

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: 140002

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

Worksheet 5 Parts I-III Date/Time Prepared: 5/28/2012 11:42 am

PART I - COST REPORT STATUS

Date: 5/28/2012 Time: 11:42 am

Provider use only

1. Electronically filed cost report

2. Manually submitted cost report

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

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

Contractor use only

5. Cost Report Status

(1) As Submitted

(2) Settled without Audit

(3) Settled with Audit

(4) Reopened

(5) Amended

6. Date Received:

7. Contractor No.

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

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

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 ALTON MEMORIAL HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) 
 Officer or Administrator of Provider(s)

PRESIDENT
 Title

05/29/2012
 Date

Encryption Information

ECR: Date: 5/28/2012 Time: 11:42 am
 RP7bxDtds.t9eU9nyEf3sRIAjCLd70
 EZTSE0bF:JKJ8CJ5F1HcXCPDgr0B1g
 MK7:1Xkvna03ie8M
 PT: Date: 5/28/2012 Time: 11:42 am
 X.I2fdD8gRE1uOgKhvSBunssMftD0
 cPstk0s1vIHHPdLVfsr1Deneyxq07T
 56iKTumogyOnRa43

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital	0	29,732	98	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	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	29,732	98	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 11:40 am
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1.00		2.00		3.00		4.00		
Hospital and Hospital Health Care Complex Address:								
1.00	Street: ONE MEMORIAL DRIVE		PO Box:	Zip Code: 62002-		County: MADISON		1.00
2.00	City: ALTON		State: IL					2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ALTON MEMORIAL HOSPITAL	140002	41180	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF	ALTON MEMORIAL HOSPITAL	14S002	41180	4	01/01/2008	N	P	N	4.00
5.00	Subprovider - IRF	PSYCH								5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF	ALTON MEMORIAL HOSPITAL	145566	41180		10/15/1986	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011	12/31/2011	20.00	
21.00	Type of Control (see instructions)					1		21.00	

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) in column 2, enter "Y" for yes or "N" for no.					Y		N	22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	N	23.00	

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	3,658	308	34	0		3	0	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0	0	25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.		1	26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).		1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0	35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 11:40 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
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.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 11:40 am	
	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		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	4.00	5.00	
70.00	Inpatient Psychiatric Facility PPS				1.00	2.00	3.00
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	71.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 11:40 am	
		1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
		V	XIX		
		1.00	2.00		
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			Y	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		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		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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.			3,000,000	99,999,999,999
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
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	269026			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: BJC HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05301			141.00
142.00	Street: 4444 FOREST PARK BLVD	PO Box:					142.00
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108			143.00
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y					144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y					145.00
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B			
		1.00		2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N			155.00	
156.00	Subprovider - IPF	N	N			156.00	
157.00	Subprovider - IRF	N	N			157.00	
158.00	SUBPROVIDER	N	N			158.00	
159.00	SNF	N	N			159.00	
160.00	HOME HEALTH AGENCY	N	N			160.00	
161.00	CMHC	N	N			161.00	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N					165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/28/2012 11:40 am
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N 1.00	Legal Oper. 2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			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.			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)	Y	04/09/2012	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.	Y		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/28/2012 11:40 am
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	Description	Part A		
		Y/N	Date	
	0	1.00	2.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

Capital Related Cost

22.00	Have assets been relifed 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	Y		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.	Y		35.00

		Y/N	Date
		1.00	2.00

Home Office Costs

36.00	were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		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)	Y	04/09/2012	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.	Y		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 11:40 am

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	120	43,800	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)		120	43,800	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		132	48,180	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300			16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,760			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	0	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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		176				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
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

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	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	12,403	3,323		22,322	1.00
2.00 HMO		1,752	3			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0		0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0		0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	12,403	3,323		22,322	7.00
8.00 INTENSIVE CARE UNIT	0	1,697	677		2,995	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	14,100	4,000		25,317	14.00
15.00 CAH visits	0	0	0		0	15.00
16.00 SUBPROVIDER - IPF	0	1,622	0		2,032	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	3,069	0		5,545	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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0		1,315	28.00
28.01 SUBPROVIDER - IPF					0	28.01
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

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,903	1.00
2.00 HMO					380	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	651.31	0.00	0	2,903	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	16.48	0.00	0	149	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	26.51	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	694.30	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
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

Cost Center Description	Discharges		
	Title XIX	Total All Patients	
	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,265	5,755	1.00
2.00 HMO			2.00
3.00 HMO IPF			3.00
4.00 HMO IRF			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF			5.00
6.00 Hospital Adults & Peds. Swing Bed NF			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)			7.00
8.00 INTENSIVE CARE UNIT			8.00
9.00 CORONARY CARE UNIT			9.00
10.00 BURN INTENSIVE CARE UNIT			10.00
11.00 SURGICAL INTENSIVE CARE UNIT			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)			12.00
13.00 NURSERY			13.00
14.00 Total (see instructions)	1,265	5,755	14.00
15.00 CAH visits			15.00
16.00 SUBPROVIDER - IPF	0	198	16.00
17.00 SUBPROVIDER - IRF			17.00
18.00 SUBPROVIDER			18.00
19.00 SKILLED NURSING FACILITY			19.00
20.00 NURSING FACILITY			20.00
21.00 OTHER LONG TERM CARE		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
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
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

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	37,207,947	0	37,207,947	1,433,659.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		0	0	0	0.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		88,581	0	88,581	936.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	1,319,534	0	1,319,534	55,013.00 9.00
10.00	Excluded area salaries (see instructions)		3,407,671	14,474	3,422,145	151,092.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		338,903	0	338,903	4,633.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		398,075	0	398,075	1,413.00 13.00
14.00	Home office salaries & wage-related costs		4,400,216	0	4,400,216	116,596.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		8,074,157	0	8,074,157	17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	18.00
19.00	Excluded areas		1,182,083	0	1,182,083	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	21.00
22.00	Physician Part A		0	0	0	22.00
23.00	Physician Part B		22,268	0	22,268	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	1,238,291	115,047	1,353,338	67,560.00 26.00
27.00	Administrative & General	5.00	3,395,124	-349,747	3,045,377	89,239.00 27.00
28.00	Administrative & General under contract (see inst.)		269,107	0	269,107	1,735.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	766,647	0	766,647	110,867.00 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	799,284	0	799,284	67,595.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	0	0	0	0.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	0	0	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	670,326	0	670,326	18,993.00 38.00
39.00	Central Services and Supply	14.00	191,264	0	191,264	11,898.00 39.00
40.00	Pharmacy	15.00	1,486,644	0	1,486,644	41,016.00 40.00
41.00	Medical Records & Medical Records Library	16.00	555,075	234,700	789,775	39,987.00 41.00
42.00	Social Service	17.00	660,983	0	660,983	21,505.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

		Average Hourly wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	25.95	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	94.64	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	23.99	9.00
10.00	Excluded area salaries (see instructions)	22.65	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	73.15	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	281.72	13.00
14.00	Home office salaries & wage-related costs	37.74	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	20.03	26.00
27.00	Administrative & General	34.13	27.00
28.00	Administrative & General under contract (see inst.)	155.10	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	6.92	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	11.82	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	0.00	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	35.29	38.00
39.00	Central Services and Supply	16.08	39.00
40.00	Pharmacy	36.25	40.00
41.00	Medical Records & Medical Records Library	19.75	41.00
42.00	Social Service	30.74	42.00
43.00	Other General Service	0.00	43.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	37,388,473	0	37,388,473	1,434,458.00	1.00
2.00	Excluded area salaries (see instructions)	4,727,205	14,474	4,741,679	206,105.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32,661,268	-14,474	32,646,794	1,228,353.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,137,194	0	5,137,194	122,642.00	4.00
5.00	Subtotal wage-related costs (see inst.)	8,074,157	0	8,074,157	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	45,872,619	-14,474	45,858,145	1,350,995.00	6.00
7.00	Total overhead cost (see instructions)	10,032,745	0	10,032,745	470,395.00	7.00

Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/28/2012 11:40 am
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Average Hourly wage (col. 4 ÷ col. 5)
6.00

PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	26.06	1.00
2.00	Excluded area salaries (see instructions)	23.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	41.89	4.00
5.00	Subtotal wage-related costs (see inst.)	24.73	5.00
6.00	Total (sum of lines 3 thru 5)	33.94	6.00
7.00	Total overhead cost (see instructions)	21.33	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	399,254	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,352,660	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	3,819,172	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	141,153	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	34,366	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	95,000	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	482,295	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,648,872	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	81,474	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	224,262	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,278,508	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140002

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2012 11:40 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140002

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

worksheet s-7

Date/Time Prepared:
5/28/2012 11:40 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	16	0	16	9.00
10.00	RML	204	0	204	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	22	0	22	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	53	0	53	16.00
17.00	RVA	129	0	129	17.00
18.00	RHC	14	0	14	18.00
19.00	RHB	122	0	122	19.00
20.00	RHA	613	0	613	20.00
21.00	RMC	64	0	64	21.00
22.00	RMB	151	0	151	22.00
23.00	RMA	800	0	800	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	132	0	132	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	14	0	14	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	29	0	29	34.00
35.00	HB2	14	0	14	35.00
36.00	HB1	71	0	71	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	2	0	2	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	4	0	4	41.00
42.00	LC1	66	0	66	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	3	0	3	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	6	0	6	47.00
48.00	CD1	12	0	12	48.00
49.00	CC2	33	0	33	49.00
50.00	CC1	22	0	22	50.00
51.00	CB2	24	0	24	51.00
52.00	CB1	160	0	160	52.00
53.00	CA2	70	0	70	53.00
54.00	CA1	97	0	97	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	12	0	12	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140002

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

Worksheet S-7

Date/Time Prepared:
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	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
69.00	PE2	0	0	0	69.00
70.00	PE1	0	0	0	70.00
71.00	PD2	0	0	0	71.00
72.00	PD1	7	0	7	72.00
73.00	PC2	0	0	0	73.00
74.00	PC1	40	0	40	74.00
75.00	PB2	0	0	0	75.00
76.00	PB1	52	0	52	76.00
77.00	PA2	0	0	0	77.00
78.00	PA1	11	0	11	78.00
199.00	AAA	0	0	0	199.00
200.00	TOTAL	3,069	0	3,069	200.00

CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
1.00	2.00

201.00	SNF SERVICES Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	41180	41180	201.00
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Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing	1,319,534	42.25	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,123,221			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 140002

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

Worksheet S-10

Date/Time Prepared:
5/28/2012 11:40 am

		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)	0.257146			1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	6,359,700			2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y			3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	3,760,693			5.00
6.00	Medicaid charges	48,299,924			6.00
7.00	Medicaid cost (line 1 times line 6)	12,420,132			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)	2,299,739			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)	2,299,739			19.00
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		13,864,420	3,077,774	16,942,194
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		3,565,180	791,437	4,356,617
22.00	Partial payment by patients approved for charity care		242,627	53,861	296,488
23.00	Cost of charity care (line 21 minus line 22)		3,322,553	737,576	4,060,129
					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
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0
26.00	Total bad debt expense for the entire hospital complex (see instructions)				1,104,417
27.00	Medicare bad debts for the entire hospital complex (see instructions)				695,599
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				408,818
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				105,126
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				4,165,255
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				6,464,994

