE	3.00
4.00		2.00	CAP REL COSTS-MVBLE EQUIP	7050 INSURANCE	4.00
4.01		4.00	EMPLOYEE BENEFITS	69000 ALLOCATION BENEFITS	4.01
4.02		5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

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

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

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

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

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-8-1

Date/Time Prepared:
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	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	512,813	512,813	0	9		1.00
2.00	305,592	305,592	0	9		2.00
3.00	269,331	269,331	0	12		3.00
4.00	160,498	160,498	0	12		4.00
4.01	4,011,634	4,011,634	0	0		4.01
4.02	2,206,266	0	2,206,266	0		4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	7,466,134	5,259,868	2,206,266		5.00

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

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

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

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

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

6.00	SHRI NERS	100.00	HOME OFFICE	6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
6/27/2012 5:28 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	509,843	509,843	1.00
2.00	50.00	OPERATING ROOM	1,646,810	1,636,801	2.00
3.00	53.00	ANESTHESIOLOGY	889,804	889,804	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	165,826	165,826	4.00
5.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,212	5,212	5.00
6.00	60.00	LABORATORY	30,679	30,679	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			3,248,174	3,238,165	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
6/27/2012 5:28 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	10,009	208,000	58	5,800	290	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	10,009		58	5,800	290	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
6/27/2012 5:28 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	5,967	36	0	0	5,836	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	5,967	36	0	0	5,836	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
6/27/2012 5:28 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	509,843	1.00
2.00	4,173	1,640,974	2.00
3.00	0	889,804	3.00
4.00	0	165,826	4.00
5.00	0	5,212	5.00
6.00	0	30,679	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	4,173	3,242,338	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	782,144	782,144				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	466,090		466,090			2.00
4.00 EMPLOYEE BENEFITS	4,827,054	7,289	4,343	4,838,686		4.00
5.00 ADMINISTRATIVE & GENERAL	4,012,464	140,550	83,755	743,096	4,979,865	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	964,401	230,603	137,421	130,710	1,463,135	7.00
8.00 LAUNDRY & LINEN SERVICE	19,957	7,004	4,174	9,626	40,761	8.00
9.00 HOUSEKEEPING	332,945	5,374	3,203	142,818	484,340	9.00
10.00 DIETARY	590,018	37,722	22,479	0	650,219	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	495,102	8,206	4,890	246,260	754,458	13.00
14.00 CENTRAL SERVICES & SUPPLY	138,923	10,999	6,554	61,710	218,186	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	185,658	16,293	9,709	95,661	307,321	16.00
17.00 SOCIAL SERVICE	237,898	4,160	2,479	122,923	367,460	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	403,420	83,551	49,789	858,757	1,395,517	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	754,365	32,420	19,319	522,633	1,328,737	50.00
51.00 RECOVERY ROOM	444,034	3,031	1,806	232,910	681,781	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	326,884	637	379	41,521	369,421	53.00
54.00 RADIOLOGY-DIAGNOSTIC	311,533	16,963	10,109	224,440	563,045	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	-2,699	0	0	0	-2,699	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	-645,351	4,245	2,530	87,308	-551,268	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	164,393	849	506	87,635	253,383	65.00
66.00 PHYSICAL THERAPY	251,149	13,729	8,181	136,676	409,735	66.00
67.00 OCCUPATIONAL THERAPY	297,123	32,105	19,132	168,056	516,416	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	244,623	0	0	0	244,623	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	2,653,319	0	0	0	2,653,319	72.00
73.00 DRUGS CHARGED TO PATIENTS	429,946	2,653	1,581	97,792	531,972	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	267,593	45,609	27,179	133,547	473,928	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1.00	2.00	4.00	4A	0
92.00 OTHER REIMBURSABLE COST CENTERS						92.00
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	18,952,986	703,992	419,518	4,144,079	18,133,655	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	1,666,272	22,966	13,686	296,110	1,999,034	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	978,004	31,439	18,735	315,653	1,343,831	194.00
194.01 PATIENT & FAMILY SUPPORT	31,378	22,202	13,230	15,534	82,344	194.01
194.02 DONOR DEVELOPMENT	158,625	1,545	921	67,310	228,401	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
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)	21,787,265	782,144	466,090	4,838,686	21,787,265	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263304

Period:
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	4,979,865					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	419,680	0	1,882,815			7.00
8.00	LAUNDRY & LINEN SERVICE	11,692	0	32,667	85,120		8.00
9.00	HOUSEKEEPING	138,926	0	25,065	5,540	653,871	9.00
10.00	DIETARY	186,506	0	175,929	5,294	63,030	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	216,406	0	38,270	0	13,711	13.00
14.00	CENTRAL SERVICES & SUPPLY	62,584	0	51,298	7,695	18,378	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	88,151	0	75,987	0	27,224	16.00
17.00	SOCIAL SERVICE	105,401	0	19,403	0	6,951	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	400,285	0	389,673	30,203	139,609	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	381,130	0	151,201	13,862	54,171	50.00
51.00	RECOVERY ROOM	195,559	0	14,136	0	5,065	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	105,963	0	2,970	0	1,064	53.00
54.00	RADIOLOGY-DIAGNOSTIC	161,502	0	79,115	1,154	28,344	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	19,798	0	7,093	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	72,679	0	3,960	0	1,419	65.00
66.00	PHYSICAL THERAPY	117,527	0	64,028	3,944	22,939	66.00
67.00	OCCUPATIONAL THERAPY	148,127	0	149,736	257	53,646	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	70,167	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	761,064	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	152,589	0	12,374	0	4,433	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	135,940	0	212,715	4,265	76,209	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263304

Period:
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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,931,878	0	1,518,325	72,214	523,286	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	573,395	0	107,110	8,355	38,374	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	385,459	0	146,627	0	52,532	194.00
194.01 PATIENT & FAMILY SUPPORT	23,619	0	103,546	4,551	37,097	194.01
194.02 DONOR DEVELOPMENT	65,514	0	7,207	0	2,582	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,979,865	0	1,882,815	85,120	653,871	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263304

