

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: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/30/2012 11:59 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date:	Time:
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH HOSPITAL for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	759,264	6,665	0	-204,606
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	15,995	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 Skilled Nursing Facility	0	0	0	0	0
8.00 Nursing Facility	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	775,259	6,665	0	-204,606

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: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/30/2012 11:59 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 211 S 3RD STREET			PO Box:				1.00			
2.00	City: BELLEVILLE			State: IL		Zip Code: 62220-		County: ST. CLAIR			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. ELIZABETH HOSPITAL	140187	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		REHABILITATION	14T187	41180	5	07/01/1987	N	P	N	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other		BELLEVILLE HHA	147506	41180		11/01/1991				19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2010	06/30/2011		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.			6,353	2,233	0	0	211	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.			423	109	8	0	0	0	25.00	
									1.00		
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	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								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	
							Beginning:	Ending:			
							1.00	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	

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		Beginning:	Ending:			
		1.00	2.00			
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	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	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	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
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	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	14.38	0.000000	64.00	
		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
65.00	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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost 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
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N		
<b>TEFRA Providers</b>						
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		
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		
				V		
				XIX		
				1.00		
				2.00		
<b>Title V or XIX Inpatient Services</b>						
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.			Y	N	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		
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		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		10.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		5.80

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			V	XIX	
			1.00	2.00	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	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.		Y	Y	109.00
			1.00	2.00	
<b>Miscellaneous Cost Reporting Information</b>					
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.		Y	A	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0	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.			0	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
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		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: HOSPITAL SISTER HEALTH SYSTEM	Contractor's Name:		Contractor's Number:	
142.00	Street: 4936 LAVERNA ROAD	PO Box:			
143.00	City: SPRINGFIELD	State:		Zip Code: 62707	
			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

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					1.00		2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N		149.00	
					Part A 1.00		Part B 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	
156.00	Subprovider - IPF				N		N	
157.00	Subprovider - IRF				N		N	
158.00	Subprovider - Other				N		N	
159.00	SNF				N		N	
160.00	HHA				N		N	
161.00	CMHC						N	
							1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	
		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	
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: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/30/2012 11:59 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		Y		11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N	09/12/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/30/2012 11:59 am
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet S-2  
Part II  
Date/Time Prepared:  
1/30/2012 11:59 am

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/12/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2012 11:59 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	206	75,190	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)		206	75,190	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		230	83,950	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		260			27.00
28.00 Observation Bed Days					28.00
28.02 SUBPROVIDER - IRF	41.00				28.02
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	16,737	5,034	38,795		1.00
2.00 HMO		1,951	2,444			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	16,737	5,034	38,795		7.00
8.00 INTENSIVE CARE UNIT	0	2,482	523	5,613		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		796	3,316		13.00
14.00 Total (see instructions)	0	19,219	6,353	47,724		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	3,995	423	6,286		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	2,984		28.00
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2012 11:59 am

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	4,054	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,169.74	0.00	0	4,054	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	28.34	0.00	0	309	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,198.08	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
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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)	1,426	10,990		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)	1,426	10,990		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	33	489		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet S-3 Part II Date/Time Prepared: 1/30/2012 11:59 am	
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)		
	1.00	2.00	2.50	3.00	4.00		

PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	56,259,177	0	1,446,804	57,705,981	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0	4.01
5.00	Physician-Part B		1,653,473	0	0	1,653,473	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0	7.01
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		2,647,052	0	-45,870	2,601,182	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		4,037,230	0	0	4,037,230	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		113,999	0	0	113,999	13.00
14.00	Home office salaries & wage-related costs		3,246,192	0	0	3,246,192	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		19,557,217	0	0	19,557,217	17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		171,062	0	0	171,062	18.00
19.00	Excluded areas		952,311	0	0	952,311	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		606,016	0	0	606,016	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	0	0	0	0	26.00
27.00	Administrative & General	5.00	9,123,653	0	-63,489	9,060,164	27.00
28.00	Administrative & General under contract (see inst.)		2,176,562	0	0	2,176,562	28.00
29.00	Maintenance & Repairs	6.00	1,037,993	0	0	1,037,993	29.00
30.00	Operation of Plant	7.00	690,897	0	0	690,897	30.00
31.00	Laundry & Linen Service	8.00	299,863	0	0	299,863	31.00
32.00	Housekeeping	9.00	1,252,090	0	0	1,252,090	32.00
33.00	Housekeeping under contract (see instructions)		255,995	0	0	255,995	33.00
34.00	Dietary	10.00	1,137,008	0	-835,360	301,648	34.00
35.00	Dietary under contract (see instructions)		502,333	0	0	502,333	35.00
36.00	Cafeteria	11.00	0	0	835,360	835,360	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,713,099	0	0	1,713,099	38.00
39.00	Central Services and Supply	14.00	251,170	0	0	251,170	39.00
40.00	Pharmacy	15.00	2,236,742	0	4,240	2,240,982	40.00
41.00	Medical Records & Medical Records Library	16.00	1,133,958	0	0	1,133,958	41.00
42.00	Social Service	17.00	1,140,742	0	0	1,140,742	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/30/2012 11:59 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART II - WAGE DATA</b>				
<b>SALARIES</b>				
1.00	Total salaries (see instructions)	2,492,009.23	23.16	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	6,288.00	262.96	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	9,526.38	273.05	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>				
11.00	Contract labor (see instructions)	114,334.04	35.31	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	813.25	140.18	13.00
14.00	Home office salaries & wage-related costs	36,587.00	88.73	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>				
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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>				
26.00	Employee Benefits	0.00	0.00	26.00
27.00	Administrative & General	449,511.97	20.16	27.00
28.00	Administrative & General under contract (see inst.)	24,749.42	87.94	28.00
29.00	Maintenance & Repairs	46,132.15	22.50	29.00
30.00	Operation of Plant	38,635.76	17.88	30.00
31.00	Laundry & Linen Service	30,665.53	9.78	31.00
32.00	Housekeeping	120,073.98	10.43	32.00
33.00	Housekeeping under contract (see instructions)	6,240.00	41.02	33.00
34.00	Dietary	27,304.48	11.05	34.00
35.00	Dietary under contract (see instructions)	14,560.00	34.50	35.00
36.00	Cafeteria	75,616.00	11.05	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	58,856.50	29.11	38.00
39.00	Central Services and Supply	19,404.43	12.94	39.00
40.00	Pharmacy	67,747.97	33.08	40.00
41.00	Medical Records & Medical Records Library	70,993.74	15.97	41.00
42.00	Social Service	43,495.77	26.23	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet S-3 Part III Date/Time Prepared: 1/30/2012 11:59 am	
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)		
	1.00	2.00	2.50	3.00	4.00		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	57,540,594	0	1,446,804	58,987,398	1.00	
2.00	Excluded area salaries (see instructions)	2,647,052	0	-45,870	2,601,182	2.00	
3.00	Subtotal salaries (line 1 minus line 2)	54,893,542	0	1,492,674	56,386,216	3.00	
4.00	Subtotal other wages & related costs (see inst.)	7,397,421	0	0	7,397,421	4.00	
5.00	Subtotal wage-related costs (see inst.)	19,728,279	0	0	19,728,279	5.00	
6.00	Total (sum of lines 3 thru 5)	82,019,242	0	1,492,674	83,511,916	6.00	
7.00	Total overhead cost (see instructions)	22,952,105	0	-59,249	22,892,856	7.00	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/30/2012 11:59 am