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140002

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

Worksheet A

Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	5,680,224	5,680,224	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,249,402	4,249,402	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	594,026	787,347	1,381,373	-1,283	1,380,090	4.00
4.03 ADMITTING	644,265	228,141	872,406	159,811	1,032,217	4.03
5.00 ADMINISTRATIVE & GENERAL	3,395,124	27,084,193	30,479,317	-8,298,023	22,181,294	5.00
7.00 OPERATION OF PLANT	766,647	2,121,376	2,888,023	-21,572	2,866,451	7.00
8.00 LAUNDRY & LINEN SERVICE	0	398,424	398,424	0	398,424	8.00
9.00 HOUSEKEEPING	799,284	583,629	1,382,913	-3,498	1,379,415	9.00
10.00 DIETARY	0	977,296	977,296	-7,314	969,982	10.00
11.00 CAFETERIA	0	1,219,293	1,219,293	-10,078	1,209,215	11.00
13.00 NURSING ADMINISTRATION	670,326	243,775	914,101	-108,893	805,208	13.00
14.00 CENTRAL SERVICES & SUPPLY	191,264	977,717	1,168,981	-797,698	371,283	14.00
15.00 PHARMACY	1,486,644	4,844,885	6,331,529	-138,394	6,193,135	15.00
16.00 MEDICAL RECORDS & LIBRARY	555,075	275,019	830,094	359,237	1,189,331	16.00
17.00 SOCIAL SERVICE	660,983	418,072	1,079,055	0	1,079,055	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	8,146,790	3,957,916	12,104,706	-309,469	11,795,237	30.00
31.00 INTENSIVE CARE UNIT	1,879,997	1,008,950	2,888,947	-138,012	2,750,935	31.00
40.00 SUBPROVIDER - IPF	939,408	298,043	1,237,451	-982	1,236,469	40.00
44.00 SKILLED NURSING FACILITY	1,319,534	436,126	1,755,660	-23,520	1,732,140	44.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,668,775	6,629,355	8,298,130	-4,198,924	4,099,206	50.00
51.00 RECOVERY ROOM	356,346	133,139	489,485	-9,656	479,829	51.00
53.00 ANESTHESIOLOGY	26,767	365,685	392,452	-96,972	295,480	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,995,301	2,543,930	4,539,231	-637,997	3,901,234	54.00
56.00 RADIOISOTOPE	195,169	337,681	532,850	-72,771	460,079	56.00
59.00 CARDIAC CATHETERIZATION	494,209	2,613,997	3,108,206	-2,214,534	893,672	59.00
60.00 LABORATORY	1,329,934	2,292,298	3,622,232	-503,095	3,119,137	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	256,431	1,000,778	1,257,209	356,358	1,613,567	63.00
65.00 RESPIRATORY THERAPY	699,365	357,446	1,056,811	-79,492	977,319	65.00
66.00 PHYSICAL THERAPY	1,022,639	372,417	1,395,056	-25,349	1,369,707	66.00
67.00 OCCUPATIONAL THERAPY	151,033	41,995	193,028	6,711	199,739	67.00
68.00 SPEECH PATHOLOGY	132,939	31,647	164,586	5,722	170,308	68.00
69.00 ELECTROCARDIOLOGY	786,035	741,225	1,527,260	-27,149	1,500,111	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,996,554	2,996,554	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,204,245	4,204,245	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	313,655	313,655	-7,830	305,825	74.00
76.00 ONCOLOGY	264,851	223,885	488,736	4,391	493,127	76.00
76.01 DIGESTIVE HEALTH	535,828	478,843	1,014,671	-178,088	836,583	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	559,395	559,395	-509	558,886	76.02
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	299,009	299,009	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	3,190	3,190	10	3,200	90.00
91.00 EMERGENCY	2,774,695	2,447,756	5,222,451	-236,837	4,985,614	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,660,328	1,209,007	2,869,335	-172,547	2,696,788	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	36,400,012	68,557,526	104,957,538	1,188	104,958,726	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,030	11,057	34,087	-1,151	32,936	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 TWIN RIVERS MRI	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	8,786	17,928	26,714	0	26,714	193.00
193.01 PHYSICIAN/PUBLIC RELATIONS	164,697	810,947	975,644	0	975,644	193.01
193.02 MEDICAL OFFICE BUILDING	54,433	589,034	643,467	0	643,467	193.02
193.03 HOME CARE PHARMACY	365,188	2,761,657	3,126,845	-37	3,126,808	193.03
193.04 MANAGEMENT SERVICES	191,801	66,750	258,551	0	258,551	193.04
193.05 EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06 VACANT SPACE	0	0	0	0	0	193.06
200.00 TOTAL (SUM OF LINES 118-199)	37,207,947	72,814,899	110,022,846	0	110,022,846	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/28/2012 11:40 am
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Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	0	5,680,224	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	19,857	4,269,259	2.00
3.00 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00 EMPLOYEE BENEFITS	-738	1,379,352	4.00
4.03 ADMITTING	0	1,032,217	4.03
5.00 ADMINISTRATIVE & GENERAL	-6,179,542	16,001,752	5.00
7.00 OPERATION OF PLANT	-603	2,865,848	7.00
8.00 LAUNDRY & LINEN SERVICE	0	398,424	8.00
9.00 HOUSEKEEPING	0	1,379,415	9.00
10.00 DIETARY	156,518	1,126,500	10.00
11.00 CAFETERIA	-775,905	433,310	11.00
13.00 NURSING ADMINISTRATION	0	805,208	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	371,283	14.00
15.00 PHARMACY	0	6,193,135	15.00
16.00 MEDICAL RECORDS & LIBRARY	-98,601	1,090,730	16.00
17.00 SOCIAL SERVICE	0	1,079,055	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-1,101,083	10,694,154	30.00
31.00 INTENSIVE CARE UNIT	-216,855	2,534,080	31.00
40.00 SUBPROVIDER - IPF	-54,000	1,182,469	40.00
44.00 SKILLED NURSING FACILITY	0	1,732,140	44.00
46.00 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	-10,539	4,088,667	50.00
51.00 RECOVERY ROOM	0	479,829	51.00
53.00 ANESTHESIOLOGY	-17,000	278,480	53.00
54.00 RADIOLOGY-DIAGNOSTIC	-432,771	3,468,463	54.00
56.00 RADIOISOTOPE	0	460,079	56.00
59.00 CARDIAC CATHETERIZATION	-23,365	870,307	59.00
60.00 LABORATORY	-91,312	3,027,825	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	399	1,613,966	63.00
65.00 RESPIRATORY THERAPY	-1,298	976,021	65.00
66.00 PHYSICAL THERAPY	-41,560	1,328,147	66.00
67.00 OCCUPATIONAL THERAPY	0	199,739	67.00
68.00 SPEECH PATHOLOGY	0	170,308	68.00
69.00 ELECTROCARDIOLOGY	-101,385	1,398,726	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,996,554	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	4,204,245	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	305,825	74.00
76.00 ONCOLOGY	-93,933	399,194	76.00
76.01 DIGESTIVE HEALTH	0	836,583	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	558,886	76.02
76.98 HYPERBARIC OXYGEN THERAPY	0	299,009	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0	3,200	90.00
91.00 EMERGENCY	-1,160,374	3,825,240	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	-39,159	2,657,629	95.00
SPECIAL PURPOSE COST CENTERS			
118.00 SUBTOTALS (SUM OF LINES 1-117)	-10,263,249	94,695,477	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,936	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 TWIN RIVERS MRI	0	0	192.01
193.00 NONPAID WORKERS	0	26,714	193.00
193.01 PHYSICIAN/PUBLIC RELATIONS	0	975,644	193.01
193.02 MEDICAL OFFICE BUILDING	0	643,467	193.02
193.03 HOME CARE PHARMACY	0	3,126,808	193.03
193.04 MANAGEMENT SERVICES	0	258,551	193.04
193.05 EUNICE SMITH NURSING HOME	0	0	193.05
193.06 VACANT SPACE	0	0	193.06
200.00 TOTAL (SUM OF LINES 118-199)	-10,263,249	99,759,597	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - TO RECLASS DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,680,224	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,249,402	2.00
	TOTALS		0	9,929,626	
B - TO RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,200,799	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	TOTALS		0	7,200,799	
C - TO RECLASS LAB ADMIN					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	219,936	138,261	1.00
	TOTALS		219,936	138,261	
D - TO RECLASS DIRECTORS SALARY EXPENSE					
1.00	RECOVERY ROOM	51.00	8,951	0	1.00
2.00	ANESTHESIOLOGY	53.00	15,476	0	2.00
3.00	RADIOISOTOPE	56.00	5,320	0	3.00
4.00	OCCUPATIONAL THERAPY	67.00	11,232	0	4.00
5.00	SPEECH PATHOLOGY	68.00	5,975	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	54,100	0	6.00
7.00	ONCOLOGY	76.00	16,860	0	7.00
8.00	DIGESTIVE HEALTH	76.01	25,403	0	8.00
9.00	CLINIC	90.00	9	0	9.00
10.00	AMBULANCE SERVICES	95.00	14,474	0	10.00
	TOTALS		157,800	0	
E - TO RECLASS DIRECTORS NON SAL EXPENSE					
1.00	RECOVERY ROOM	51.00	0	685	1.00
2.00	ANESTHESIOLOGY	53.00	0	1,184	2.00
3.00	RADIOISOTOPE	56.00	0	407	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	859	4.00
5.00	SPEECH PATHOLOGY	68.00	0	457	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	4,138	6.00
7.00	ONCOLOGY	76.00	0	1,290	7.00
8.00	DIGESTIVE HEALTH	76.01	0	1,943	8.00
9.00	CLINIC	90.00	0	1	9.00
10.00	AMBULANCE SERVICES	95.00	0	1,107	10.00
	TOTALS		0	12,071	
F - TO RECLASS HYPERBARIC OXYGEN EXPENSE					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	0	299,009	1.00
	TOTALS		0	299,009	
G - TO RECLASS DEPARTMENTAL DEPREC EXPEN					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,150,757	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00

Increases							
Cost Center	Line #	Salary	Other				
2.00	3.00	4.00	5.00				
10.00	0.00	0	0	0		10.00	
11.00	0.00	0	0	0		11.00	
12.00	0.00	0	0	0		12.00	
13.00	0.00	0	0	0		13.00	
14.00	0.00	0	0	0		14.00	
15.00	0.00	0	0	0		15.00	
16.00	0.00	0	0	0		16.00	
17.00	0.00	0	0	0		17.00	
18.00	0.00	0	0	0		18.00	
19.00	0.00	0	0	0		19.00	
20.00	0.00	0	0	0		20.00	
21.00	0.00	0	0	0		21.00	
22.00	0.00	0	0	0		22.00	
23.00	0.00	0	0	0		23.00	
24.00	0.00	0	0	0		24.00	
25.00	0.00	0	0	0		25.00	
26.00	0.00	0	0	0		26.00	
27.00	0.00	0	0	0		27.00	
28.00	0.00	0	0	0		28.00	
29.00	0.00	0	0	0		29.00	
30.00	0.00	0	0	0		30.00	
31.00	0.00	0	0	0		31.00	
TOTALS					0	2,150,757	
H - TO RECLASS NORTH REGION SPLIT							
1.00	ADMITTING	4.03	115,047	44,764		1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	234,700	124,643		2.00	
TOTALS					349,747	169,407	
J - TO RECLASS SUPPLY IMPLANTS							
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,204,245		1.00	
TOTALS					0	4,204,245	
500.00	Grand Total: Increases		727,483	24,104,175		500.00	

		Decreases				wkst. A-7 Ref.	
Cost Center		Line #	Salary	Other			
6.00		7.00	8.00	9.00	10.00		
A - TO RECLASS DEPRECIATION EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,929,626		9	1.00
2.00		0.00	0	0		9	2.00
TOTALS			0	9,929,626			
B - TO RECLASS MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	781,494		0	1.00
2.00	PHARMACY	15.00	0	137,740		0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	188,016		0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	80,975		0	4.00
5.00	SUBPROVIDER - IPF	40.00	0	982		0	5.00
6.00	SKILLED NURSING FACILITY	44.00	0	20,224		0	6.00
7.00	OPERATING ROOM	50.00	0	3,504,626		0	7.00
8.00	RECOVERY ROOM	51.00	0	7,183		0	8.00
9.00	ANESTHESIOLOGY	53.00	0	26,748		0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	30,719		0	10.00
11.00	RADIOISOTOPE	56.00	0	2,105		0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	2,043,415		0	12.00
13.00	LABORATORY	60.00	0	1,599		0	13.00
14.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	485		0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	1,795		0	15.00
16.00	PHYSICAL THERAPY	66.00	0	2,320		0	16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	5,212		0	17.00
18.00	SPEECH PATHOLOGY	68.00	0	710		0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	3,444		0	19.00
20.00	RENAL DIALYSIS	74.00	0	7,830		0	20.00
21.00	ONCOLOGY	76.00	0	11,174		0	21.00
22.00	DIGESTIVE HEALTH	76.01	0	147,782		0	22.00
23.00	EMERGENCY	91.00	0	157,175		0	23.00
24.00	AMBULANCE SERVICES	95.00	0	37,046		0	24.00
TOTALS			0	7,200,799			
C - TO RECLASS LAB ADMIN							
1.00	LABORATORY	60.00	219,936	138,261		0	1.00
TOTALS			219,936	138,261			
D - TO RECLASS DIRECTORS SALARY EXPENSE							
1.00	OPERATING ROOM	50.00	49,830	0		0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	22,180	0		0	2.00
3.00	RESPIRATORY THERAPY	65.00	33,612	0		0	3.00
4.00	PHYSICAL THERAPY	66.00	17,207	0		0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	20,497	0		0	5.00
6.00	EMERGENCY	91.00	14,474	0		0	6.00
7.00		0.00	0	0		0	7.00
8.00		0.00	0	0		0	8.00
9.00		0.00	0	0		0	9.00
10.00		0.00	0	0		0	10.00
TOTALS			157,800	0			
E - TO RECLASS DIRECTORS NON SAL EXPENSE							
1.00	OPERATING ROOM	50.00	0	3,812		0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,697		0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	2,571		0	3.00
4.00	PHYSICAL THERAPY	66.00	0	1,316		0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	1,568		0	5.00
6.00	EMERGENCY	91.00	0	1,107		0	6.00
7.00		0.00	0	0		0	7.00
8.00		0.00	0	0		0	8.00
9.00		0.00	0	0		0	9.00
10.00		0.00	0	0		0	10.00
TOTALS			0	12,071			
F - TO RECLASS HYPERBARIC OXYGEN EXPENSE							
1.00	OPERATING ROOM	50.00	0	299,009		0	1.00
TOTALS			0	299,009			
G - TO RECLASS DEPARTMENTAL DEPREC EXPEN							
1.00	EMPLOYEE BENEFITS	4.00	0	1,283		0	1.00
2.00	OPERATION OF PLANT	7.00	0	21,572		0	2.00
3.00	HOUSEKEEPING	9.00	0	3,498		0	3.00
4.00	DIETARY	10.00	0	7,314		0	4.00
5.00	CAFETERIA	11.00	0	10,078		0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	108,893		0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,204		0	7.00
8.00	PHARMACY	15.00	0	654		0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	106		0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	121,453		0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	57,037		0	11.00
12.00	SKILLED NURSING FACILITY	44.00	0	3,296		0	12.00

		Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
13.00	OPERATING ROOM	50.00	0	341,647	0			13.00
14.00	RECOVERY ROOM	51.00	0	12,109	0			14.00
15.00	ANESTHESIOLOGY	53.00	0	86,884	0			15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	583,401	0			16.00
17.00	RADIOISOTOPE	56.00	0	76,393	0			17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	153,192	0			18.00
19.00	LABORATORY	60.00	0	143,299	0			19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,354	0			20.00
21.00	RESPIRATORY THERAPY	65.00	0	41,514	0			21.00
22.00	PHYSICAL THERAPY	66.00	0	4,506	0			22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	168	0			23.00
24.00	ELECTROCARDIOLOGY	69.00	0	77,805	0			24.00
25.00	ONCOLOGY	76.00	0	2,585	0			25.00
26.00	DIGESTIVE HEALTH	76.01	0	57,652	0			26.00
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	509	0			27.00
28.00	EMERGENCY	91.00	0	64,081	0			28.00
29.00	AMBULANCE SERVICES	95.00	0	151,082	0			29.00
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,151	0			30.00
31.00	HOME CARE PHARMACY	193.03	0	37	0			31.00
	TOTALS		0	2,150,757				
H - TO RECLASS NORTH REGION SPLIT								
1.00	ADMINISTRATIVE & GENERAL	5.00	349,747	169,407	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		349,747	169,407				
J - TO RECLASS SUPPLY IMPLANTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,204,245	0			1.00
	TOTALS		0	4,204,245				
500.00	Grand Total: Decreases		727,483	24,104,175				500.00

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	177,168	0	0	0	0
2.00	Land Improvements	4,064,519	0	0	0	0
3.00	Buildings and Fixtures	20,462,671	41,904,178	0	41,904,178	53,113
4.00	Building Improvements	43,894,838	135,522	0	135,522	334,782
5.00	Fixed Equipment	1,427,283	0	0	0	18,186
6.00	Movable Equipment	37,173,308	6,240,898	0	6,240,898	6,817,380
7.00	HIT designated Assets	0	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	107,199,787	48,280,598	0	48,280,598	7,223,461
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	107,199,787	48,280,598	0	48,280,598	7,223,461
SUMMARY OF CAPITAL						
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)
		9.00	10.00	11.00	12.00	13.00
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0
3.00	Total (sum of lines 1-2)	0	0	0	0	0
COMPUTATION OF RATIOS						
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance
		1.00	2.00	3.00	4.00	5.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	111,482,930	0	111,482,930	0.752857	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	36,596,826	0	36,596,826	0.247143	0
3.00	Total (sum of lines 1-2)	148,079,756	0	148,079,756	1.000000	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140002

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/28/2012 11:40 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	177,168	0			1.00
2.00	Land Improvements	4,064,519	0			2.00
3.00	Buildings and Fixtures	62,313,736	0			3.00
4.00	Building Improvements	43,695,578	0			4.00
5.00	Fixed Equipment	1,409,097	0			5.00
6.00	Movable Equipment	36,596,826	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	148,256,924	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	148,256,924	0			10.00
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0			2.00
3.00	Total (sum of lines 1-2)	0	0			3.00
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,680,224	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,269,259	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,949,483	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140002