Period:
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,080,978					10.00
11.00 CAFETERIA	967,290	967,290				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	52,423	0	1,075,268		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	26,813	0	0	384,954	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	40,060	0	0	0	16.00
17.00 SOCIAL SERVICE	0	39,899	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	91,612	204,152	0	501,358	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	85,418	0	209,770	0	50.00
51.00 RECOVERY ROOM	0	56,758	0	139,387	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	6,904	0	16,955	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	53,306	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	20,792	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	1,686	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	26,894	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	37,651	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	47,766	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	30,796	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	354,158	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	18,223	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	34,279	0	84,184	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,058,902	753,024	0	951,654	384,954	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	110,706	0	123,614	0	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	0	89,913	0	0	0	194.00
194.01 PATIENT & FAMILY SUPPORT	22,076	7,225	0	0	0	194.01
194.02 DONOR DEVELOPMENT	0	6,422	0	0	0	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,080,978	967,290	0	1,075,268	384,954	202.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	0					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	538,743				16.00
17.00 SOCIAL SERVICE	0	0	539,114			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	70,504	539,114	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	153,317	0	0	0	50.00
51.00 RECOVERY ROOM	0	24,783	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	53,946	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	32,127	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	83	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	2,812	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	9,986	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	20,588	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	9,740	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,056	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	119,223	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	9,537	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	21,041	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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	15.00	16.00	17.00	18.00	19.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	538,743	539,114	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	0	0	0	0	0	194.00
194.01 PATIENT & FAMILY SUPPORT	0	0	0	0	0	194.01
194.02 DONOR DEVELOPMENT	0	0	0	0	0	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
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)	0	538,743	539,114	0	0	202.00

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
20.00	21.00	22.00	23.00	24.00		
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00	0					20.00
21.00	0	0				21.00
22.00	0	0	0			22.00
23.00	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0	0	0	0	3,762,027	30.00
31.00	0	0	0	0	0	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	0	0	0	0	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	0	0	0	0	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	0	0	0	2,377,606	50.00
51.00	0	0	0	0	1,117,469	51.00
52.00	0	0	0	0	0	52.00
53.00	0	0	0	0	557,223	53.00
54.00	0	0	0	0	918,593	54.00
55.00	0	0	0	0	0	55.00
56.00	0	0	0	0	0	56.00
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	-2,616	58.00
59.00	0	0	0	0	0	59.00
60.00	0	0	0	0	-500,773	60.00
60.01	0	0	0	0	0	60.01
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	1,686	63.00
64.00	0	0	0	0	0	64.00
65.00	0	0	0	0	368,321	65.00
66.00	0	0	0	0	676,412	66.00
67.00	0	0	0	0	925,688	67.00
68.00	0	0	0	0	0	68.00
69.00	0	0	0	0	0	69.00
70.00	0	0	0	0	0	70.00
71.00	0	0	0	0	356,642	71.00
72.00	0	0	0	0	3,887,764	72.00
73.00	0	0	0	0	729,128	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	0	0	0	1,042,561	90.00
91.00	0	0	0	0	0	91.00
92.00	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	0	0	0	0	0	94.00