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>				
1.00	Net salaries (see instructions)	2,531,270.65	23.30	1.00
2.00	Excluded area salaries (see instructions)	9,526.38	273.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	2,521,744.27	22.36	3.00
4.00	Subtotal other wages & related costs (see inst.)	151,734.29	48.75	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	34.99	5.00
6.00	Total (sum of lines 3 thru 5)	2,673,478.56	31.24	6.00
7.00	Total overhead cost (see instructions)	1,093,987.70	20.93	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/30/2012 11:59 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	4,094,484	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	9,271,830	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	76,683	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,890,911	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	3,937,122	17.00
18.00	Medicare Taxes - Employers Portion Only	183,380	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	102,807	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,557,217	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	171,062	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	BELLEVILLE HHA	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/30/2012 11:59 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.325191	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		14,811,212	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		883,807	5.00	
6.00	Medicaid charges		72,603,978	6.00	
7.00	Medicaid cost (line 1 times line 6)		23,610,160	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		7,915,141	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Uncompensated care (see instructions for each line)</b>					
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)		7,915,141	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	911,251	9,231,855	10,143,106	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	296,331	3,002,116	3,298,447	21.00
22.00	Partial payment by patients approved for charity care	29,710	18,574	48,284	22.00
23.00	Cost of charity care (line 21 minus line 22)	266,621	2,983,542	3,250,163	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		24,296,784	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		694,649	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		23,602,135	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		7,675,202	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		10,925,365	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,840,506	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/30/2012 11:59 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		3,349,423	3,349,423	1,894,348	5,243,771	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		6,536,731	6,536,731	996,287	7,533,018	2.00
4.00 EMPLOYEE BENEFITS	0	21,286,606	21,286,606	-3,322	21,283,284	4.00
5.01 COMMUNICATIONS	217,574	253,037	470,611	-81	470,530	5.01
5.02 DATA PROCESSING	1,308,759	660,618	1,969,377	-3,587	1,965,790	5.02
5.03 PURCHASING, RECEIVING AND STORES	450,012	141,588	591,600	-16,405	575,195	5.03
5.04 ADMINISTRATION	1,759,746	242,070	2,001,816	-5,699	1,996,117	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,087,621	1,012,950	2,100,571	-2,605	2,097,966	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	4,299,941	26,732,044	31,031,985	-110,490	30,921,495	5.06
6.00 MAINTENANCE & REPAIRS	1,037,993	438,164	1,476,157	3,263	1,479,420	6.00
7.00 OPERATION OF PLANT	690,897	3,827,951	4,518,848	-50,894	4,467,954	7.00
8.00 LAUNDRY & LINEN SERVICE	299,863	353,070	652,933	-7,052	645,881	8.00
9.00 HOUSEKEEPING	1,252,090	655,507	1,907,597	-36,997	1,870,600	9.00
10.00 DIETARY	1,137,008	1,418,402	2,555,410	-1,622,331	933,079	10.00
11.00 CAFETERIA	0	0	0	1,875,191	1,875,191	11.00
13.00 NURSING ADMINISTRATION	1,713,099	90,668	1,803,767	-5,185	1,798,582	13.00
14.00 CENTRAL SERVICES & SUPPLY	251,170	1,204,662	1,455,832	-1,176,587	279,245	14.00
15.00 PHARMACY	2,236,742	6,003,520	8,240,262	-159,092	8,081,170	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,133,958	1,125,386	2,259,344	-3,571	2,255,773	16.00
17.00 SOCIAL SERVICE	1,140,742	291,577	1,432,319	-3,481	1,428,838	17.00
23.00 PARAMED ED PRGM	127,619	3,924	131,543	-131,543	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	11,268,958	1,854,182	13,123,140	596,426	13,719,566	30.00
31.00 INTENSIVE CARE UNIT	3,558,223	423,161	3,981,384	-58,627	3,922,757	31.00
41.00 SUBPROVIDER - IIRF	1,426,523	116,033	1,542,556	-14,608	1,527,948	41.00
43.00 NURSERY	717,823	2,508	720,331	0	720,331	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	4,105,461	10,164,997	14,270,458	-8,720,746	5,549,712	50.00
51.00 RECOVERY ROOM	546,435	22,388	568,823	-7,995	560,828	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,026,603	2,068	1,028,671	0	1,028,671	52.00