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,680,224	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,269,259	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	9,949,483	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00 Television and radio service (chapter 21)	A	-603	OPERATION OF PLANT	7.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-3,288,318		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,941,482		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-775,905	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts		0		0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		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	0	RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant			0	0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 ASSOCIATION DUES	A	-29,739	ADMINISTRATIVE & GENERAL	5.00 33.00
33.01 ESH DIETARY COST	A	156,518	DIETARY	10.00 33.01
33.02 ELIMINATE FINANCING COSTS	A	-13,800	ADMINISTRATIVE & GENERAL	5.00 33.02
33.03 MEDICAID TAX ASSESSMENT	A	15,330	ADMINISTRATIVE & GENERAL	5.00 33.03
33.04 ELIMINATE BAD DEBT EXPENSE	A	-1,104,099	ADMINISTRATIVE & GENERAL	5.00 33.04
33.05 CONTRIBUTIONS	B	-108,647	ADMINISTRATIVE & GENERAL	5.00 33.05
33.06 ELIMINATE MALPRACTICE EXPENSE	A	-506,335	ADMINISTRATIVE & GENERAL	5.00 33.06
33.07 OTHER REVENUE - ADMIN	B	-597,685	ADMINISTRATIVE & GENERAL	5.00 33.07
33.08 OTHER REVENUE - MEDICAL RECORDS	B	-98,601	MEDICAL RECORDS & LIBRARY	16.00 33.08
33.09 OTHER REVENUE - ONCOLOGY	B	-1,328	ONCOLOGY	76.00 33.09
33.10 OTHER REVENUE - ICU	B	20	INTENSIVE CARE UNIT	31.00 33.10
33.11 OTHER REVENUE - SURGERY	B	-594	OPERATING ROOM	50.00 33.11
33.12 OTHER REVENUE - RADIOLOGY	B	-3,740	RADIOLOGY-DIAGNOSTIC	54.00 33.12
33.13 OTHER REVENUE - LAB	B	-118	LABORATORY	60.00 33.13
33.14 OTHER REVENUE - RESPIRATORY THERAPY	B	-1,298	RESPIRATORY THERAPY	65.00 33.14
33.15 OTHER REVENUE - PHYSICAL THERAPY	B	-23,135	PHYSICAL THERAPY	66.00 33.15
33.16 OTHER REVENUE - EKG	B	-43,480	ELECTROCARDIOLOGY	69.00 33.16
33.17 OTHER REVENUE - AMBULANCE	B	-39,159	AMBULANCE SERVICES	95.00 33.17
33.18 RCE DISALLOWANCE A&G	A	-51,343	ADMINISTRATIVE & GENERAL	5.00 33.18
33.19 PENSION EXPENSE	A	515	EMPLOYEE BENEFITS	4.00 33.19

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted		Line #	
			Cost Center			
			1.00	2.00		
33.20	AMORTIZED DEPREC EXPENSE	A	19,857	NEW CAP REL COSTS-MVBLE EQUIP	2.00	33.20
33.21	DISALLOWED INTEREST EXPENSE	A	-800,478	ADMINISTRATIVE & GENERAL	5.00	33.21
33.22	ENTERTAINMENT EXPENSE	A	-699	ADMINISTRATIVE & GENERAL	5.00	33.22
33.23	ASBESTOS REMOVAL	A	104	ADMINISTRATIVE & GENERAL	5.00	33.23
33.24	MISC NON OPERATING REVENUE	A	-13,200	ADMINISTRATIVE & GENERAL	5.00	33.24
33.25	NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-1,253	EMPLOYEE BENEFITS	4.00	33.25
33.26	COUNTRY CLUB DUES	A	-10,554	ADMINISTRATIVE & GENERAL	5.00	33.26
34.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	34.00
35.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	35.00
36.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	37.00
38.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-10,263,249			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140002

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

Worksheet A-8

Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		5.00	Ref.	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0		1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	0		3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0		7.00
8.00	Television and radio service (chapter 21)	0		8.00
9.00	Parking lot (chapter 21)	0		9.00
10.00	Provider-based physician adjustment	0		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0		11.00
12.00	Related organization transactions (chapter 10)	0		12.00
13.00	Laundry and linen service	0		13.00
14.00	Cafeteria-employees and guests	0		14.00
15.00	Rental of quarters to employee and others	0		15.00
16.00	Sale of medical and surgical supplies to other than patients	0		16.00
17.00	Sale of drugs to other than patients	0		17.00
18.00	Sale of medical records and abstracts	0		18.00
19.00	Nursing school (tuition, fees, books, etc.)	0		19.00
20.00	Vending machines	0		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	0		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	0		24.00
25.00	Utilization review - physicians' compensation (chapter 21)	0		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0		26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0		27.00
28.00	Non-physician Anesthetist	0		28.00
29.00	Physicians' assistant	0		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	0		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	0		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0		32.00
33.00	ASSOCIATION DUES	0		33.00
33.01	ESH DIETARY COST	0		33.01
33.02	ELIMINATE FINANCING COSTS	0		33.02
33.03	MEDICAID TAX ASSESSMENT	0		33.03
33.04	ELIMINATE BAD DEBT EXPENSE	0		33.04
33.05	CONTRIBUTIONS	0		33.05
33.06	ELIMINATE MALPRACTICE EXPENSE	0		33.06
33.07	OTHER REVENUE - ADMIN	0		33.07
33.08	OTHER REVENUE - MEDICAL RECORDS	0		33.08
33.09	OTHER REVENUE - ONCOLOGY	0		33.09
33.10	OTHER REVENUE - ICU	0		33.10
33.11	OTHER REVENUE - SURGERY	0		33.11
33.12	OTHER REVENUE - RADIOLOGY	0		33.12
33.13	OTHER REVENUE - LAB	0		33.13
33.14	OTHER REVENUE - RESPIRATORY THERAPY	0		33.14
33.15	OTHER REVENUE - PHYSICAL THERAPY	0		33.15
33.16	OTHER REVENUE - EKG	0		33.16
33.17	OTHER REVENUE - AMBULANCE	0		33.17
33.18	RCE DISALLOWANCE A&G	0		33.18
33.19	PENSION EXPENSE	0		33.19
33.20	AMORTIZED DEPREC EXPENSE	9		33.20
33.21	DISALLOWED INTEREST EXPENSE	0		33.21
33.22	ENTERTAINMENT EXPENSE	0		33.22
33.23	ASBESTOS REMOVAL	0		33.23
33.24	MISC NON OPERATING REVENUE	0		33.24
33.25	NON ALLOWABLE EMPLOYEE ACTIVITIES	0		33.25
33.26	COUNTRY CLUB DUES	0		33.26
34.00	OTHER ADJUSTMENTS (SPECIFY)	0		34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140002

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

Worksheet A-8

Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
35.00	OTHER ADJUSTMENTS (SPECIFY)	0	35.00
36.00	OTHER ADJUSTMENTS (SPECIFY)	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY)	0	37.00
38.00	OTHER ADJUSTMENTS (SPECIFY)	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY)	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)	0	42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)	0	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		50.00

	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	5.00	ADMINISTRATIVE & GENERAL	BJC HEALTH SYSTEM	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	CHRISTIAN HEALTH SERVICES	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELEPHONE FACILITIES CORP	3.00
4.00	60.00	LABORATORY	BARNES JEWISH LAB	4.00
4.01	63.00	BLOOD STORING, PROCESSING & TRANS.	BARNES JEWISH LAB	4.01
4.02	50.00	OPERATING ROOM	MIDWEST STONE	4.02
4.03	60.00	LABORATORY	CHILDREN'S HOSPITAL LAB	4.03
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	G		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:	HOME OFFICE		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.

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	7,814,480	10,770,476	-2,955,996	0	1.00
2.00	2,159	0	2,159	0	2.00
3.00	54,576	59,136	-4,560	0	3.00
4.00	62,645	41,292	21,353	0	4.00
4.01	484	85	399	0	4.01
4.02	5,652	7,650	-1,998	0	4.02
4.03	3,658	6,497	-2,839	0	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	7,943,654	10,885,136	-2,941,482	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		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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140002

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2012 11:40 am

	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	88,581	88,581	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,012,502	1,012,502	2.00
3.00	31.00	INTENSIVE CARE UNIT	226,417	209,417	3.00
4.00	40.00	SUBPROVIDER - IPF	54,000	54,000	4.00
5.00	50.00	OPERATING ROOM	7,947	7,947	5.00
6.00	53.00	ANESTHESIOLOGY	30,000	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	447,228	401,702	7.00
8.00	60.00	LABORATORY	137,500	0	8.00
9.00	66.00	PHYSICAL THERAPY	20,640	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	38,700	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	83,463	44,763	11.00
12.00	76.00	ONCOLOGY	92,605	92,605	12.00
13.00	91.00	EMERGENCY	1,160,374	1,160,374	13.00
200.00			3,399,957	3,071,891	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140002

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2012 11:40 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	17,000	177,200	112	9,542	477	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	30,000	200,300	135	13,000	650	6.00
7.00	45,526	225,300	168	18,197	910	7.00
8.00	137,500	215,700	268	27,792	1,390	8.00
9.00	20,640	177,200	26	2,215	111	9.00
10.00	38,700	177,200	180	15,335	767	10.00
11.00	38,700	177,200	300	25,558	1,278	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	328,066		1,189	111,639	5,583	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140002

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2012 11:40 am

	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	0	0	0	0	0	2.00
3.00	0	0	0	0	9,542	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	13,000	6.00
7.00	0	0	0	0	18,197	7.00
8.00	0	0	0	0	27,792	8.00
9.00	0	0	0	0	2,215	9.00
10.00	0	0	0	0	15,335	10.00
11.00	0	0	0	0	25,558	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	0	0	0	0	111,639	200.00

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	88,581	1.00
2.00	0	1,012,502	2.00
3.00	7,458	216,875	3.00
4.00	0	54,000	4.00
5.00	0	7,947	5.00
6.00	17,000	17,000	6.00
7.00	27,329	429,031	7.00
8.00	109,708	109,708	8.00
9.00	18,425	18,425	9.00
10.00	23,365	23,365	10.00
11.00	13,142	57,905	11.00
12.00	0	92,605	12.00
13.00	0	1,160,374	13.00
200.00	216,427	3,288,318	200.00

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	ADMITTING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	5,680,224	5,680,224				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	4,269,259		4,269,259			2.00
4.00 EMPLOYEE BENEFITS	1,379,352	30,939		1,068	1,411,359	4.00
4.03 ADMITTING	1,032,217	68,280		221	29,269	1,129,987 4.03
5.00 ADMINISTRATIVE & GENERAL	16,001,752	320,030		2,108,452	117,390	0 5.00
7.00 OPERATION OF PLANT	2,865,848	2,209,825		21,673	29,552	0 7.00
8.00 LAUNDRY & LINEN SERVICE	398,424	13,835		0	0	0 8.00
9.00 HOUSEKEEPING	1,379,415	32,712		3,514	30,810	0 9.00
10.00 DIETARY	1,126,500	135,767		7,348	0	0 10.00
11.00 CAFETERIA	433,310	60,998		10,125	0	0 11.00
13.00 NURSING ADMINISTRATION	805,208	6,226		109,402	25,839	0 13.00
14.00 CENTRAL SERVICES & SUPPLY	371,283	56,042		16,280	7,373	0 14.00
15.00 PHARMACY	6,193,135	34,838		657	57,306	0 15.00
16.00 MEDICAL RECORDS & LIBRARY	1,090,730	66,796		106	30,443	0 16.00
17.00 SOCIAL SERVICE	1,079,055	6,590		0	25,479	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	10,694,154	690,128		122,021	314,037	93,955 30.00
31.00 INTENSIVE CARE UNIT	2,534,080	69,022		57,304	72,468	21,917 31.00
40.00 SUBPROVIDER - IPF	1,182,469	92,415		0	36,211	5,823 40.00
44.00 SKILLED NURSING FACILITY	1,732,140	48,622		3,311	50,864	9,873 44.00
46.00 OTHER LONG TERM CARE	0	0		0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,088,667	260,403		343,244	62,395	47,016 50.00
51.00 RECOVERY ROOM	479,829	42,522		12,166	14,081	9,925 51.00
53.00 ANESTHESIOLOGY	278,480	3,069		87,290	1,628	17,160 53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,468,463	204,939		586,127	76,058	171,340 54.00
56.00 RADIOISOTOPE	460,079	12,589		76,750	7,728	15,426 56.00
59.00 CARDIAC CATHETERIZATION	870,307	22,148		153,908	18,260	20,065 59.00
60.00 LABORATORY	3,027,825	180,867		143,969	42,787	167,359 60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	1,613,966	4,578		1,360	18,363	15,658 63.00
65.00 RESPIRATORY THERAPY	976,021	19,393		41,708	25,663	30,559 65.00
66.00 PHYSICAL THERAPY	1,328,147	68,229		4,527	38,756	21,002 66.00
67.00 OCCUPATIONAL THERAPY	199,739	18,375		0	6,255	4,578 67.00
68.00 SPEECH PATHOLOGY	170,308	6,288		169	5,355	2,435 68.00
69.00 ELECTROCARDIOLOGY	1,398,726	63,538		78,169	32,385	55,413 69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,996,554	0		0	0	56,142 71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,204,245	0		0	0	50,501 72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		0	0	127,358 73.00
74.00 RENAL DIALYSIS	305,825	3,522		0	0	2,949 74.00
76.00 ONCOLOGY	399,194	22,349		2,597	10,859	2,026 76.00
76.01 DIGESTIVE HEALTH	836,583	43,038		57,921	21,634	28,167 76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	558,886	48,823		511	0	11,108 76.02
76.98 HYPERBARIC OXYGEN THERAPY	299,009	0		0	10	4,321 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	3,200	0		0	0	5 90.00
91.00 EMERGENCY	3,825,240	209,102		64,380	106,398	109,917 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	2,657,629	12,275		151,788	64,559	27,989 95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	94,695,477	5,189,112		4,268,066	1,380,215	1,129,987 118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,936	13,030		1,156	888	0 190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0		0	0	0 192.00
192.01 TWIN RIVERS MRI	0	0		0	0	0 192.01
193.00 NONPAID WORKERS	26,714	20,073		0	339	0 193.00
193.01 PHYSICIAN/PUBLIC RELATIONS	975,644	13,092		0	6,349	0 193.01
193.02 MEDICAL OFFICE BUILDING	643,467	0		0	2,098	0 193.02
193.03 HOME CARE PHARMACY	3,126,808	6,049		37	14,077	0 193.03
193.04 MANAGEMENT SERVICES	258,551	0		0	7,393	0 193.04
193.05 EUNICE SMITH NURSING HOME	0	0		0	0	0 193.05
193.06 VACANT SPACE	0	438,868		0	0	0 193.06
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)	99,759,597	5,680,224		4,269,259	1,411,359	1,129,987 202.00