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	16,217,731	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	2,960,588	191.00
191.01	RESEARCH	0	0	0	0	191.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	ORTHOTICS & PROSTHETICS	0	0	0	2,018,362	194.00
194.01	PATIENT & FAMILY SUPPORT	0	0	0	280,458	194.01
194.02	DONOR DEVELOPMENT	0	0	0	310,126	194.02
194.03		0	0	0	0	194.03
194.04		0	0	0	0	194.04
194.05		0	0	0	0	194.05
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)	0	0	0	21,787,265	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	3,762,027	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	2,377,606	50.00
51.00	RECOVERY ROOM	0	1,117,469	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	557,223	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	918,593	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	-2,616	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	-500,773	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,686	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	368,321	65.00
66.00	PHYSICAL THERAPY	0	676,412	66.00
67.00	OCCUPATIONAL THERAPY	0	925,688	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	356,642	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	3,887,764	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	729,128	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	1,042,561	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	16,217,731	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	2,960,588	191.00
191.01	RESEARCH	0	0	191.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	ORTHOTICS & PROSTHETICS	0	2,018,362	194.00
194.01	PATIENT & FAMILY SUPPORT	0	280,458	194.01
194.02	DONOR DEVELOPMENT	0	310,126	194.02
194.03		0	0	194.03
194.04		0	0	194.04
194.05		0	0	194.05
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	21,787,265	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	EMPLOYEE BENEFITS	0	7,289	4,343	11,632	11,632	4.00
5.00	ADMINISTRATIVE & GENERAL	0	140,550	83,755	224,305	1,786	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	230,603	137,421	368,024	314	7.00
8.00	LAUNDRY & LINEN SERVICE	0	7,004	4,174	11,178	23	8.00
9.00	HOUSEKEEPING	0	5,374	3,203	8,577	343	9.00
10.00	DIETARY	0	37,722	22,479	60,201	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	8,206	4,890	13,096	592	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	10,999	6,554	17,553	148	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	16,293	9,709	26,002	230	16.00
17.00	SOCIAL SERVICE	0	4,160	2,479	6,639	295	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	83,551	49,789	133,340	2,065	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	32,420	19,319	51,739	1,256	50.00
51.00	RECOVERY ROOM	0	3,031	1,806	4,837	560	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	637	379	1,016	100	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	16,963	10,109	27,072	540	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	4,245	2,530	6,775	210	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	849	506	1,355	211	65.00
66.00	PHYSICAL THERAPY	0	13,729	8,181	21,910	329	66.00
67.00	OCCUPATIONAL THERAPY	0	32,105	19,132	51,237	404	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,653	1,581	4,234	235	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	45,609	27,179	72,788	321	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	703,992	419,518	1,123,510	9,962	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	22,966	13,686	36,652	712	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	0	31,439	18,735	50,174	759	194.00
194.01 PATIENT & FAMILY SUPPORT	0	22,202	13,230	35,432	37	194.01
194.02 DONOR DEVELOPMENT	0	1,545	921	2,466	162	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	782,144	466,090	1,248,234	11,632	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	226,091					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	19,054	0	387,392			7.00
8.00	LAUNDRY & LINEN SERVICE	531	0	6,721	18,453		8.00
9.00	HOUSEKEEPING	6,308	0	5,157	1,201	21,586	9.00
10.00	DIETARY	8,468	0	36,198	1,148	2,081	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	9,825	0	7,874	0	453	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,841	0	10,555	1,668	607	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,002	0	15,634	0	899	16.00
17.00	SOCIAL SERVICE	4,785	0	3,992	0	229	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	18,174	0	80,175	6,547	4,609	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	17,304	0	31,110	3,005	1,788	50.00
51.00	RECOVERY ROOM	8,879	0	2,909	0	167	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	4,811	0	611	0	35	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,333	0	16,278	250	936	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	4,074	0	234	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	3,300	0	815	0	47	65.00
66.00	PHYSICAL THERAPY	5,336	0	13,174	855	757	66.00
67.00	OCCUPATIONAL THERAPY	6,725	0	30,808	56	1,771	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,186	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	34,549	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,928	0	2,546	0	146	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	6,172	0	43,766	925	2,516	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	178,511	0	312,397	15,655	17,275	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	26,033	0	22,038	1,811	1,267	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	17,501	0	30,169	0	1,734	194.00
194.01 PATIENT & FAMILY SUPPORT	1,072	0	21,305	987	1,225	194.01
194.02 DONOR DEVELOPMENT	2,974	0	1,483	0	85	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
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)	226,091	0	387,392	18,453	21,586	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263304		Period: From 03/02/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 6/27/2012 5:28 pm	
Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
	10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS							
1.00							1.00
2.00							2.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00							7.00
8.00							8.00
9.00							9.00
10.00	108,096						10.00
11.00	96,727	96,727					11.00
12.00	0	0	0				12.00
13.00	0	5,242	0	37,082			13.00
14.00	0	2,681	0	0	36,053		14.00
15.00	0	0	0	0	0		15.00
16.00	0	4,006	0	0	0		16.00
17.00	0	3,990	0	0	0		17.00
18.00	0	0	0	0	0		18.00
19.00	0	0	0	0	0		19.00
20.00	0	0	0	0	0		20.00
21.00	0	0	0	0	0		21.00
22.00	0	0	0	0	0		22.00
23.00	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	9,161	20,415	0	17,290	0		30.00
31.00	0	0	0	0	0		31.00
32.00	0	0	0	0	0		32.00
33.00	0	0	0	0	0		33.00
34.00	0	0	0	0	0		34.00
40.00	0	0	0	0	0		40.00
41.00	0	0	0	0	0		41.00
42.00	0	0	0	0	0		42.00
43.00	0	0	0	0	0		43.00
44.00	0	0	0	0	0		44.00
45.00	0	0	0	0	0		45.00
46.00	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	0	8,542	0	7,234	0		50.00
51.00	0	5,676	0	4,807	0		51.00
52.00	0	0	0	0	0		52.00
53.00	0	690	0	585	0		53.00
54.00	0	5,330	0	0	0		54.00
55.00	0	0	0	0	0		55.00
56.00	0	0	0	0	0		56.00
57.00	0	0	0	0	0		57.00
58.00	0	0	0	0	0		58.00
59.00	0	0	0	0	0		59.00
60.00	0	2,079	0	0	0		60.00
60.01	0	0	0	0	0		60.01
61.00	0	0	0	0	0		61.00
62.00	0	0	0	0	0		62.00
63.00	0	169	0	0	0		63.00
64.00	0	0	0	0	0		64.00
65.00	0	2,689	0	0	0		65.00
66.00	0	3,765	0	0	0		66.00
67.00	0	4,777	0	0	0		67.00
68.00	0	0	0	0	0		68.00
69.00	0	0	0	0	0		69.00
70.00	0	0	0	0	0		70.00
71.00	0	0	0	0	2,884		71.00
72.00	0	0	0	0	33,169		72.00
73.00	0	1,822	0	0	0		73.00
74.00	0	0	0	0	0		74.00
75.00	0	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	0	0	0	0	0		88.00
89.00	0	0	0	0	0		89.00
90.00	0	3,428	0	2,903	0		90.00
91.00	0	0	0	0	0		91.00
92.00	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	0	0	0	0	0		94.00
95.00	0	0	0	0	0		95.00

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	105,888	75,301	0	32,819	36,053	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	11,070	0	4,263	0	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	0	8,991	0	0	0	194.00
194.01 PATIENT & FAMILY SUPPORT	2,208	723	0	0	0	194.01
194.02 DONOR DEVELOPMENT	0	642	0	0	0	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
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)	108,096	96,727	0	37,082	36,053	202.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	0					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	50,773				16.00
17.00 SOCIAL SERVICE	0	0	19,930			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	6,643	19,930	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - 1RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	14,457	0	0	0	50.00
51.00 RECOVERY ROOM	0	2,335	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	5,083	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,027	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	8	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	265	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	941	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	1,940	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	918	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,042	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	11,233	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	899	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	1,982	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	50,773	19,930	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0		191.00
191.01 RESEARCH	0	0	0	0		191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0		193.00
194.00 ORTHOTICS & PROSTHETICS	0	0	0	0		194.00
194.01 PATIENT & FAMILY SUPPORT	0	0	0	0		194.01
194.02 DONOR DEVELOPMENT	0	0	0	0		194.02
194.03	0	0	0	0		194.03
194.04	0	0	0	0		194.04
194.05	0	0	0	0		194.05
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	50,773	19,930	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
20.00	21.00	22.00	23.00	24.00		
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00	0					20.00
21.00		0				21.00
22.00			0			22.00
23.00				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00					318,349	30.00
31.00					0	31.00
32.00					0	32.00
33.00					0	33.00
34.00					0	34.00
40.00					0	40.00
41.00					0	41.00
42.00					0	42.00
43.00					0	43.00
44.00					0	44.00
45.00					0	45.00
46.00					0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00					136,435	50.00
51.00					30,170	51.00
52.00					0	52.00
53.00					12,931	53.00
54.00					60,766	54.00
55.00					0	55.00
56.00					0	56.00
57.00					0	57.00
58.00					8	58.00
59.00					0	59.00
60.00					13,637	60.00
60.01					0	60.01
61.00					0	61.00
62.00					0	62.00
63.00					169	63.00
64.00					0	64.00
65.00					9,358	65.00
66.00					48,066	66.00
67.00					96,696	67.00
68.00					0	68.00
69.00					0	69.00
70.00					0	70.00
71.00					7,112	71.00
72.00					78,951	72.00
73.00					16,810	73.00
74.00					0	74.00
75.00					0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00					0	88.00
89.00					0	89.00
90.00					134,801	90.00
91.00					0	91.00
92.00					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00					0	94.00