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A.03	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.03	ADMITTING						4.03
5.00	ADMINISTRATIVE & GENERAL	18,547,624	18,547,624				5.00
7.00	OPERATION OF PLANT	5,126,898	1,170,907	6,297,805			7.00
8.00	LAUNDRY & LINEN SERVICE	412,259	94,154	28,555	534,968		8.00
9.00	HOUSEKEEPING	1,446,451	330,348	67,521	0	1,844,320	9.00
10.00	DIETARY	1,269,615	289,961	280,233	0	83,338	10.00
11.00	CAFETERIA	504,433	115,205	125,904	0	37,442	11.00
13.00	NURSING ADMINISTRATION	946,675	216,206	12,850	0	3,821	13.00
14.00	CENTRAL SERVICES & SUPPLY	450,978	102,997	115,676	2,412	34,401	14.00
15.00	PHARMACY	6,285,936	1,435,613	71,908	248	21,385	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,188,075	271,339	137,871	0	41,001	16.00
17.00	SOCIAL SERVICE	1,111,124	253,764	13,603	0	4,045	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,914,295	2,721,072	1,424,477	214,939	423,621	30.00
31.00	INTENSIVE CARE UNIT	2,754,791	629,153	142,466	26,886	42,368	31.00
40.00	SUBPROVIDER - IPF	1,316,918	300,764	190,751	8,213	56,727	40.00
44.00	SKILLED NURSING FACILITY	1,844,810	421,327	100,359	28,529	29,846	44.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,801,725	1,096,642	537,492	62,594	159,844	50.00
51.00	RECOVERY ROOM	558,523	127,558	87,769	6,689	26,101	51.00
53.00	ANESTHESIOLOGY	387,627	88,528	6,334	0	1,884	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,506,927	1,029,315	423,010	34,034	125,798	54.00
56.00	RADIOISOTOPE	572,572	130,767	25,985	3,064	7,728	56.00
59.00	CARDIAC CATHETERIZATION	1,084,688	247,726	45,715	0	13,595	59.00
60.00	LABORATORY	3,562,807	813,692	373,324	0	111,022	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,653,925	377,732	9,449	0	2,810	63.00
65.00	RESPIRATORY THERAPY	1,093,344	249,703	40,030	3,000	11,904	65.00
66.00	PHYSICAL THERAPY	1,460,661	333,593	140,830	7,521	41,881	66.00
67.00	OCCUPATIONAL THERAPY	228,947	52,288	37,927	0	11,279	67.00
68.00	SPEECH PATHOLOGY	184,555	42,150	12,980	0	3,860	68.00
69.00	ELECTROCARDIOLOGY	1,628,231	371,864	131,147	6,798	39,002	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,052,696	697,190	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	4,254,746	971,720	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	127,358	29,087	0	0	0	73.00
74.00	RENAL DIALYSIS	312,296	71,324	7,269	0	2,162	74.00
76.00	ONCOLOGY	437,025	99,810	46,130	0	13,719	76.00
76.01	DIGESTIVE HEALTH	987,343	225,494	88,833	25,198	26,418	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	619,328	141,445	100,775	46	29,969	76.02
76.98	HYPERBARIC OXYGEN THERAPY	303,340	69,278	0	7,100	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	3,205	732	0	71	0	90.00
91.00	EMERGENCY	4,315,037	985,490	431,603	74,992	128,354	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	2,914,240	665,569	25,336	21,079	7,535	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	94,172,028	17,271,507	5,284,112	533,413	1,542,860	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,010	10,965	26,894	0	7,998	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	TWIN RIVERS MRI	0	0	0	1,555	0	192.01
193.00	NONPAID WORKERS	47,126	10,763	41,431	0	12,321	193.00
193.01	PHYSICIAN/PUBLIC RELATIONS	995,085	227,262	27,024	0	8,037	193.01
193.02	MEDICAL OFFICE BUILDING	645,565	147,437	0	0	0	193.02
193.03	HOME CARE PHARMACY	3,146,971	718,721	12,487	0	3,713	193.03
193.04	MANAGEMENT SERVICES	265,944	60,738	0	0	0	193.04
193.05	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	VACANT SPACE	438,868	100,231	905,857	0	269,391	193.06
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)	99,759,597	18,547,624	6,297,805	534,968	1,844,320	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140002

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.03 ADMITTING						4.03
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,923,147					10.00
11.00 CAFETERIA	0	782,984				11.00
13.00 NURSING ADMINISTRATION	0	11,535	1,191,087			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	7,226	0	713,690		14.00
15.00 PHARMACY	0	24,914	0	0	7,840,004	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	17,573	0	0	0	16.00
17.00 SOCIAL SERVICE	0	13,632	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	840,832	180,714	746,881	0	0	30.00
31.00 INTENSIVE CARE UNIT	118,914	37,320	154,759	0	0	31.00
40.00 SUBPROVIDER - IPF	80,679	20,820	86,301	0	0	40.00
44.00 SKILLED NURSING FACILITY	220,159	33,492	138,863	0	0	44.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	34,654	0	0	0	50.00
51.00 RECOVERY ROOM	0	5,862	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	1,478	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	50,851	0	0	0	54.00
56.00 RADIOISOTOPE	0	4,169	0	0	0	56.00
59.00 CARDIAC CATHETERIZATION	0	9,248	0	0	0	59.00
60.00 LABORATORY	0	35,336	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	12,482	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	16,689	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	21,300	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	3,815	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	2,122	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	21,161	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	713,690	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	7,840,004	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ONCOLOGY	0	5,053	20,193	0	0	76.00
76.01 DIGESTIVE HEALTH	0	10,966	44,090	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	59,441	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	56,839	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,260,584	698,692	1,191,087	713,690	7,840,004	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,793	985	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 TWIN RIVERS MRI	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	467	0	0	0	193.00
193.01 PHYSICIAN/PUBLIC RELATIONS	0	3,411	0	0	0	193.01
193.02 MEDICAL OFFICE BUILDING	0	1,466	0	0	0	193.02
193.03 HOME CARE PHARMACY	0	8,048	0	0	0	193.03
193.04 MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05 EUNICE SMITH NURSING HOME	632,770	69,915	0	0	0	193.05
193.06 VACANT SPACE	0	0	0	0	0	193.06
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)	1,923,147	782,984	1,191,087	713,690	7,840,004	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140002

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.03	ADMITTING						4.03
5.00	ADMINISTRATIVE & GENERAL						5.00
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
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	1,655,859					16.00
17.00	SOCIAL SERVICE	0	1,396,168				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	137,678	947,445	19,551,954	0	19,551,954	30.00
31.00	INTENSIVE CARE UNIT	32,116	127,121	4,065,894	0	4,065,894	31.00
40.00	SUBPROVIDER - IPF	8,533	86,247	2,155,953	0	2,155,953	40.00
44.00	SKILLED NURSING FACILITY	14,467	235,355	3,067,207	0	3,067,207	44.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	68,895	0	6,761,846	0	6,761,846	50.00
51.00	RECOVERY ROOM	14,544	0	827,046	0	827,046	51.00
53.00	ANESTHESIOLOGY	25,145	0	510,996	0	510,996	53.00
54.00	RADIOLOGY-DIAGNOSTIC	251,096	0	6,421,031	0	6,421,031	54.00
56.00	RADIOISOTOPE	22,605	0	766,890	0	766,890	56.00
59.00	CARDIAC CATHETERIZATION	29,403	0	1,430,375	0	1,430,375	59.00
60.00	LABORATORY	245,242	0	5,141,423	0	5,141,423	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	22,945	0	2,079,343	0	2,079,343	63.00
65.00	RESPIRATORY THERAPY	44,780	0	1,459,450	0	1,459,450	65.00
66.00	PHYSICAL THERAPY	30,776	0	2,036,562	0	2,036,562	66.00
67.00	OCCUPATIONAL THERAPY	6,708	0	340,964	0	340,964	67.00
68.00	SPEECH PATHOLOGY	3,569	0	249,236	0	249,236	68.00
69.00	ELECTROCARDIOLOGY	81,201	0	2,279,404	0	2,279,404	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	82,268	0	4,545,844	0	4,545,844	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	74,001	0	5,300,467	0	5,300,467	72.00
73.00	DRUGS CHARGED TO PATIENTS	186,625	0	8,183,074	0	8,183,074	73.00
74.00	RENAL DIALYSIS	4,322	0	397,373	0	397,373	74.00
76.00	ONCOLOGY	2,968	0	624,898	0	624,898	76.00
76.01	DIGESTIVE HEALTH	41,275	0	1,449,617	0	1,449,617	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	16,277	0	907,840	0	907,840	76.02
76.98	HYPERBARIC OXYGEN THERAPY	6,331	0	386,049	0	386,049	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	7	0	4,015	0	4,015	90.00
91.00	EMERGENCY	161,068	0	6,155,985	0	6,155,985	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	41,014	0	3,731,612	0	3,731,612	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,655,859	1,396,168	90,832,348	0	90,832,348	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	124,645	0	124,645	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	TWIN RIVERS MRI	0	0	1,555	0	1,555	192.01
193.00	NONPAID WORKERS	0	0	112,108	0	112,108	193.00
193.01	PHYSICIAN/PUBLIC RELATIONS	0	0	1,260,819	0	1,260,819	193.01
193.02	MEDICAL OFFICE BUILDING	0	0	794,468	0	794,468	193.02
193.03	HOME CARE PHARMACY	0	0	3,889,940	0	3,889,940	193.03
193.04	MANAGEMENT SERVICES	0	0	326,682	0	326,682	193.04
193.05	EUNICE SMITH NURSING HOME	0	0	702,685	0	702,685	193.05
193.06	VACANT SPACE	0	0	1,714,347	0	1,714,347	193.06
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,655,859	1,396,168	99,759,597	0	99,759,597	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140002

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description	CAPITAL RELATED COSTS			Subtotal 2A	EMPLOYEE BENEFITS 4.00	
	Directly Assigned New Capital Related Costs 0	NEW BLDG & FIXT 1.00	NEW MVBLE EQUIP 2.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	6,917		1,068	38,924	38,924
4.03	ADMITTING	9,076	68,280	221	77,577	807
5.00	ADMINISTRATIVE & GENERAL	560,953	320,030	2,108,452	2,989,435	3,237
7.00	OPERATION OF PLANT	3,265	2,209,825	21,673	2,234,763	815
8.00	LAUNDRY & LINEN SERVICE	0	13,835	0	13,835	0
9.00	HOUSEKEEPING	476	32,712	3,514	36,702	850
10.00	DIETARY	3,072	135,767	7,348	146,187	0
11.00	CAFETERIA	0	60,998	10,125	71,123	0
13.00	NURSING ADMINISTRATION	0	6,226	109,402	115,628	713
14.00	CENTRAL SERVICES & SUPPLY	615,535	56,042	16,280	687,857	203
15.00	PHARMACY	191,613	34,838	657	227,108	1,580
16.00	MEDICAL RECORDS & LIBRARY	6,179	66,796	106	73,081	840
17.00	SOCIAL SERVICE	5,272	6,590	0	11,862	703
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	24,657	690,128	122,021	836,806	8,664
31.00	INTENSIVE CARE UNIT	4,158	69,022	57,304	130,484	1,998
40.00	SUBPROVIDER - IPF	2,418	92,415	0	94,833	999
44.00	SKILLED NURSING FACILITY	2,812	48,622	3,311	54,745	1,403
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	265,043	260,403	343,244	868,690	1,721
51.00	RECOVERY ROOM	389	42,522	12,166	55,077	388
53.00	ANESTHESIOLOGY	5,613	3,069	87,290	95,972	45
54.00	RADIOLOGY-DIAGNOSTIC	0	204,939	586,127	791,066	2,097
56.00	RADIOISOTOPE	0	12,589	76,750	89,339	213
59.00	CARDIAC CATHETERIZATION	0	22,148	153,908	176,056	504
60.00	LABORATORY	3,782	180,867	143,969	328,618	1,180
63.00	BLOOD STORING, PROCESSING & TRANS.	0	4,578	1,360	5,938	506
65.00	RESPIRATORY THERAPY	11,046	19,393	41,708	72,147	708
66.00	PHYSICAL THERAPY	3,403	68,229	4,527	76,159	1,069
67.00	OCCUPATIONAL THERAPY	0	18,375	0	18,375	172
68.00	SPEECH PATHOLOGY	0	6,288	169	6,457	148
69.00	ELECTROCARDIOLOGY	3,707	63,538	78,169	145,414	893
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	3,522	0	3,522	0
76.00	ONCOLOGY	738	22,349	2,597	25,684	299
76.01	DIGESTIVE HEALTH	1,015	43,038	57,921	101,974	597
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,976	48,823	511	52,310	0
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	2,851	0	0	2,851	0
91.00	EMERGENCY	7,312	209,102	64,380	280,794	2,934
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	2,963	12,275	151,788	167,026	1,780
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,747,241	5,189,112	4,268,066	11,204,419	38,066
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,030	1,156	14,186	24
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	TWIN RIVERS MRI	0	0	0	0	0
193.00	NONPAID WORKERS	0	20,073	0	20,073	9
193.01	PHYSICIAN/PUBLIC RELATIONS	0	13,092	0	13,092	175
193.02	MEDICAL OFFICE BUILDING	0	0	0	0	58
193.03	HOME CARE PHARMACY	872	6,049	37	6,958	388
193.04	MANAGEMENT SERVICES	0	0	0	0	204
193.05	EUNICE SMITH NURSING HOME	0	0	0	0	0
193.06	VACANT SPACE	0	438,868	0	438,868	0
200.00	Cross Foot Adjustments	0	0	0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	1,748,113	5,680,224	4,269,259	11,697,596	38,924

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140002

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description	ADMITTING	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	4.03	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.03 ADMITTING	78,384					4.03
5.00 ADMINISTRATIVE & GENERAL	0	2,992,672				5.00
7.00 OPERATION OF PLANT	0	188,926	2,424,504			7.00
8.00 LAUNDRY & LINEN SERVICE	0	15,192	10,993	40,020		8.00
9.00 HOUSEKEEPING	0	53,302	25,994	0	116,848	9.00
10.00 DIETARY	0	46,785	107,883	0	5,280	10.00
11.00 CAFETERIA	0	18,588	48,470	0	2,372	11.00
13.00 NURSING ADMINISTRATION	0	34,885	4,947	0	242	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	16,619	44,532	180	2,179	14.00
15.00 PHARMACY	0	231,637	27,683	19	1,355	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	43,781	53,077	0	2,598	16.00
17.00 SOCIAL SERVICE	0	40,945	5,237	0	256	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,509	439,053	548,389	16,081	26,839	30.00
31.00 INTENSIVE CARE UNIT	1,518	101,514	54,846	2,011	2,684	31.00
40.00 SUBPROVIDER - IPF	403	48,528	73,434	614	3,594	40.00
44.00 SKILLED NURSING FACILITY	684	67,981	38,636	2,134	1,891	44.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,257	176,944	206,921	4,683	10,127	50.00
51.00 RECOVERY ROOM	688	20,582	33,789	500	1,654	51.00
53.00 ANESTHESIOLOGY	1,189	14,284	2,438	0	119	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,969	166,080	162,849	2,546	7,970	54.00
56.00 RADIOISOTOPE	1,069	21,099	10,004	229	490	56.00
59.00 CARDIAC CATHETERIZATION	1,390	39,971	17,599	0	861	59.00
60.00 LABORATORY	11,595	131,289	143,721	0	7,034	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	1,085	60,947	3,638	0	178	63.00
65.00 RESPIRATORY THERAPY	2,117	40,290	15,410	224	754	65.00
66.00 PHYSICAL THERAPY	1,455	53,825	54,216	563	2,653	66.00
67.00 OCCUPATIONAL THERAPY	317	8,437	14,601	0	715	67.00
68.00 SPEECH PATHOLOGY	169	6,801	4,997	0	245	68.00
69.00 ELECTROCARDIOLOGY	3,839	60,000	50,489	509	2,471	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,890	112,492	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	3,499	156,787	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	8,824	4,693	0	0	0	73.00
74.00 RENAL DIALYSIS	204	11,508	2,798	0	137	74.00
76.00 ONCOLOGY	140	16,104	17,759	0	869	76.00
76.01 DIGESTIVE HEALTH	1,951	36,384	34,199	1,885	1,674	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	770	22,822	38,796	3	1,899	76.02
76.98 HYPERBARIC OXYGEN THERAPY	299	11,178	0	531	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	118	0	5	0	90.00
91.00 EMERGENCY	7,615	159,009	166,157	5,610	8,132	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,939	107,390	9,754	1,577	477	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	78,384	2,786,770	2,034,256	39,904	97,749	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,769	10,354	0	507	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 TWIN RIVERS MRI	0	0	0	116	0	192.01
193.00 NONPAID WORKERS	0	1,737	15,950	0	781	193.00
193.01 PHYSICIAN/PUBLIC RELATIONS	0	36,669	10,404	0	509	193.01
193.02 MEDICAL OFFICE BUILDING	0	23,789	0	0	0	193.02
193.03 HOME CARE PHARMACY	0	115,966	4,807	0	235	193.03
193.04 MANAGEMENT SERVICES	0	9,800	0	0	0	193.04
193.05 EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06 VACANT SPACE	0	16,172	348,733	0	17,067	193.06
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)	78,384	2,992,672	2,424,504	40,020	116,848	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140002

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.03 ADMITTING						4.03
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	306,135					10.00
11.00 CAFETERIA	0	140,553				11.00
13.00 NURSING ADMINISTRATION	0	2,071	158,486			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,297	0	752,867		14.00
15.00 PHARMACY	0	4,472	0	0	493,854	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	3,155	0	0	0	16.00
17.00 SOCIAL SERVICE	0	2,447	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	133,847	32,440	99,380	0	0	30.00
31.00 INTENSIVE CARE UNIT	18,929	6,699	20,592	0	0	31.00
40.00 SUBPROVIDER - IPF	12,843	3,737	11,483	0	0	40.00
44.00 SKILLED NURSING FACILITY	35,046	6,012	18,477	0	0	44.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	6,221	0	0	0	50.00
51.00 RECOVERY ROOM	0	1,052	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	265	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	9,128	0	0	0	54.00
56.00 RADIOISOTOPE	0	748	0	0	0	56.00
59.00 CARDIAC CATHETERIZATION	0	1,660	0	0	0	59.00
60.00 LABORATORY	0	6,343	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	2,241	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	2,996	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	3,824	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	685	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	381	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	3,799	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	752,867	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	493,854	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ONCOLOGY	0	907	2,687	0	0	76.00
76.01 DIGESTIVE HEALTH	0	1,969	5,867	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	10,670	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	10,203	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	200,665	125,422	158,486	752,867	493,854	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,743	177	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 TWIN RIVERS MRI	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	84	0	0	0	193.00
193.01 PHYSICIAN/PUBLIC RELATIONS	0	612	0	0	0	193.01
193.02 MEDICAL OFFICE BUILDING	0	263	0	0	0	193.02
193.03 HOME CARE PHARMACY	0	1,445	0	0	0	193.03
193.04 MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05 EUNICE SMITH NURSING HOME	100,727	12,550	0	0	0	193.05
193.06 VACANT SPACE	0	0	0	0	0	193.06
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)	306,135	140,553	158,486	752,867	493,854	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140002

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.03	ADMITTING						4.03
5.00	ADMINISTRATIVE & GENERAL						5.00
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
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	176,532					16.00
17.00	SOCIAL SERVICE	0	61,450				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,683	41,700	2,204,391	0	2,204,391	30.00
31.00	INTENSIVE CARE UNIT	3,425	5,595	350,295	0	350,295	31.00
40.00	SUBPROVIDER - IPF	910	3,796	255,174	0	255,174	40.00
44.00	SKILLED NURSING FACILITY	1,543	10,359	238,911	0	238,911	44.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,348	0	1,285,912	0	1,285,912	50.00
51.00	RECOVERY ROOM	1,551	0	115,281	0	115,281	51.00
53.00	ANESTHESIOLOGY	2,682	0	116,994	0	116,994	53.00
54.00	RADIOLOGY-DIAGNOSTIC	26,714	0	1,180,419	0	1,180,419	54.00
56.00	RADIOISOTOPE	2,411	0	125,602	0	125,602	56.00
59.00	CARDIAC CATHETERIZATION	3,136	0	241,177	0	241,177	59.00
60.00	LABORATORY	26,155	0	655,935	0	655,935	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	2,447	0	76,980	0	76,980	63.00
65.00	RESPIRATORY THERAPY	4,776	0	139,422	0	139,422	65.00
66.00	PHYSICAL THERAPY	3,282	0	197,046	0	197,046	66.00
67.00	OCCUPATIONAL THERAPY	715	0	44,017	0	44,017	67.00
68.00	SPEECH PATHOLOGY	381	0	19,579	0	19,579	68.00
69.00	ELECTROCARDIOLOGY	8,660	0	276,074	0	276,074	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,774	0	878,023	0	878,023	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	7,892	0	168,178	0	168,178	72.00
73.00	DRUGS CHARGED TO PATIENTS	19,903	0	527,274	0	527,274	73.00
74.00	RENAL DIALYSIS	461	0	18,630	0	18,630	74.00
76.00	ONCOLOGY	317	0	64,766	0	64,766	76.00
76.01	DIGESTIVE HEALTH	4,402	0	190,902	0	190,902	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,736	0	118,336	0	118,336	76.02
76.98	HYPERBARIC OXYGEN THERAPY	675	0	12,683	0	12,683	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	1	0	2,975	0	2,975	90.00
91.00	EMERGENCY	17,178	0	658,099	0	658,099	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	4,374	0	304,520	0	304,520	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	176,532	61,450	10,467,595	0	10,467,595	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	31,760	0	31,760	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	TWIN RIVERS MRI	0	0	116	0	116	192.01
193.00	NONPAID WORKERS	0	0	38,634	0	38,634	193.00
193.01	PHYSICIAN/PUBLIC RELATIONS	0	0	61,461	0	61,461	193.01
193.02	MEDICAL OFFICE BUILDING	0	0	24,110	0	24,110	193.02
193.03	HOME CARE PHARMACY	0	0	129,799	0	129,799	193.03
193.04	MANAGEMENT SERVICES	0	0	10,004	0	10,004	193.04
193.05	EUNICE SMITH NURSING HOME	0	0	113,277	0	113,277	193.05
193.06	VACANT SPACE	0	0	820,840	0	820,840	193.06
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)	176,532	61,450	11,697,596	0	11,697,596	202.00