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Cost Center Description	INTERNS & RESIDENTS				PARAMED ED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
	20.00	21.00	22.00	23.00	24.00		
95.00	AMBULANCE SERVICES					0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00	CMHC					0	99.00
99.10	CORF					0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION					0	105.00
106.00	HEART ACQUISITION					0	106.00
107.00	LIVER ACQUISITION					0	107.00
108.00	LUNG ACQUISITION					0	108.00
109.00	PANCREAS ACQUISITION					0	109.00
110.00	INTESTINAL ACQUISITION					0	110.00
111.00	ISLET ACQUISITION					0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	HOSPICE					0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	964,259	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00
191.00	RESEARCH					103,846	191.00
191.01	RESEARCH					0	191.01
192.00	PHYSICIANS' PRIVATE OFFICES					0	192.00
193.00	NONPAID WORKERS					0	193.00
194.00	ORTHOTICS & PROSTHETICS					109,328	194.00
194.01	PATIENT & FAMILY SUPPORT					62,989	194.01
194.02	DONOR DEVELOPMENT					7,812	194.02
194.03						0	194.03
194.04						0	194.04
194.05						0	194.05
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	0	1,248,234	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	318,349	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	136,435	50.00
51.00	RECOVERY ROOM	0	30,170	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	12,931	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	60,766	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	8	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	13,637	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	169	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	9,358	65.00
66.00	PHYSICAL THERAPY	0	48,066	66.00
67.00	OCCUPATIONAL THERAPY	0	96,696	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,112	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	78,951	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	16,810	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	134,801	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	964,259	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	103,846	191.00
191.01	RESEARCH	0	0	191.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	ORTHOTICS & PROSTHETICS	0	109,328	194.00
194.01	PATIENT & FAMILY SUPPORT	0	62,989	194.01
194.02	DONOR DEVELOPMENT	0	7,812	194.02
194.03		0	0	194.03
194.04		0	0	194.04
194.05		0	0	194.05
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,248,234	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	184,248				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		184,248			2.00
4.00	EMPLOYEE BENEFITS	1,717	1,717	9,137,035		4.00
5.00	ADMINISTRATIVE & GENERAL	33,109	33,109	1,403,209	-4,979,865	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	OPERATION OF PLANT	54,323	54,323	246,824	0	7.00
8.00	LAUNDRY & LINEN SERVICE	1,650	1,650	18,177	0	8.00
9.00	HOUSEKEEPING	1,266	1,266	269,687	0	9.00
10.00	DIETARY	8,886	8,886	0	0	10.00
11.00	CAFETERIA	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,933	1,933	465,020	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,591	2,591	116,528	0	14.00
15.00	PHARMACY	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,838	3,838	180,639	0	16.00
17.00	SOCIAL SERVICE	980	980	232,119	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	19,682	19,682	1,621,623	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	7,637	7,637	986,903	0	50.00
51.00	RECOVERY ROOM	714	714	439,811	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	150	150	78,406	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,996	3,996	423,816	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,699	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	1,000	1,000	164,866	551,268	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	200	200	165,483	0	65.00
66.00	PHYSICAL THERAPY	3,234	3,234	258,090	0	66.00
67.00	OCCUPATIONAL THERAPY	7,563	7,563	317,344	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	625	625	184,664	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	10,744	10,744	252,181	0	90.00
91.00	EMERGENCY	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	165,838	165,838	7,825,390	-4,425,898	13,707,757	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	5,410	5,410	559,152	0	1,999,034	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	7,406	7,406	596,057	0	1,343,831	194.00
194.01 PATIENT & FAMILY SUPPORT	5,230	5,230	29,333	0	82,344	194.01
194.02 DONOR DEVELOPMENT	364	364	127,103	0	228,401	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
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)	782,144	466,090	4,838,686		4,979,865	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.245061	2.529688	0.529569		0.286836	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			11,632		226,091	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001273		0.013023	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	149,422					6.00
7.00 OPERATION OF PLANT	54,323	95,099				7.00
8.00 LAUNDRY & LINEN SERVICE	1,650	1,650	113,416			8.00
9.00 HOUSEKEEPING	1,266	1,266	7,381	92,183		9.00
10.00 DIETARY	8,886	8,886	7,054	8,886	77,806	10.00
11.00 CAFETERIA	0	0	0	0	69,623	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,933	1,933	0	1,933	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,591	2,591	10,253	2,591	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,838	3,838	0	3,838	0	16.00
17.00 SOCIAL SERVICE	980	980	0	980	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,682	19,682	40,243	19,682	6,594	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	7,637	7,637	18,470	7,637	0	50.00
51.00 RECOVERY ROOM	714	714	0	714	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	150	150	0	150	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,996	3,996	1,537	3,996	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,000	1,000	0	1,000	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	200	200	0	200	0	65.00
66.00 PHYSICAL THERAPY	3,234	3,234	5,255	3,234	0	66.00
67.00 OCCUPATIONAL THERAPY	7,563	7,563	343	7,563	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	625	625	0	625	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	10,744	10,744	5,683	10,744	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	131,012	76,689	96,219	73,773	76,217	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	5,410	5,410	11,133	5,410	0	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	7,406	7,406	0	7,406	0	194.00
194.01 PATIENT & FAMILY SUPPORT	5,230	5,230	6,064	5,230	1,589	194.01
194.02 DONOR DEVELOPMENT	364	364	0	364	0	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	1,882,815	85,120	653,871	1,080,978	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	19.798473	0.750511	7.093184	13.893247	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	387,392	18,453	21,586	108,096	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	4.073565	0.162702	0.234165	1.389302	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (ASSIGNED TIME)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	12,049					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	653	0	5,454			13.00
14.00 CENTRAL SERVICES & SUPPLY	334	0	0	100		14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	499	0	0	0	0	16.00
17.00 SOCIAL SERVICE	497	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,543	0	2,543	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - 1RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,064	0	1,064	0	0	50.00
51.00 RECOVERY ROOM	707	0	707	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	86	0	86	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	664	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	259	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	21	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	335	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	469	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	595	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	92	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	227	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	427	0	427	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (ASSIGNED TIME)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,380	0	4,827	100	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	1,379	0	627	0	0	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	1,120	0	0	0	0	194.00
194.01 PATIENT & FAMILY SUPPORT	90	0	0	0	0	194.01
194.02 DONOR DEVELOPMENT	80	0	0	0	0	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
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)	967,290	0	1,075,268	384,954	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	80.279691	0.000000	197.152182	3,849.540000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	96,727	0	37,082	36,053	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	8.027803	0.000000	6.799047	360.530000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (FTES)	NURSING SCHOOL (NURSING FTES)	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	35,797,054					16.00
17.00 SOCIAL SERVICE	0	2,096				17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	10,066		19.00
20.00 NURSING SCHOOL	0	0	0	0	5,454	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	4,684,619	2,096	0	0	2,543	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	10,187,375	0	0	1,064	1,064	50.00
51.00 RECOVERY ROOM	1,646,684	0	0	707	707	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	3,584,452	0	0	86	86	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,134,684	0	0	664	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	5,539	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	186,818	0	0	259	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	21	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	663,533	0	0	335	0	65.00
66.00 PHYSICAL THERAPY	1,367,942	0	0	469	0	66.00
67.00 OCCUPATIONAL THERAPY	647,206	0	0	595	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	734,598	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	7,921,806	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	633,714	0	0	227	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,398,084	0	0	427	427	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (FTES)	NURSING SCHOOL (NURSING FTES)	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	16.00	17.00	18.00	19.00	20.00	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	35,797,054	2,096	0	7,397	4,827	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	1,379	627	191.00
191.01 RESEARCH	0	0	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	0	0	0	1,120	0	194.00
194.01 PATIENT & FAMILY SUPPORT	0	0	0	90	0	194.01
194.02 DONOR DEVELOPMENT	0	0	0	80	0	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
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)	538,743	539,114	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.015050	257.210878	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	50,773	19,930	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.001418	9.508588	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.00	ADMINISTRATIVE & GENERAL				5.00
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	100			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		100		22.00
23.00	PARAMED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	56.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8	8	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	92	92	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	0	0	90.00
91.00	EMERGENCY	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	21.00	22.00		
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00 CMHC	0	0	0	99.00
99.10 CORF	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00 KIDNEY ACQUISITION	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	111.00
113.00 INTEREST EXPENSE				113.00
114.00 UTILIZATION REVIEW-SNF				114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00 HOSPICE	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	100	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00 RESEARCH	0	0	0	191.00
191.01 RESEARCH	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	193.00
194.00 ORTHOTICS & PROSTHETICS	0	0	0	194.00
194.01 PATIENT & FAMILY SUPPORT	0	0	0	194.01
194.02 DONOR DEVELOPMENT	0	0	0	194.02
194.03	0	0	0	194.03
194.04	0	0	0	194.04
194.05	0	0	0	194.05
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
6/27/2012 5:28 pm