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	Reconciliation	
	NEW BLDG & FIXT (SQARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	451,642					1.00
2.00		4,249,402				2.00
4.00	2,460	1,063	36,613,921			4.00
4.03	5,429	220	759,312	357,463,213		4.03
5.00	25,446	2,098,645	3,045,377	0	-18,547,624	5.00
7.00	175,706	21,572	766,647	0	0	7.00
8.00	1,100	0	0	0	0	8.00
9.00	2,601	3,498	799,284	0	0	9.00
10.00	10,795	7,314	0	0	0	10.00
11.00	4,850	10,078	0	0	0	11.00
13.00	495	108,893	670,326	0	0	13.00
14.00	4,456	16,204	191,264	0	0	14.00
15.00	2,770	654	1,486,644	0	0	15.00
16.00	5,311	106	789,775	0	0	16.00
17.00	524	0	660,983	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	54,873	121,453	8,146,790	29,723,173	0	30.00
31.00	5,488	57,037	1,879,997	6,933,587	0	31.00
40.00	7,348	0	939,408	1,842,086	0	40.00
44.00	3,866	3,296	1,319,534	3,123,221	0	44.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	20,705	341,647	1,618,683	14,873,754	0	50.00
51.00	3,381	12,109	365,297	3,139,846	0	51.00
53.00	244	86,884	42,243	5,428,636	0	53.00
54.00	16,295	583,401	1,973,121	54,189,881	0	54.00
56.00	1,001	76,393	200,489	4,880,223	0	56.00
59.00	1,761	153,192	473,712	6,347,701	0	59.00
60.00	14,381	143,299	1,109,998	52,945,083	0	60.00
63.00	364	1,354	476,367	4,953,476	0	63.00
65.00	1,542	41,514	665,753	9,667,516	0	65.00
66.00	5,425	4,506	1,005,432	6,644,184	0	66.00
67.00	1,461	0	162,265	1,448,285	0	67.00
68.00	500	168	138,914	770,429	0	68.00
69.00	5,052	77,805	840,135	17,530,336	0	69.00
71.00	0	0	0	17,760,859	0	71.00
72.00	0	0	0	15,976,131	0	72.00
73.00	0	0	0	40,290,334	0	73.00
74.00	280	0	0	933,071	0	74.00
76.00	1,777	2,585	281,711	640,810	0	76.00
76.01	3,422	57,652	561,231	8,910,852	0	76.01
76.02	3,882	509	0	3,514,019	0	76.02
76.98	0	0	262	1,366,879	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	0	0	9	1,515	0	90.00
91.00	16,626	64,081	2,760,221	34,772,786	0	91.00
92.00						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	976	151,082	1,674,802	8,854,540	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	412,593	4,248,214	35,805,986	357,463,213	-18,547,624	118.00
NONREIMBURSABLE COST CENTERS						
190.00	1,036	1,151	23,030	0	0	190.00
192.00	0	0	0	0	0	192.00
192.01	0	0	0	0	0	192.01
193.00	1,596	0	8,786	0	0	193.00
193.01	1,041	0	164,697	0	0	193.01
193.02	0	0	54,433	0	0	193.02
193.03	481	37	365,188	0	0	193.03
193.04	0	0	191,801	0	0	193.04
193.05	0	0	0	0	0	193.05
193.06	34,895	0	0	0	0	193.06
200.00						200.00
201.00						201.00
202.00	5,680,224	4,269,259	1,411,359	1,129,987		202.00
203.00	12.576829	1.004673	0.038547	0.003161		203.00
204.00			38,924	78,384		204.00
205.00			0.001063	0.000219		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQURE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.03	ADMITTING						4.03
5.00	ADMINISTRATIVE & GENERAL	81,211,973					5.00
7.00	OPERATION OF PLANT	5,126,898	242,601				7.00
8.00	LAUNDRY & LINEN SERVICE	412,259	1,100	690,321			8.00
9.00	HOUSEKEEPING	1,446,451	2,601	0	238,900		9.00
10.00	DIETARY	1,269,615	10,795	0	10,795	215,726	10.00
11.00	CAFETERIA	504,433	4,850	0	4,850	0	11.00
13.00	NURSING ADMINISTRATION	946,675	495	0	495	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	450,978	4,456	3,113	4,456	0	14.00
15.00	PHARMACY	6,285,936	2,770	320	2,770	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,188,075	5,311	0	5,311	0	16.00
17.00	SOCIAL SERVICE	1,111,124	524	0	524	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,914,295	54,873	277,355	54,873	94,319	30.00
31.00	INTENSIVE CARE UNIT	2,754,791	5,488	34,694	5,488	13,339	31.00
40.00	SUBPROVIDER - IPF	1,316,918	7,348	10,598	7,348	9,050	40.00
44.00	SKILLED NURSING FACILITY	1,844,810	3,866	36,814	3,866	24,696	44.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,801,725	20,705	80,771	20,705	0	50.00
51.00	RECOVERY ROOM	558,523	3,381	8,632	3,381	0	51.00
53.00	ANESTHESIOLOGY	387,627	244	0	244	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,506,927	16,295	43,918	16,295	0	54.00
56.00	RADIOISOTOPE	572,572	1,001	3,954	1,001	0	56.00
59.00	CARDIAC CATHETERIZATION	1,084,688	1,761	0	1,761	0	59.00
60.00	LABORATORY	3,562,807	14,381	0	14,381	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,653,925	364	0	364	0	63.00
65.00	RESPIRATORY THERAPY	1,093,344	1,542	3,871	1,542	0	65.00
66.00	PHYSICAL THERAPY	1,460,661	5,425	9,705	5,425	0	66.00
67.00	OCCUPATIONAL THERAPY	228,947	1,461	0	1,461	0	67.00
68.00	SPEECH PATHOLOGY	184,555	500	0	500	0	68.00
69.00	ELECTROCARDIOLOGY	1,628,231	5,052	8,772	5,052	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,052,696	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	4,254,746	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	127,358	0	0	0	0	73.00
74.00	RENAL DIALYSIS	312,296	280	0	280	0	74.00
76.00	ONCOLOGY	437,025	1,777	0	1,777	0	76.00
76.01	DIGESTIVE HEALTH	987,343	3,422	32,516	3,422	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	619,328	3,882	59	3,882	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	303,340	0	9,162	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	3,205	0	91	0	0	90.00
91.00	EMERGENCY	4,315,037	16,626	96,770	16,626	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	2,914,240	976	27,200	976	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	75,624,404	203,552	688,315	199,851	141,404	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,010	1,036	0	1,036	3,342	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	TWIN RIVERS MRI	0	0	2,006	0	0	192.01
193.00	NONPAID WORKERS	47,126	1,596	0	1,596	0	193.00
193.01	PHYSICIAN/PUBLIC RELATIONS	995,085	1,041	0	1,041	0	193.01
193.02	MEDICAL OFFICE BUILDING	645,565	0	0	0	0	193.02
193.03	HOME CARE PHARMACY	3,146,971	481	0	481	0	193.03
193.04	MANAGEMENT SERVICES	265,944	0	0	0	0	193.04
193.05	EUNICE SMITH NURSING HOME	0	0	0	0	70,980	193.05
193.06	VACANT SPACE	438,868	34,895	0	34,895	0	193.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	18,547,624	6,297,805	534,968	1,844,320	1,923,147	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.228385	25.959518	0.774955	7.720050	8.914767	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	2,992,672	2,424,504	40,020	116,848	306,135	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.036850	9.993792	0.057973	0.489108	1.419092	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.03	ADMITTING						4.03
5.00	ADMINISTRATIVE & GENERAL						5.00
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	61,976					11.00
13.00	NURSING ADMINISTRATION	913	472,951				13.00
14.00	CENTRAL SERVICES & SUPPLY	572	0	100			14.00
15.00	PHARMACY	1,972	0	0	100		15.00
16.00	MEDICAL RECORDS & LIBRARY	1,391	0	0	0	357,463,213	16.00
17.00	SOCIAL SERVICE	1,079	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,304	296,568	0	0	29,723,173	30.00
31.00	INTENSIVE CARE UNIT	2,954	61,451	0	0	6,933,587	31.00
40.00	SUBPROVIDER - IPF	1,648	34,268	0	0	1,842,086	40.00
44.00	SKILLED NURSING FACILITY	2,651	55,139	0	0	3,123,221	44.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,743	0	0	0	14,873,754	50.00
51.00	RECOVERY ROOM	464	0	0	0	3,139,846	51.00
53.00	ANESTHESIOLOGY	117	0	0	0	5,428,636	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,025	0	0	0	54,189,881	54.00
56.00	RADIOISOTOPE	330	0	0	0	4,880,223	56.00
59.00	CARDIAC CATHETERIZATION	732	0	0	0	6,347,701	59.00
60.00	LABORATORY	2,797	0	0	0	52,945,083	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	988	0	0	0	4,953,476	63.00
65.00	RESPIRATORY THERAPY	1,321	0	0	0	9,667,516	65.00
66.00	PHYSICAL THERAPY	1,686	0	0	0	6,644,184	66.00
67.00	OCCUPATIONAL THERAPY	302	0	0	0	1,448,285	67.00
68.00	SPEECH PATHOLOGY	168	0	0	0	770,429	68.00
69.00	ELECTROCARDIOLOGY	1,675	0	0	0	17,530,336	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	100	0	17,760,859	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	15,976,131	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	100	40,290,334	73.00
74.00	RENAL DIALYSIS	0	0	0	0	933,071	74.00
76.00	ONCOLOGY	400	8,018	0	0	640,810	76.00
76.01	DIGESTIVE HEALTH	868	17,507	0	0	8,910,852	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	3,514,019	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,366,879	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	1,515	90.00
91.00	EMERGENCY	4,705	0	0	0	34,772,786	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	4,499	0	0	0	8,854,540	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	55,304	472,951	100	100	357,463,213	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	78	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	TWIN RIVERS MRI	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	37	0	0	0	0	193.00
193.01	PHYSICIAN/PUBLIC RELATIONS	270	0	0	0	0	193.01
193.02	MEDICAL OFFICE BUILDING	116	0	0	0	0	193.02
193.03	HOME CARE PHARMACY	637	0	0	0	0	193.03
193.04	MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05	EUNICE SMITH NURSING HOME	5,534	0	0	0	0	193.05
193.06	VACANT SPACE	0	0	0	0	0	193.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	782,984	1,191,087	713,690	7,840,004	1,655,859	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.633665	2.518415	7,136.900000	78,400.040000	0.004632	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	140,553	158,486	752,867	493,854	176,532	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.267862	0.335100	7,528.670000	4,938.540000	0.000494	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		SOCIAL SERVICE	
		(PATIENT DAYS)	
		17.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
4.03	ADMITTING		4.03
5.00	ADMINISTRATIVE & GENERAL		5.00
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
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	32,894	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	22,322	30.00
31.00	INTENSIVE CARE UNIT	2,995	31.00
40.00	SUBPROVIDER - IPF	2,032	40.00
44.00	SKILLED NURSING FACILITY	5,545	44.00
46.00	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	50.00
51.00	RECOVERY ROOM	0	51.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
56.00	RADIOISOTOPE	0	56.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	0	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	RENAL DIALYSIS	0	74.00
76.00	ONCOLOGY	0	76.00
76.01	DIGESTIVE HEALTH	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0	90.00
91.00	EMERGENCY	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	32,894	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	TWIN RIVERS MRI	0	192.01
193.00	NONPAID WORKERS	0	193.00
193.01	PHYSICIAN/PUBLIC RELATIONS	0	193.01
193.02	MEDICAL OFFICE BUILDING	0	193.02
193.03	HOME CARE PHARMACY	0	193.03
193.04	MANAGEMENT SERVICES	0	193.04
193.05	EUNICE SMITH NURSING HOME	0	193.05
193.06	VACANT SPACE	0	193.06
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,396,168	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	42.444458	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	61,450	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.868122	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		Total Costs	PPS
			Costs			
			Total Costs	RCE Disallowance		
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		19,551,954		19,551,954	30.00
31.00	INTENSIVE CARE UNIT		4,065,894	7,458	4,073,352	31.00
40.00	SUBPROVIDER - IPF		2,155,953	0	2,155,953	40.00
44.00	SKILLED NURSING FACILITY		3,067,207	0	3,067,207	44.00
46.00	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		6,761,846	0	6,761,846	50.00
51.00	RECOVERY ROOM		827,046	0	827,046	51.00
53.00	ANESTHESIOLOGY		510,996	17,000	527,996	53.00
54.00	RADIOLOGY-DIAGNOSTIC		6,421,031	27,329	6,448,360	54.00
56.00	RADIOISOTOPE		766,890	0	766,890	56.00
59.00	CARDIAC CATHETERIZATION		1,430,375	23,365	1,453,740	59.00
60.00	LABORATORY		5,141,423	109,708	5,251,131	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.		2,079,343	0	2,079,343	63.00
65.00	RESPIRATORY THERAPY	0	1,459,450	0	1,459,450	65.00
66.00	PHYSICAL THERAPY	0	2,036,562	18,425	2,054,987	66.00
67.00	OCCUPATIONAL THERAPY	0	340,964	0	340,964	67.00
68.00	SPEECH PATHOLOGY	0	249,236	0	249,236	68.00
69.00	ELECTROCARDIOLOGY		2,279,404	13,142	2,292,546	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,545,844	0	4,545,844	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		5,300,467	0	5,300,467	72.00
73.00	DRUGS CHARGED TO PATIENTS		8,183,074	0	8,183,074	73.00
74.00	RENAL DIALYSIS		397,373	0	397,373	74.00
76.00	ONCOLOGY		624,898	0	624,898	76.00
76.01	DIGESTIVE HEALTH		1,449,617	0	1,449,617	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		907,840	0	907,840	76.02
76.98	HYPERBARIC OXYGEN THERAPY		386,049	0	386,049	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		4,015	0	4,015	90.00
91.00	EMERGENCY		6,155,985	0	6,155,985	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,087,742	0	1,087,742	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		3,731,612	0	3,731,612	95.00
200.00	Subtotal (see instructions)	0	91,920,090	216,427	92,136,517	200.00
201.00	Less Observation Beds		1,087,742	0	1,087,742	201.00
202.00	Total (see instructions)	0	90,832,348	216,427	91,048,775	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 11:40 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	28,495,573		28,495,573			30.00
31.00	INTENSIVE CARE UNIT	6,933,587		6,933,587			31.00
40.00	SUBPROVIDER - IPF	1,842,086		1,842,086			40.00
44.00	SKILLED NURSING FACILITY	3,123,221		3,123,221			44.00
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,518,172	11,355,582	14,873,754	0.454616	0.000000	50.00
51.00	RECOVERY ROOM	607,461	2,532,385	3,139,846	0.263403	0.000000	51.00
53.00	ANESTHESIOLOGY	1,582,503	3,846,133	5,428,636	0.094130	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,725,524	42,464,357	54,189,881	0.118491	0.000000	54.00
56.00	RADIOISOTOPE	1,262,350	3,617,873	4,880,223	0.157142	0.000000	56.00
59.00	CARDIAC CATHETERIZATION	2,743,306	3,604,395	6,347,701	0.225337	0.000000	59.00
60.00	LABORATORY	25,070,377	27,874,706	52,945,083	0.097109	0.000000	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	3,405,523	1,547,953	4,953,476	0.419775	0.000000	63.00
65.00	RESPIRATORY THERAPY	8,477,846	1,189,670	9,667,516	0.150964	0.000000	65.00
66.00	PHYSICAL THERAPY	2,641,546	4,002,638	6,644,184	0.306518	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	1,110,371	337,914	1,448,285	0.235426	0.000000	67.00
68.00	SPEECH PATHOLOGY	273,915	496,514	770,429	0.323503	0.000000	68.00
69.00	ELECTROCARDIOLOGY	5,569,587	11,960,749	17,530,336	0.130026	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,364,878	8,395,981	17,760,859	0.255947	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	7,134,174	8,841,957	15,976,131	0.331774	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	28,535,982	11,754,352	40,290,334	0.203103	0.000000	73.00
74.00	RENAL DIALYSIS	908,807	24,264	933,071	0.425876	0.000000	74.00
76.00	ONCOLOGY	156,716	484,094	640,810	0.975169	0.000000	76.00
76.01	DIGESTIVE HEALTH	1,048,858	7,861,994	8,910,852	0.162680	0.000000	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	11,102	3,502,917	3,514,019	0.258348	0.000000	76.02
76.98	HYPERBARIC OXYGEN THERAPY	5,520	1,361,359	1,366,879	0.282431	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	1,515	1,515	2.650165	0.000000	90.00
91.00	EMERGENCY	7,318,576	27,454,210	34,772,786	0.177035	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	200,734	1,026,866	1,227,600	0.886072	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	8,854,540	8,854,540	0.421435	0.000000	95.00
200.00	Subtotal (see instructions)	163,068,295	194,394,918	357,463,213			200.00
201.00	Less observation Beds						201.00
202.00	Total (see instructions)	163,068,295	194,394,918	357,463,213			202.00

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
40.00	SUBPROVIDER - IPF				40.00
44.00	SKILLED NURSING FACILITY				44.00
46.00	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.454616			50.00
51.00	RECOVERY ROOM	0.263403			51.00
53.00	ANESTHESIOLOGY	0.097261			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.118996			54.00
56.00	RADIOISOTOPE	0.157142			56.00
59.00	CARDIAC CATHETERIZATION	0.229018			59.00
60.00	LABORATORY	0.099181			60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.419775			63.00
65.00	RESPIRATORY THERAPY	0.150964			65.00
66.00	PHYSICAL THERAPY	0.309291			66.00
67.00	OCCUPATIONAL THERAPY	0.235426			67.00
68.00	SPEECH PATHOLOGY	0.323503			68.00
69.00	ELECTROCARDIOLOGY	0.130776			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.255947			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.331774			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.203103			73.00
74.00	RENAL DIALYSIS	0.425876			74.00
76.00	ONCOLOGY	0.975169			76.00
76.01	DIGESTIVE HEALTH	0.162680			76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.258348			76.02
76.98	HYPERBARIC OXYGEN THERAPY	0.282431			76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	2.650165			90.00
91.00	EMERGENCY	0.177035			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.886072			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.421435			95.00
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: 140002

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

Worksheet D
Part I
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,204,391	0	2,204,391	23,637	93.26	30.00
31.00 INTENSIVE CARE UNIT	350,295		350,295	2,995	116.96	31.00
40.00 SUBPROVIDER - IPF	255,174	0	255,174	2,032	125.58	40.00
44.00 SKILLED NURSING FACILITY	238,911		238,911	5,545	43.09	44.00
200.00 Total (lines 30-199)	3,048,771		3,048,771	34,209		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/28/2012 11:40 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	12,403	1,156,704	30.00
31.00	INTENSIVE CARE UNIT	1,697	198,481	31.00
40.00	SUBPROVIDER - IPF	1,622	203,691	40.00
44.00	SKILLED NURSING FACILITY	3,069	132,243	44.00
200.00	Total (lines 30-199)	18,791	1,691,119	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140002

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

Worksheet D
Part II
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,285,912	14,873,754	0.086455	2,052,431	177,443	50.00
51.00	RECOVERY ROOM	115,281	3,139,846	0.036715	296,745	10,895	51.00
53.00	ANESTHESIOLOGY	116,994	5,428,636	0.021551	710,354	15,309	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,180,419	54,189,881	0.021783	7,773,695	169,334	54.00
56.00	RADIOISOTOPE	125,602	4,880,223	0.025737	894,853	23,031	56.00
59.00	CARDIAC CATHETERIZATION	241,177	6,347,701	0.037994	911,191	34,620	59.00
60.00	LABORATORY	655,935	52,945,083	0.012389	15,166,754	187,901	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	76,980	4,953,476	0.015541	1,309,776	20,355	63.00
65.00	RESPIRATORY THERAPY	139,422	9,667,516	0.014422	5,405,431	77,957	65.00
66.00	PHYSICAL THERAPY	197,046	6,644,184	0.029657	951,572	28,221	66.00
67.00	OCCUPATIONAL THERAPY	44,017	1,448,285	0.030392	213,930	6,502	67.00
68.00	SPEECH PATHOLOGY	19,579	770,429	0.025413	169,693	4,312	68.00
69.00	ELECTROCARDIOLOGY	276,074	17,530,336	0.015748	4,386,486	69,078	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	878,023	17,760,859	0.049436	5,497,231	271,761	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	168,178	15,976,131	0.010527	3,894,038	40,993	72.00
73.00	DRUGS CHARGED TO PATIENTS	527,274	40,290,334	0.013087	15,571,013	203,778	73.00
74.00	RENAL DIALYSIS	18,630	933,071	0.019966	534,340	10,669	74.00
76.00	ONCOLOGY	64,766	640,810	0.101069	57,753	5,837	76.00
76.01	DIGESTIVE HEALTH	190,902	8,910,852	0.021424	501,916	10,753	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	118,336	3,514,019	0.033675	6,768	228	76.02
76.98	HYPERBARIC OXYGEN THERAPY	12,683	1,366,879	0.009279	5,520	51	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2,975	1,515	1.963696	0	0	90.00
91.00	EMERGENCY	658,099	34,772,786	0.018926	3,160,413	59,814	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	122,637	1,227,600	0.099900	141,087	14,095	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	7,236,941	308,214,206		69,612,990	1,442,937	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140002		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/28/2012 11:40 am	
Cost Center Description	Title XVIII			Hospital		PPS	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002

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

Worksheet D
Part III
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description	Title XVIII		Hospital		PPS		
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	23,637	0.00	12,403	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	2,995	0.00	1,697	0	0	0	31.00
40.00 SUBPROVIDER - IPF	2,032	0.00	1,622	0	0	0	40.00
44.00 SKILLED NURSING FACILITY	5,545	0.00	3,069	0	0	0	44.00
200.00 Total (lines 30-199)	34,209		18,791	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/28/2012 11:40 am
Title XVIII		Hospital	PPS

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:40 am
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Cost Center Description	Title XVIII Hospital				Total Cost (sum of col 1 through col. 4) PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0	0	0 50.00
51.00 RECOVERY ROOM	0	0	0	0	0 51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
56.00 RADIOISOTOPE	0	0	0	0	0 56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 LABORATORY	0	0	0	0	0 60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 ONCOLOGY	0	0	0	0	0 76.00
76.01 DIGESTIVE HEALTH	0	0	0	0	0 76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.02
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
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					
95.00 AMBULANCE SERVICES					0 95.00
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: 140002

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		Title XVIII				Hospital	
		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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	14,873,754	0.000000	0.000000	2,052,431	50.00
51.00	RECOVERY ROOM	0	3,139,846	0.000000	0.000000	296,745	51.00
53.00	ANESTHESIOLOGY	0	5,428,636	0.000000	0.000000	710,354	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54,189,881	0.000000	0.000000	7,773,695	54.00
56.00	RADIOISOTOPE	0	4,880,223	0.000000	0.000000	894,853	56.00
59.00	CARDIAC CATHETERIZATION	0	6,347,701	0.000000	0.000000	911,191	59.00
60.00	LABORATORY	0	52,945,083	0.000000	0.000000	15,166,754	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	4,953,476	0.000000	0.000000	1,309,776	63.00
65.00	RESPIRATORY THERAPY	0	9,667,516	0.000000	0.000000	5,405,431	65.00
66.00	PHYSICAL THERAPY	0	6,644,184	0.000000	0.000000	951,572	66.00
67.00	OCCUPATIONAL THERAPY	0	1,448,285	0.000000	0.000000	213,930	67.00
68.00	SPEECH PATHOLOGY	0	770,429	0.000000	0.000000	169,693	68.00
69.00	ELECTROCARDIOLOGY	0	17,530,336	0.000000	0.000000	4,386,486	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,760,859	0.000000	0.000000	5,497,231	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	15,976,131	0.000000	0.000000	3,894,038	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	40,290,334	0.000000	0.000000	15,571,013	73.00
74.00	RENAL DIALYSIS	0	933,071	0.000000	0.000000	534,340	74.00
76.00	ONCOLOGY	0	640,810	0.000000	0.000000	57,753	76.00
76.01	DIGESTIVE HEALTH	0	8,910,852	0.000000	0.000000	501,916	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,514,019	0.000000	0.000000	6,768	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0	1,366,879	0.000000	0.000000	5,520	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	1,515	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	34,772,786	0.000000	0.000000	3,160,413	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,227,600	0.000000	0.000000	141,087	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	308,214,206			69,612,990	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description	Title XVIII			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	3,611,629	0	0	0	50.00
51.00 RECOVERY ROOM	0	788,341	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	977,079	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	11,479,475	0	0	0	54.00
56.00 RADIOISOTOPE	0	1,365,244	0	0	0	56.00
59.00 CARDIAC CATHETERIZATION	0	792,399	0	0	0	59.00
60.00 LABORATORY	0	972,081	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	275,921	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	277,325	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	348	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	4,891,550	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,836,557	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	4,374,940	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	6,521,134	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ONCOLOGY	0	243,969	0	0	0	76.00
76.01 DIGESTIVE HEALTH	0	2,364,718	0	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,399,289	0	0	0	76.02
76.98 HYPERBARIC OXYGEN THERAPY	0	464,313	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	4,144,036	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	253,621	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	50,033,969	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:40 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0			50.00
51.00	RECOVERY ROOM	0	0			51.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
56.00	RADIOISOTOPE	0	0			56.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	RENAL DIALYSIS	0	0			74.00
76.00	ONCOLOGY	0	0			76.00
76.01	DIGESTIVE HEALTH	0	0			76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.02
76.98	HYPERBARIC OXYGEN THERAPY	0	0			76.98
OUTPATIENT SERVICE COST CENTERS						
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						
95.00	AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140002

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

Worksheet D
Part V
Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Hospital	PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.454616	3,611,629	0	0	50.00
51.00	RECOVERY ROOM	0.263403	788,341	0	0	51.00
53.00	ANESTHESIOLOGY	0.094130	977,079	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.118491	11,479,475	0	0	54.00
56.00	RADIOISOTOPE	0.157142	1,365,244	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0.225337	792,399	0	0	59.00
60.00	LABORATORY	0.097109	972,081	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.419775	275,921	0	0	63.00
65.00	RESPIRATORY THERAPY	0.150964	277,325	0	0	65.00
66.00	PHYSICAL THERAPY	0.306518	348	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.235426	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.323503	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.130026	4,891,550	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.255947	2,836,557	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.331774	4,374,940	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.203103	6,521,134	0	12,406	73.00
74.00	RENAL DIALYSIS	0.425876	0	0	0	74.00
76.00	ONCOLOGY	0.975169	243,969	0	0	76.00
76.01	DIGESTIVE HEALTH	0.162680	2,364,718	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.258348	3,399,289	0	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0.282431	464,313	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	2.650165	0	0	0	90.00
91.00	EMERGENCY	0.177035	4,144,036	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.886072	253,621	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.421435		0		95.00
200.00	Subtotal (see instructions)		50,033,969	0	12,406	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		50,033,969	0	12,406	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140002

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

Worksheet D
Part V
Date/Time Prepared:
5/28/2012 11:40 am

		Title XVIII			Hospital	PPS
Cost Center Description		Costs				
		PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,641,904	0	0		50.00
51.00	RECOVERY ROOM	207,651	0	0		51.00
53.00	ANESTHESIOLOGY	91,972	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,360,214	0	0		54.00
56.00	RADIOISOTOPE	214,537	0	0		56.00
59.00	CARDIAC CATHETERIZATION	178,557	0	0		59.00
60.00	LABORATORY	94,398	0	0		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	115,825	0	0		63.00
65.00	RESPIRATORY THERAPY	41,866	0	0		65.00
66.00	PHYSICAL THERAPY	107	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	636,029	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	726,008	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,451,491	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	1,324,462	0	2,520		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
76.00	ONCOLOGY	237,911	0	0		76.00
76.01	DIGESTIVE HEALTH	384,692	0	0		76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	878,200	0	0		76.02
76.98	HYPERBARIC OXYGEN THERAPY	131,136	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	733,639	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	224,726	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		0			95.00
200.00	Subtotal (see instructions)	10,675,325	0	2,520		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	10,675,325	0	2,520		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140002 Component CCN: 14S002		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/28/2012 11:40 am	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description	Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,285,912	14,873,754	0.086455	560	48	50.00
51.00	RECOVERY ROOM	115,281	3,139,846	0.036715	0	0	51.00
53.00	ANESTHESIOLOGY	116,994	5,428,636	0.021551	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,180,419	54,189,881	0.021783	108,802	2,370	54.00
56.00	RADIOISOTOPE	125,602	4,880,223	0.025737	0	0	56.00
59.00	CARDIAC CATHETERIZATION	241,177	6,347,701	0.037994	0	0	59.00
60.00	LABORATORY	655,935	52,945,083	0.012389	307,679	3,812	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	76,980	4,953,476	0.015541	0	0	63.00
65.00	RESPIRATORY THERAPY	139,422	9,667,516	0.014422	15,849	229	65.00
66.00	PHYSICAL THERAPY	197,046	6,644,184	0.029657	40,417	1,199	66.00
67.00	OCCUPATIONAL THERAPY	44,017	1,448,285	0.030392	2,507	76	67.00
68.00	SPEECH PATHOLOGY	19,579	770,429	0.025413	4,846	123	68.00
69.00	ELECTROCARDIOLOGY	276,074	17,530,336	0.015748	55,733	878	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	878,023	17,760,859	0.049436	41,257	2,040	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	168,178	15,976,131	0.010527	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	527,274	40,290,334	0.013087	303,311	3,969	73.00
74.00	RENAL DIALYSIS	18,630	933,071	0.019966	0	0	74.00
76.00	ONCOLOGY	64,766	640,810	0.101069	0	0	76.00
76.01	DIGESTIVE HEALTH	190,902	8,910,852	0.021424	2,204	47	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	118,336	3,514,019	0.033675	2,642	89	76.02
76.98	HYPERBARIC OXYGEN THERAPY	12,683	1,366,879	0.009279	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2,975	1,515	1.963696	0	0	90.00
91.00	EMERGENCY	658,099	34,772,786	0.018926	116,917	2,213	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	122,637	1,227,600	0.099900	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	7,236,941	308,214,206		1,002,724	17,093	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:40 am
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY--DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ONCOLOGY	0	0	0	0	0	76.00
76.01 DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
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						
95.00 AMBULANCE SERVICES						95.00
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: 140002

Period: From 01/01/2011

Worksheet D

Component CCN: 145002

To 12/31/2011

Part IV
Date/Time Prepared: 5/28/2012 11:40 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	14,873,754	0.000000	0.000000	560	50.00
51.00	RECOVERY ROOM	0	3,139,846	0.000000	0.000000	0	51.00
53.00	ANESTHESIOLOGY	0	5,428,636	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54,189,881	0.000000	0.000000	108,802	54.00
56.00	RADIOISOTOPE	0	4,880,223	0.000000	0.000000	0	56.00
59.00	CARDIAC CATHETERIZATION	0	6,347,701	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	52,945,083	0.000000	0.000000	307,679	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	4,953,476	0.000000	0.000000	0	63.00
65.00	RESPIRATORY THERAPY	0	9,667,516	0.000000	0.000000	15,849	65.00
66.00	PHYSICAL THERAPY	0	6,644,184	0.000000	0.000000	40,417	66.00
67.00	OCCUPATIONAL THERAPY	0	1,448,285	0.000000	0.000000	2,507	67.00
68.00	SPEECH PATHOLOGY	0	770,429	0.000000	0.000000	4,846	68.00
69.00	ELECTROCARDIOLOGY	0	17,530,336	0.000000	0.000000	55,733	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,760,859	0.000000	0.000000	41,257	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	15,976,131	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	40,290,334	0.000000	0.000000	303,311	73.00
74.00	RENAL DIALYSIS	0	933,071	0.000000	0.000000	0	74.00
76.00	ONCOLOGY	0	640,810	0.000000	0.000000	0	76.00
76.01	DIGESTIVE HEALTH	0	8,910,852	0.000000	0.000000	2,204	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,514,019	0.000000	0.000000	2,642	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0	1,366,879	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	1,515	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	34,772,786	0.000000	0.000000	116,917	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,227,600	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	308,214,206			1,002,724	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140002 Component CCN: 145002		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:40 am	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	ONCOLOGY	0	0	0	0	0	76.00
76.01	DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
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							
95.00	AMBULANCE SERVICES						95.00
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: 140002 Component CCN: 145002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:40 am
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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
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	RADIOISOTOPE	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
76.00	ONCOLOGY	0	0	76.00
76.01	DIGESTIVE HEALTH	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
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				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:40 am
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Cost Center Description	Title XVIII				Skilled Nursing Facility	PPS
	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
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ONCOLOGY	0	0	0	0	0	76.00
76.01 DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
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						
95.00 AMBULANCE SERVICES						95.00
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: 140002 Component CCN: 145566	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:40 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	14,873,754	0.000000	0.000000	10,167	50.00
51.00	RECOVERY ROOM	0	3,139,846	0.000000	0.000000	0	51.00
53.00	ANESTHESIOLOGY	0	5,428,636	0.000000	0.000000	7,359	53.00
54.00	RADIOLOGY--DIAGNOSTIC	0	54,189,881	0.000000	0.000000	87,848	54.00
56.00	RADIOISOTOPE	0	4,880,223	0.000000	0.000000	22,103	56.00
59.00	CARDIAC CATHETERIZATION	0	6,347,701	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	52,945,083	0.000000	0.000000	637,265	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	4,953,476	0.000000	0.000000	29,922	63.00
65.00	RESPIRATORY THERAPY	0	9,667,516	0.000000	0.000000	12,432	65.00
66.00	PHYSICAL THERAPY	0	6,644,184	0.000000	0.000000	738,047	66.00
67.00	OCCUPATIONAL THERAPY	0	1,448,285	0.000000	0.000000	450,277	67.00
68.00	SPEECH PATHOLOGY	0	770,429	0.000000	0.000000	27,968	68.00
69.00	ELECTROCARDIOLOGY	0	17,530,336	0.000000	0.000000	44,924	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,760,859	0.000000	0.000000	391,064	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	15,976,131	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	40,290,334	0.000000	0.000000	1,450,399	73.00
74.00	RENAL DIALYSIS	0	933,071	0.000000	0.000000	15,552	74.00
76.00	ONCOLOGY	0	640,810	0.000000	0.000000	0	76.00
76.01	DIGESTIVE HEALTH	0	8,910,852	0.000000	0.000000	6,567	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,514,019	0.000000	0.000000	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0	1,366,879	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	1,515	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	34,772,786	0.000000	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,227,600	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	308,214,206			3,931,894	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:40 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		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
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	ONCOLOGY	0	0	0	0	0	76.00
76.01	DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
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							
95.00	AMBULANCE SERVICES						95.00
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: 140002 Component CCN: 145566	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:40 am
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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
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	RADIOISOTOPE	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
76.00	ONCOLOGY	0	0	76.00
76.01	DIGESTIVE HEALTH	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
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				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 11:40 am
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Cost Center Description	Charges				Hospital	
	Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.000000	0	0	1,484,189	50.00
51.00	RECOVERY ROOM	0.000000	0	0	292,818	51.00
53.00	ANESTHESIOLOGY	0.000000	0	0	433,110	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	6,232,765	54.00
56.00	RADIOISOTOPE	0.000000	0	0	343,614	56.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	92,288	59.00
60.00	LABORATORY	0.000000	0	0	4,536,165	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	291,837	63.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	178,830	65.00
66.00	PHYSICAL THERAPY	0.000000	0	0	898,597	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	68,953	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	58,793	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	1,519,326	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	1,106,238	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	0	0	1,645,689	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	ONCOLOGY	0.000000	0	0	57,456	76.00
76.01	DIGESTIVE HEALTH	0.000000	0	0	317,802	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.000000	0	0	0	90.00
91.00	EMERGENCY	0.000000	0	0	9,146,199	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.000000	0	1,555,843		95.00
200.00	Subtotal (see instructions)		0	1,555,843	28,704,669	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	1,555,843	28,704,669	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140002

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

Worksheet D
Part V
Date/Time Prepared:
5/28/2012 11:40 am

		Title XIX			Hospital
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
53.00	ANESTHESIOLOGY	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
76.00	ONCOLOGY	0	0	0	76.00
76.01	DIGESTIVE HEALTH	0	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	0	0	90.00
91.00	EMERGENCY	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES		0		95.00
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

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140002

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

Worksheet D-1

Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			23,637 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			23,637 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)			23,637 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)			12,403 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)			19,551,954 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)			19,551,954 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			26,520,679 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			26,520,679 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.737234 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,122.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			19,551,954 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)			827.18 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			10,259,514 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)			10,259,514 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140002

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

Worksheet D-1

Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,073,352	2,995	1,360.05	1,697	2,308,005	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					13,112,788	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,680,307	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,355,185	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,442,937	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,798,122	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,882,185	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)					1,315	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					827.18	88.00
89.00	observation bed cost (line 87 x line 88) (see instructions)					1,087,742	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140002

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

Worksheet D-1

Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		Title XVIII			Hospital	PPS	
		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	2,204,391	19,551,954	0.112745	1,087,742	122,637	90.00
91.00	Nursing School cost	0	19,551,954	0.000000	1,087,742	0	91.00
92.00	Allied health cost	0	19,551,954	0.000000	1,087,742	0	92.00
93.00	All other Medical Education	0	19,551,954	0.000000	1,087,742	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/28/2012 11:40 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,032	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,032	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)	2,032	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,622	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)	2,155,953	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)	2,155,953	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,155,953	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)	1,061.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,720,942	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,720,942	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140002

Period: From 01/01/2011

Worksheet D-1

Component CCN: 14S002

To 12/31/2011

Date/Time Prepared: 5/28/2012 11:40 am

Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
	Intensive Care Type Inpatient Hospital Units					
43.00	0	0	0.00	0	0	43.00
44.00						44.00
45.00						45.00
46.00						46.00
47.00						47.00
	Cost Center Description					
					1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)				161,962	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,882,904	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)				203,691	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)				17,093	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				220,784	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				1,662,120	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: 140002		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14S002				Date/Time Prepared: 5/28/2012 11:40 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	255,174	2,155,953	0.118358	0	0	90.00
91.00	Nursing School cost	0	2,155,953	0.000000	0	0	91.00
92.00	Allied health cost	0	2,155,953	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,155,953	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/28/2012 11:40 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	1.00	
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PART I - ALL PROVIDER COMPONENTS		
INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,545 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,545 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)	5,545 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)	3,069 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)	3,067,207 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)	3,067,207 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0 28.00
29.00	Private room charges (excluding swing-bed charges)	0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,067,207 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140002