		Title XVIII		Hospital		Tefra	
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		3,762,027	0	0	30.00	
31.00	INTENSIVE CARE UNIT		0	0	0	31.00	
32.00	CORONARY CARE UNIT		0	0	0	32.00	
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	SUBPROVIDER - 1PF		0	0	0	40.00	
41.00	SUBPROVIDER - 1RF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		0	0	0	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
46.00	OTHER LONG TERM CARE		0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		2,377,606	0	0	50.00	
51.00	RECOVERY ROOM		1,117,469	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00	
53.00	ANESTHESIOLOGY		557,223	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		918,593	0	0	54.00	
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	RADIOISOTOPE		0	0	0	56.00	
57.00	CT SCAN		0	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		0	0	0	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		1,686	0	0	63.00	
64.00	INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	368,321	0	0	65.00	
66.00	PHYSICAL THERAPY	0	676,412	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	925,688	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	ELECTROCARDIOLOGY		0	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		356,642	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		3,887,764	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		729,128	0	0	73.00	
74.00	RENAL DIALYSIS		0	0	0	74.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		1,042,561	0	0	90.00	
91.00	EMERGENCY		0	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00	
95.00	AMBULANCE SERVICES		0	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00	
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00	
99.00	CMHC		0	0	0	99.00	
99.10	CORF		0	0	0	99.10	
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	
101.00	HOME HEALTH AGENCY		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION		0	0	0	105.00	
106.00	HEART ACQUISITION		0	0	0	106.00	
107.00	LIVER ACQUISITION		0	0	0	107.00	
108.00	LUNG ACQUISITION		0	0	0	108.00	
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	ISLET ACQUISITION		0	0	0	111.00	
113.00	INTEREST EXPENSE					113.00	
114.00	UTILIZATION REVIEW-SNF					114.00	
115.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00	
116.00	HOSPICE		0	0	0	116.00	
200.00	Subtotal (see instructions)		16,721,120	0	0	200.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	
201.00 Less Observation Beds	0		0		0	201.00
202.00 Total (see instructions)	16,721,120	0	16,721,120	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
6/27/2012 5:28 pm