Period:

Worksheet D-1

Component CCN: 145566

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

Date/Time Prepared:
5/28/2012 11:40 am

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					3,067,207	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					553.15	71.00
72.00 Program routine service cost (line 9 x line 71)					1,697,617	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					1,697,617	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					1,697,617	83.00
84.00 Program inpatient ancillary services (see instructions)					845,003	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					2,542,620	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: 140002

Period:

worksheet D-1

Component CCN: 145566

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

Date/Time Prepared:
5/28/2012 11:40 am

Title XVIII

Skilled Nursing
Facility

PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140002

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

Worksheet D-3

Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description	Ratio of Cost To Charges	Hospital		PPS
		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		15,186,163		30.00
31.00 INTENSIVE CARE UNIT		3,937,888		31.00
40.00 SUBPROVIDER - IPF		0		40.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0.454616	2,052,431	933,068	50.00
51.00 RECOVERY ROOM	0.263403	296,745	78,164	51.00
53.00 ANESTHESIOLOGY	0.097261	710,354	69,090	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.118996	7,773,695	925,039	54.00
56.00 RADIOISOTOPE	0.157142	894,853	140,619	56.00
59.00 CARDIAC CATHETERIZATION	0.229018	911,191	208,679	59.00
60.00 LABORATORY	0.099181	15,166,754	1,504,254	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.419775	1,309,776	549,811	63.00
65.00 RESPIRATORY THERAPY	0.150964	5,405,431	816,025	65.00
66.00 PHYSICAL THERAPY	0.309291	951,572	294,313	66.00
67.00 OCCUPATIONAL THERAPY	0.235426	213,930	50,365	67.00
68.00 SPEECH PATHOLOGY	0.323503	169,693	54,896	68.00
69.00 ELECTROCARDIOLOGY	0.130776	4,386,486	573,647	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.255947	5,497,231	1,407,000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.331774	3,894,038	1,291,941	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.203103	15,571,013	3,162,519	73.00
74.00 RENAL DIALYSIS	0.425876	534,340	227,563	74.00
76.00 ONCOLOGY	0.975169	57,753	56,319	76.00
76.01 DIGESTIVE HEALTH	0.162680	501,916	81,652	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.258348	6,768	1,748	76.02
76.98 HYPERBARIC OXYGEN THERAPY	0.282431	5,520	1,559	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	2.650165	0	0	90.00
91.00 EMERGENCY	0.177035	3,160,413	559,504	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.886072	141,087	125,013	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (sum of lines 50-94 and 96-98)		69,612,990	13,112,788	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)		69,612,990		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 11:40 am
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
40.00	SUBPROVIDER - IPF		1,472,641	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.454616	560	50.00
51.00	RECOVERY ROOM	0.263403	0	51.00
53.00	ANESTHESIOLOGY	0.097261	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.118996	108,802	54.00
56.00	RADIOISOTOPE	0.157142	0	56.00
59.00	CARDIAC CATHETERIZATION	0.229018	0	59.00
60.00	LABORATORY	0.099181	307,679	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.419775	0	63.00
65.00	RESPIRATORY THERAPY	0.150964	15,849	65.00
66.00	PHYSICAL THERAPY	0.309291	40,417	66.00
67.00	OCCUPATIONAL THERAPY	0.235426	2,507	67.00
68.00	SPEECH PATHOLOGY	0.323503	4,846	68.00
69.00	ELECTROCARDIOLOGY	0.130776	55,733	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.255947	41,257	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.331774	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.203103	303,311	73.00
74.00	RENAL DIALYSIS	0.425876	0	74.00
76.00	ONCOLOGY	0.975169	0	76.00
76.01	DIGESTIVE HEALTH	0.162680	2,204	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.258348	2,642	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0.282431	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	2.650165	0	90.00
91.00	EMERGENCY	0.177035	116,917	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.886072	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,002,724	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		1,002,724	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 11:40 am
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
40.00	SUBPROVIDER - IPF		0	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.454616	10,167	50.00
51.00	RECOVERY ROOM	0.263403	0	51.00
53.00	ANESTHESIOLOGY	0.094130	7,359	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.118491	87,848	54.00
56.00	RADIOISOTOPE	0.157142	22,103	56.00
59.00	CARDIAC CATHETERIZATION	0.225337	0	59.00
60.00	LABORATORY	0.097109	637,265	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.419775	29,922	63.00
65.00	RESPIRATORY THERAPY	0.150964	12,432	65.00
66.00	PHYSICAL THERAPY	0.306518	738,047	66.00
67.00	OCCUPATIONAL THERAPY	0.235426	450,277	67.00
68.00	SPEECH PATHOLOGY	0.323503	27,968	68.00
69.00	ELECTROCARDIOLOGY	0.130026	44,924	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.255947	391,064	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.331774	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.203103	1,450,399	73.00
74.00	RENAL DIALYSIS	0.425876	15,552	74.00
76.00	ONCOLOGY	0.975169	0	76.00
76.01	DIGESTIVE HEALTH	0.162680	6,567	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.258348	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0.282431	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	2.650165	0	90.00
91.00	EMERGENCY	0.177035	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.886072	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		3,931,894	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		3,931,894	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140002

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

Worksheet D-3

Date/Time Prepared:
5/28/2012 11:40 am

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		4,301,010		30.00
31.00	INTENSIVE CARE UNIT		830,938		31.00
40.00	SUBPROVIDER - IPF		0		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000	469,313	0	50.00
51.00	RECOVERY ROOM	0.000000	66,039	0	51.00
53.00	ANESTHESIOLOGY	0.000000	201,664	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	1,165,955	0	54.00
56.00	RADIOISOTOPE	0.000000	151,482	0	56.00
59.00	CARDIAC CATHETERIZATION	0.000000	277,487	0	59.00
60.00	LABORATORY	0.000000	2,723,622	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	451,762	0	63.00
65.00	RESPIRATORY THERAPY	0.000000	837,263	0	65.00
66.00	PHYSICAL THERAPY	0.000000	58,991	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	14,994	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	6,486	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	431,075	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,159,920	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	3,235,300	0	73.00
74.00	RENAL DIALYSIS	0.000000	55,299	0	74.00
76.00	ONCOLOGY	0.000000	11,548	0	76.00
76.01	DIGESTIVE HEALTH	0.000000	97,735	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	76.02
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.000000	850,450	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		12,266,385	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		12,266,385		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140002

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

Worksheet E
Part A
Date/Time Prepared:
5/28/2012 11:40 am

Title XVIII		Hospital	PPS
			1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS			
1.00	DRG Amounts Other than Outlier Payments		20,634,661 1.00
2.00	Outlier payments for discharges. (see instructions)		222,299 2.00
3.00	Managed Care Simulated Payments		0 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		128.40 4.00
Indirect Medical Education Adjustment			
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00 5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00 7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00 8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00 10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00 11.00
12.00	Current year allowable FTE (see instructions)		0.00 12.00
13.00	Total allowable FTE count for the prior year.		0.00 13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00 14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00 15.00
16.00	Adjustment for residents in initial years of the program		0.00 16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00 17.00
18.00	Adjusted rolling average FTE count		0.00 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000 19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000 21.00
22.00	IME payment adjustment (see instructions)		0 22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA			
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00 25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000 26.00
27.00	IME payments adjustment. (see instructions)		0.000000 27.00
28.00	IME Adjustment (see instructions)		0 28.00
29.00	Total IME payment (sum of lines 22 and 28)		0 29.00
Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.93 30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		15.81 31.00
32.00	Sum of lines 30 and 31		19.74 32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.58 33.00
34.00	Disproportionate share adjustment (see instructions)		1,151,414 34.00
Additional payment for high percentage of ESRD beneficiary discharges			
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0 40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0 41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00 42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0 43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000 44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00 45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0 46.00
47.00	Subtotal (see instructions)		22,008,374 47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0 48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		22,008,374 49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		1,756,457 50.00
51.00	Exception payment for inpatient program capital (worksheet L, Part III, see instructions)		0 51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).		0 52.00
53.00	Nursing and Allied Health Managed Care payment		0 53.00
54.00	Special add-on payments for new technologies		0 54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)		0 55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)		0 56.00
57.00	Routine service other pass through costs		0 57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/28/2012 11:40 am
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			23,764,831 59.00
60.00	Primary payer payments			8,199 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			23,756,632 61.00
62.00	Deductibles billed to program beneficiaries			2,309,516 62.00
63.00	Coinsurance billed to program beneficiaries			50,091 63.00
64.00	Allowable bad debts (see instructions)			993,713 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			695,599 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			680,602 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			22,092,624 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			22,092,624 71.00
72.00	Interim payments			22,062,892 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			29,732 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			637,805 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140002

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

worksheet E
Part B
Date/Time Prepared:
5/28/2012 11:40 am

Title XVIII		Hospital	PPS	
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,520	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,675,325	2.00
3.00	PPS payments		10,583,142	3.00
4.00	Outlier payment (see instructions)		5,138	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,520	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		12,406	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		12,406	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)		12,406	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,886	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		2,520	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		10,588,280	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,401,714	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		8,189,086	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		8,189,086	30.00
31.00	Primary payer payments		1,017	31.00
32.00	Subtotal (line 30 minus line 31)		8,188,069	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)		8,188,069	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)		8,188,069	40.00
41.00	Interim payments		8,187,971	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)		98	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: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 11:40 am
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
112.00 Override of Ancillary service charges (line 12)			1.00
			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 11:40 am
		Component CCN: 14S002	Title XVIII	Subprovider - IPF
				PPS
				1.00

PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 11:40 am
		Title XVIII	Subprovider - IPF PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 11:40 am
		Component CCN: 145566		
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5			6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 11:40 am
	Title XVIII	Skilled Nursing Facility	PPS
	Overrides 1.00		
112.00	WORKSHEET OVERRIDE VALUES override of Ancillary service charges (line 12)		0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2012 11:40 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		22,042,792		8,187,971	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	08/03/2011	20,100		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)		20,100		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)		22,062,892		8,187,971	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		29,732		98	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		22,092,624		8,188,069	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140002

Period: From 01/01/2011

worksheet E-1

Component CCN: 145002

To 12/31/2011

Part I
Date/Time Prepared:
5/28/2012 11:40 am

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,212,746		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)		1,212,746		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		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,212,746		0		7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140002 Component CCN: 145566		Period: From 01/01/2011 To 12/31/2011		Worksheet E-1 Part I Date/Time Prepared: 5/28/2012 11:40 am	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		950,729			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)		950,729			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			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		950,729			0	7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/28/2012 11:40 am
Component CCN: 14S002	Title XVIII	Subprovider - IPF
		PPS

		1.00	
PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,254,394	1.00
2.00	Net IPF PPS Outlier Payments	73,752	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	5.567123	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.	0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,328,146	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,328,146	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,328,146	18.00
19.00	Deductibles	107,476	19.00
20.00	Subtotal (line 18 minus line 19)	1,220,670	20.00
21.00	Coinsurance	7,924	21.00
22.00	Subtotal (line 20 minus line 21)	1,212,746	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,212,746	26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,212,746	31.00
32.00	Interim payments	1,212,746	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VI Date/Time Prepared: 5/28/2012 11:40 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES			
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)			
1.00	Resource Utilization Group Payment (RUGS)	1,053,458	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	1,053,458	4.00
COMPUTATION OF NET COST OF COVERED SERVICES			
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of w/s E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	102,729	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Allowable reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	950,729	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)	950,729	15.00
16.00	Interim payments	950,729	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)	0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

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

Provider CCN: 140002

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

Worksheet G

Date/Time Prepared:
5/28/2012 11:40 am

		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	1,115,737	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	59,072,394	0	0	0	4.00
5.00	Other receivable	625,251	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-37,732,583	0	0	0	6.00
7.00	Inventory	1,810,143	0	0	0	7.00
8.00	Prepaid expenses	828,202	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)	25,719,144	0	0	0	11.00
FIXED ASSETS						
12.00	Land	177,168	0	0	0	12.00
13.00	Land improvements	4,528,230	0	0	0	13.00
14.00	Accumulated depreciation	-4,140,311	0	0	0	14.00
15.00	Buildings	89,514,931	0	0	0	15.00
16.00	Accumulated depreciation	-28,505,277	0	0	0	16.00
17.00	Leasehold improvements	88,492	0	0	0	17.00
18.00	Accumulated depreciation	-71,144	0	0	0	18.00
19.00	Fixed equipment	31,061,812	0	0	0	19.00
20.00	Accumulated depreciation	-25,485,144	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	40,691,171	0	0	0	23.00
24.00	Accumulated depreciation	-31,223,611	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	HTT 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)	76,636,317	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	145,120,213	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	1,071,434	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	146,191,647	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	248,547,108	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,452,368	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,058,023	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	684,758	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	1,342,473	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	28,022,066	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	37,559,688	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	17,839,437	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	280,999	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,120,436	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	55,680,124	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	192,866,984	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	192,866,984	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	248,547,108	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140002

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

Worksheet G-1

Date/Time Prepared:
5/28/2012 11:40 am

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
	1.00					
2.00					2.00	
3.00					3.00	
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	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140002

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

Worksheet G-1

Date/Time Prepared:
5/28/2012 11:40 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140002

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

Worksheet G-2 Parts

Date/Time Prepared:
5/28/2012 11:40 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	28,520,226		28,520,226	1.00
2.00	SUBPROVIDER - IPF	1,842,086		1,842,086	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,123,221		3,123,221	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	33,485,533		33,485,533	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,933,587		6,933,587	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,933,587		6,933,587	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	40,419,120		40,419,120	17.00
18.00	Ancillary services	121,705,850	0	121,705,850	18.00
19.00	Outpatient services	0	187,251,130	187,251,130	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	8,854,540	8,854,540	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				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)	162,124,970	196,105,670	358,230,640	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		110,022,846		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	POB EXPENSES	643,467			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)		643,467		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		109,379,379		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140002

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

Worksheet G-3

Date/Time Prepared:
5/28/2012 11:40 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	358,230,640	1.00
2.00	Less contractual allowances and discounts on patients' accounts	255,192,375	2.00
3.00	Net patient revenues (line 1 minus line 2)	103,038,265	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	109,379,379	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,341,114	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	108,647	6.00
7.00	Income from investments	3,990,067	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	724,279	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)	4,687,314	24.00
25.00	Total other income (sum of lines 6-24)	9,510,307	25.00
26.00	Total (line 5 plus line 25)	3,169,193	26.00
27.00	PHYSICIAN LOSSES	5,384,706	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5,384,706	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,215,513	29.00

Provider CCN: 140002	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/28/2012 11:40 am
Title XVIII	Hospital	PPS

		1.00	
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PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1.00	Capital DRG other than outlier	1,662,768	1.00
2.00	Capital DRG outlier payments	25,848	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	69.36	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.93	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	15.81	8.00
9.00	Sum of lines 7 and 8	19.74	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.08	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	67,841	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	1,756,457	12.00

1.00

PART II - PAYMENT UNDER REASONABLE COST

1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00

1.00

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00