		Title XVIII			Hospital	Tefra	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,652,176		4,652,176			30.00
31.00	INTENSIVE CARE UNIT	0		0			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - 1 PF	0		0			40.00
41.00	SUBPROVIDER - 1RF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	0		0			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	5,254,351	4,933,024	10,187,375	0.233388	0.233388	50.00
51.00	RECOVERY ROOM	709,799	936,885	1,646,684	0.678618	0.678618	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	1,693,232	1,891,220	3,584,452	0.155456	0.155456	53.00
54.00	RADIOLOGY-DIAGNOSTIC	230,539	1,904,145	2,134,684	0.430318	0.430318	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,539	0	5,539	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	131,404	55,414	186,818	0.000000	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	565,365	98,168	663,533	0.555091	0.555091	65.00
66.00	PHYSICAL THERAPY	481,494	886,448	1,367,942	0.494474	0.494474	66.00
67.00	OCCUPATIONAL THERAPY	101,338	545,868	647,206	1.430283	1.430283	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	581,162	153,436	734,598	0.485493	0.485493	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	7,623,952	297,854	7,921,806	0.490767	0.490767	72.00
73.00	DRUGS CHARGED TO PATIENTS	220,666	413,048	633,714	1.150563	1.150563	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	1,398,084	1,398,084	0.745707	0.745707	90.00
91.00	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	32,443	32,443	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE	0	0	0			113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	22,251,017	13,546,037	35,797,054			200.00
201.00	Less Observation Beds						201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/27/2012 5:28 pm	
			Title XVIII	Hospital	Tefra	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
202.00 Total (see instructions)	22,251,017	13,546,037	35,797,054	9.00	10.00	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital	Tefra
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
46.00	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
6/27/2012 5:28 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	3,762,027		3,762,027	0	0	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	0		0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,377,606		2,377,606	0	0	50.00
51.00	RECOVERY ROOM	1,117,469		1,117,469	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	ANESTHESIOLOGY	557,223		557,223	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	918,593		918,593	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	RADIOISOTOPE	0		0	0	0	56.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	LABORATORY	0		0	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,686		1,686	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	368,321	0	368,321	0	0	65.00
66.00	PHYSICAL THERAPY	676,412	0	676,412	0	0	66.00
67.00	OCCUPATIONAL THERAPY	925,688	0	925,688	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0		0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	356,642		356,642	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	3,887,764		3,887,764	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	729,128		729,128	0	0	73.00
74.00	RENAL DIALYSIS	0		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	1,042,561		1,042,561	0	0	90.00
91.00	EMERGENCY	0		0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0	0	0	99.00
99.10	CORF	0		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0		0		0	105.00
106.00	HEART ACQUISITION	0		0		0	106.00
107.00	LIVER ACQUISITION	0		0		0	107.00
108.00	LUNG ACQUISITION	0		0		0	108.00
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	16,721,120	0	16,721,120	0	0	200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	
201.00 Less Observation Beds	0		0		0	201.00
202.00 Total (see instructions)	16,721,120	0	16,721,120	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
6/27/2012 5:28 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,652,176		4,652,176			30.00
31.00	INTENSIVE CARE UNIT	0		0			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - I PF	0		0			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	0		0			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	5,254,351	4,933,024	10,187,375	0.233388	0.000000	50.00
51.00	RECOVERY ROOM	709,799	936,885	1,646,684	0.678618	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	1,693,232	1,891,220	3,584,452	0.155456	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	230,539	1,904,145	2,134,684	0.430318	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,539	0	5,539	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	131,404	55,414	186,818	0.000000	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	565,365	98,168	663,533	0.555091	0.000000	65.00
66.00	PHYSICAL THERAPY	481,494	886,448	1,367,942	0.494474	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	101,338	545,868	647,206	1.430283	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	581,162	153,436	734,598	0.485493	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	7,623,952	297,854	7,921,806	0.490767	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	220,666	413,048	633,714	1.150563	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	0	1,398,084	1,398,084	0.745707	0.000000	90.00
91.00	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	32,443	32,443	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	CORF	0	0	0	0.000000	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE	0	0	0			113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	22,251,017	13,546,037	35,797,054			200.00
201.00	Less Observation Beds						201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/27/2012 5:28 pm
			Title XIX	Hospital	Cost
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
202.00 Total (see instructions)	22,251,017	13,546,037	35,797,054		

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/27/2012 5:28 pm
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
46.00	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 263304		Period: From 03/02/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 6/27/2012 5:28 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)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	318,349	0	318,349	2,096	151.88	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	318,349		318,349	2,096		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 6/27/2012 5:28 pm
		Title XVIII	Hospital	Tefra

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet D
Part II
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Title XVIII			Hospital	Tefra	
		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	136,435	10,187,375	0.013393	0	0	50.00
51.00	RECOVERY ROOM	30,170	1,646,684	0.018322	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	12,931	3,584,452	0.003608	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	60,766	2,134,684	0.028466	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	8	5,539	0.001444	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	13,637	186,818	0.072996	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	169	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	9,358	663,533	0.014103	0	0	65.00
66.00	PHYSICAL THERAPY	48,066	1,367,942	0.035137	0	0	66.00
67.00	OCCUPATIONAL THERAPY	96,696	647,206	0.149405	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,112	734,598	0.009681	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	78,951	7,921,806	0.009966	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,810	633,714	0.026526	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	134,801	1,398,084	0.096418	0	0	90.00
91.00	EMERGENCY	0	0	0.000000	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	32,443	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	645,910	31,144,878		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 263304		Period: From 03/02/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 6/27/2012 5:28 pm	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	Tefra Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 6/27/2012 5:28 pm
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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)	Title XVIII	
					Hospital	Tefra
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,096	0.00	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0.00	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	0	0.00	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	45.00
200.00 Total (lines 30-199)	2,096		0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 6/27/2012 5:28 pm
Title XVIII		Hospital	Tefra

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/27/2012 5:28 pm
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Cost Center Description	Title XVIII				Hospital	Tefra	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
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
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY								61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES								95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet D
Part IV
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Title XVIII			Hospital		Tefra	
		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	10,187,375	0.000000	0.000000	0	50.00	
51.00	RECOVERY ROOM	0	1,646,684	0.000000	0.000000	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00	
53.00	ANESTHESIOLOGY	0	3,584,452	0.000000	0.000000	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	2,134,684	0.000000	0.000000	0	54.00	
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00	
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00	
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,539	0.000000	0.000000	0	58.00	
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00	
60.00	LABORATORY	0	186,818	0.000000	0.000000	0	60.00	
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00	
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00	
65.00	RESPIRATORY THERAPY	0	663,533	0.000000	0.000000	0	65.00	
66.00	PHYSICAL THERAPY	0	1,367,942	0.000000	0.000000	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	647,206	0.000000	0.000000	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00	
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	734,598	0.000000	0.000000	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	7,921,806	0.000000	0.000000	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	633,714	0.000000	0.000000	0	73.00	
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00	
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00	
90.00	CLINIC	0	1,398,084	0.000000	0.000000	0	90.00	
91.00	EMERGENCY	0	0	0.000000	0.000000	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	32,443	0.000000	0.000000	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00	
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00	
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00	
200.00	Total (lines 50-199)	0	31,144,878			0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet D
Part IV
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Title XVIII			Hospital	Tefra		
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet D
Part IV
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/27/2012 5:28 pm
		Title XVIII	Hospital	Tefra

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.233388	0	0	0	50.00
51.00	RECOVERY ROOM	0.678618	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.155456	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.430318	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.000000	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.555091	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.494474	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	1.430283	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.485493	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.490767	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1.150563	0	0	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.745707	0	0	0	90.00
91.00	EMERGENCY	0.000000	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/27/2012 5:28 pm
		Title XVIII	Hospital	Tefra

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	0	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet D
Part I
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Title XIX			Hospital	Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	318,349	0	318,349	2,096	151.88	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	318,349		318,349	2,096		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 6/27/2012 5:28 pm
		Title XIX	Hospital	Cost

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	60	9,113		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	60	9,113		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet D
Part II
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Title XIX			Hospital	Cost	
		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	136,435	10,187,375	0.013393	88,489	1,185	50.00
51.00	RECOVERY ROOM	30,170	1,646,684	0.018322	11,913	218	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	12,931	3,584,452	0.003608	29,214	105	53.00
54.00	RADIOLOGY-DIAGNOSTIC	60,766	2,134,684	0.028466	4,231	120	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	8	5,539	0.001444	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	13,637	186,818	0.072996	1,508	110	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	169	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	9,358	663,533	0.014103	16,892	238	65.00
66.00	PHYSICAL THERAPY	48,066	1,367,942	0.035137	7,992	281	66.00
67.00	OCCUPATIONAL THERAPY	96,696	647,206	0.149405	1,397	209	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,112	734,598	0.009681	14,956	145	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	78,951	7,921,806	0.009966	74,798	745	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,810	633,714	0.026526	8,520	226	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	134,801	1,398,084	0.096418	0	0	90.00
91.00	EMERGENCY	0	0	0.000000	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	32,443	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	645,910	31,144,878		259,910	3,582	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 263304		Period: From 03/02/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 6/27/2012 5:28 pm		
Cost Center Description		Title XIX			Hospital		Cost	
		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	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 6/27/2012 5:28 pm
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Cost Center Description	Title XIX					Hospital		Cost
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
	6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 ADULTS & PEDIATRICS	2,096	0.00	60	0	0	0	30.00	
31.00 INTENSIVE CARE UNIT	0	0.00	0	0	0	0	31.00	
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	0	32.00	
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	0	33.00	
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	0	34.00	
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00	
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	0	41.00	
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00	
43.00 NURSERY	0	0.00	0	0	0	0	43.00	
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	0	44.00	
45.00 NURSING FACILITY	0	0.00	0	0	0	0	45.00	
200.00 Total (lines 30-199)	2,096		60	0		0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 6/27/2012 5:28 pm
Title XIX		Hospital	Cost

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet D
Part IV
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Title XIX			Hospital	Cost	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet D
Part IV
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Title XIX			Hospital		Cost
		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	10,187,375	0.000000	0.000000	88,489	50.00
51.00	RECOVERY ROOM	0	1,646,684	0.000000	0.000000	11,913	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	3,584,452	0.000000	0.000000	29,214	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,134,684	0.000000	0.000000	4,231	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,539	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	186,818	0.000000	0.000000	1,508	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	663,533	0.000000	0.000000	16,892	65.00
66.00	PHYSICAL THERAPY	0	1,367,942	0.000000	0.000000	7,992	66.00
67.00	OCCUPATIONAL THERAPY	0	647,206	0.000000	0.000000	1,397	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	734,598	0.000000	0.000000	14,956	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	7,921,806	0.000000	0.000000	74,798	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	633,714	0.000000	0.000000	8,520	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	1,398,084	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	0	0.000000	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	32,443	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	31,144,878			259,910	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet D
Part IV
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Title XIX			Hospital	Cost	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet D
Part IV
Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/27/2012 5:28 pm
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			1.00	2.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.233388	0	0	103,689	50.00
51.00 RECOVERY ROOM	0.678618	0	0	18,205	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.155456	0	0	39,699	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.430318	0	0	31,968	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00 RADIOISOTOPE	0.000000	0	0	0	56.00
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 LABORATORY	0.000000	0	0	438	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0.555091	0	0	1,736	65.00
66.00 PHYSICAL THERAPY	0.494474	0	0	14,099	66.00
67.00 OCCUPATIONAL THERAPY	1.430283	0	0	7,955	67.00
68.00 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.485493	0	0	3,669	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.490767	0	0	5,775	72.00
73.00 DRUGS CHARGED TO PATIENTS	1.150563	0	0	7,167	73.00
74.00 RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	0.745707	0	0	20,770	90.00
91.00 EMERGENCY	0.000000	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 AMBULANCE SERVICES	0.000000	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00 Subtotal (see instructions)		0	0	255,170	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	255,170	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/27/2012 5:28 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	24,200		50.00
51.00 RECOVERY ROOM	0	0	12,354		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	6,171		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	13,756		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	964		65.00
66.00 PHYSICAL THERAPY	0	0	6,972		66.00
67.00 OCCUPATIONAL THERAPY	0	0	11,378		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,781		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	2,834		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	8,246		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	15,488		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	0	0	104,144		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	104,144		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 6/27/2012 5:28 pm
Cost Center Description		Tefra		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,096	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,096	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,096	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,762,027	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,762,027	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,652,176	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,652,176	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.808660	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,219.55	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,762,027	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,794.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263304		Period: From 03/02/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		Tefra		Date/Time Prepared: 6/27/2012 5:28 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	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)						1.00	0 48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							0 49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							0 50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							0 51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)							0 52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges							0 54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)							0 56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0 57.00
58.00 Bonus payment (see instructions)							0 58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0 61.00
62.00 Relief payment (see instructions)							0 62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)							0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0 64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0 65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0 66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0 67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0 68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)							0 87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)							0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263304		Period: From 03/02/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 6/27/2012 5:28 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	318,349	3,762,027	0.084622	0	0	90.00
91.00	Nursing School cost	0	3,762,027	0.000000	0	0	91.00
92.00	Allied health cost	0	3,762,027	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,762,027	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 6/27/2012 5:28 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)		2,096	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,096	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,096	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)		60	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,762,027	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,762,027	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,652,176	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,652,176	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.808660	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,219.55	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,762,027	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,794.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		107,692	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)		107,692	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263304		Period: From 03/02/2011 To 12/31/2011		Worksheet D-1	
Title XIX		Hospital		Cost		Date/Time Prepared: 6/27/2012 5:28 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					104,197		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					211,889		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet D-1
Date/Time Prepared:
6/27/2012 5:28 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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 6/27/2012 5:28 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		125,572		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.233388	88,489	20,652	50.00
51.00	RECOVERY ROOM	0.678618	11,913	8,084	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.155456	29,214	4,541	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.430318	4,231	1,821	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.000000	1,508	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.555091	16,892	9,377	65.00
66.00	PHYSICAL THERAPY	0.494474	7,992	3,952	66.00
67.00	OCCUPATIONAL THERAPY	1.430283	1,397	1,998	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.485493	14,956	7,261	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.490767	74,798	36,708	72.00
73.00	DRUGS CHARGED TO PATIENTS	1.150563	8,520	9,803	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.745707	0	0	90.00
91.00	EMERGENCY	0.000000	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		259,910	104,197	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)		259,910		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 6/27/2012 5:28 pm
		Title XVIII	Hospital	Tefra
		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		1	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.370	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)		1	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)		1	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)		1	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1	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)		1	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)		1	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)		1	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: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 6/27/2012 5:28 pm
	Title XVIII	Hospital	Tefra
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)	0	112.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet E-1
Part I
Date/Time Prepared:
6/27/2012 5:28 pm

Title XVIII

Hospital

Tefra

		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		0		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		0		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		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet E-3 Part I Date/Time Prepared: 6/27/2012 5:28 pm
		Title XVIII	Hospital	Tefra
		1.00		
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		0	2.00
3.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 thru 3)		0	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5).		0	6.00
7.00	Deductibles		0	7.00
8.00	Subtotal (line 6 minus line 7)		0	8.00
9.00	Coinsurance		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		0	14.00
15.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	15.00
16.00	THIS LINE SHOULD NOT BE USED			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.99	Recovery of Accelerated Depreciation		0	17.99
18.00	Total amount payable to the provider (see instructions)		0	18.00
19.00	Interim payments		0	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus the sum lines 19 and 20)		0	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263304	Period: From 03/02/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 6/27/2012 5:28 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		211,889	1.00
2.00	Medical and other services		104,144	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		316,033	4.00
5.00	Inpatient primary payer payments		54,941	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		261,092	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		365,673	8.00
9.00	Ancillary service charges		515,080	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)		880,753	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)		880,753	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		564,720	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)		316,033	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.		316,033	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)		261,092	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)		261,092	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		261,092	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)		261,092	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		261,092	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet G
Date/Time Prepared:
6/27/2012 5:28 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	299,548	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	29,653,224	0	0	0	4.00
5.00	Other receivable	1,269	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-29,653,000	0	0	0	6.00
7.00	Inventory	1,904,790	0	0	0	7.00
8.00	Prepaid expenses	65,036	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	2,270,867	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,303,290	0	0	0	12.00
13.00	Land improvements	258,750	0	0	0	13.00
14.00	Accumulated depreciation	-245,614	0	0	0	14.00
15.00	Buildings	20,189,200	0	0	0	15.00
16.00	Accumulated depreciation	-15,187,953	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	1,936,450	0	0	0	19.00
20.00	Accumulated depreciation	-1,589,753	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	7,665,313	0	0	0	23.00
24.00	Accumulated depreciation	-6,257,071	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	11,072,612	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,075,610	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,075,610	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	21,419,089	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,305,654	0	0	0	37.00
38.00	Salaries, wages, and fees payable	220,555	0	0	0	38.00
39.00	Payroll taxes payable	16,790	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	640,795	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,183,794	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,183,794	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	19,235,295				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	19,235,295	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	21,419,089	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet G-1

Date/Time Prepared:
6/27/2012 5:28 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		19,980,850		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-21,740,106			2.00
3.00	Total (sum of line 1 and line 2)		-1,759,256		0	3.00
4.00	Additions (credit adjustments) (specify)	20,994,551		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		20,994,551		0	10.00
11.00	Subtotal (line 3 plus line 10)		19,235,295		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		19,235,295		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet G-1

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet G-2 Parts

Date/Time Prepared:
6/27/2012 5:28 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	4,652,176		4,652,176	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	4,652,176		4,652,176	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,652,176		4,652,176	17.00
18.00	Ancillary services	17,598,842	15,971,290	33,570,132	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	22,251,018	15,971,290	38,222,308	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		25,628,013		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		25,628,013		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 263304

Period:
From 03/02/2011
To 12/31/2011

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	38,222,308	1.00
2.00	Less contractual allowances and discounts on patients' accounts	34,334,401	2.00
3.00	Net patient revenues (line 1 minus line 2)	3,887,907	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	25,628,013	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-21,740,106	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
25.00	Total other income (sum of lines 6-24)	0	25.00
26.00	Total (line 5 plus line 25)	-21,740,106	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-21,740,106	29.00