53.00 ANESTHESIOLOGY	0	3,810,077	3,810,077	-276,811	3,533,266	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,225,359	1,081,917	3,307,276	-131,610	3,175,666	54.00
56.00 RADIOISOTOPE	373,243	337,763	711,006	-2,208	708,798	56.00
57.00 CT SCAN	478,077	335,086	813,163	-29,194	783,969	57.00
59.00 CARDIAC CATHETERIZATION	1,328,745	4,249,539	5,578,284	-3,807,672	1,770,612	59.00
60.00 LABORATORY	1,962,634	2,837,213	4,799,847	-173,809	4,626,038	60.00
65.00 RESPIRATORY THERAPY	1,232,409	353,100	1,585,509	1,832,671	3,418,180	65.00
66.00 PHYSICAL THERAPY	829,154	3,188,951	4,018,105	-564,456	3,453,649	66.00
67.00 OCCUPATIONAL THERAPY	0	375,530	375,530	268,354	643,884	67.00
68.00 SPEECH PATHOLOGY	0	231,063	231,063	152,303	383,366	68.00
69.00 ELECTROCARDIOLOGY	428,206	167,254	595,460	-17,140	578,320	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,193,161	9,193,161	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,093,417	5,093,417	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	224,888	224,888	73.00
74.00 RENAL DIALYSIS	0	299,017	299,017	0	299,017	74.00
76.00 PAIN MANAGEMENT	227,767	373,132	600,899	-193,352	407,547	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	9,441,938	9,441,938	-2,039,718	7,402,220	90.00
91.00 EMERGENCY	2,712,780	1,317,877	4,030,657	281,262	4,311,919	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	573,033	349,819	922,852	-1,382,911	-460,059	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	8	47,618	47,626	-80	47,546	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00 SLEEP LAB	405,422	161,492	566,914	20,923	587,837	98.00
98.01 VASCULAR LAB	214,138	117,818	331,956	-3,786	328,170	98.01
98.02 OUTPATIENT PSYCH	458,363	23,829	482,192	-6,988	475,204	98.02
98.03 PULMONARY LAB	0	0	0	0	0	98.03
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	56,244,198	117,313,268	173,557,466	1,661,861	175,219,327	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	63,269	63,269	-2,294	60,975	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	14,979	4,386,045	4,401,024	-1,743,575	2,657,449	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 WELLNESS/SENIOR VIP	0	0	0	84,008	84,008	193.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet A Date/Time Prepared: 1/30/2012 11:59 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			
200.00 TOTAL (SUM OF LINES 118-199)	56,259,177	121,762,582	178,021,759	0	178,021,759			200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-192,167	5,051,604	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	7,533,018	2.00
4.00	EMPLOYEE BENEFITS	-2,437,538	18,845,746	4.00
5.01	COMMUNICATIONS	0	470,530	5.01
5.02	DATA PROCESSING	-620	1,965,170	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	575,195	5.03
5.04	ADMINISTRATIVE	0	1,996,117	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	-16,304	2,081,662	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-6,139,236	24,782,259	5.06
6.00	MAINTENANCE & REPAIRS	-21	1,479,399	6.00
7.00	OPERATION OF PLANT	-35,761	4,432,193	7.00
8.00	LAUNDRY & LINEN SERVICE	-20,071	625,810	8.00
9.00	HOUSEKEEPING	-59,859	1,810,741	9.00
10.00	DIETARY	-484,424	448,655	10.00
11.00	CAFETERIA	0	1,875,191	11.00
13.00	NURSING ADMINISTRATION	-4,730	1,793,852	13.00
14.00	CENTRAL SERVICES & SUPPLY	-1,385	277,860	14.00
15.00	PHARMACY	-18	8,081,152	15.00
16.00	MEDICAL RECORDS & LIBRARY	-2,656	2,253,117	16.00
17.00	SOCIAL SERVICE	-10	1,428,828	17.00
23.00	PARAMED PRGM	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-696,004	13,023,562	30.00
31.00	INTENSIVE CARE UNIT	-15,586	3,907,171	31.00
41.00	SUBPROVIDER - IIRF	-39,874	1,488,074	41.00
43.00	NURSERY	0	720,331	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-35,216	5,514,496	50.00
51.00	RECOVERY ROOM	0	560,828	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,028,671	52.00
53.00	ANESTHESIOLOGY	-3,400,720	132,546	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-30,053	3,145,613	54.00
56.00	RADIOISOTOPE	0	708,798	56.00
57.00	CT SCAN	-100	783,869	57.00
59.00	CARDIAC CATHETERIZATION	-40,724	1,729,888	59.00
60.00	LABORATORY	-319,577	4,306,461	60.00
65.00	RESPIRATORY THERAPY	-332,236	3,085,944	65.00
66.00	PHYSICAL THERAPY	0	3,453,649	66.00
67.00	OCCUPATIONAL THERAPY	0	643,884	67.00
68.00	SPEECH PATHOLOGY	-500	382,866	68.00
69.00	ELECTROCARDIOLOGY	-185,004	393,316	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,193,161	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	5,093,417	72.00
73.00	DRUGS CHARGED TO PATIENTS	-752,184	-527,296	73.00
74.00	RENAL DIALYSIS	0	299,017	74.00
76.00	PAIN MANAGEMENT	0	407,547	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-6,451,466	950,754	90.00
91.00	EMERGENCY	-555,257	3,756,662	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	3,219	-456,840	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0	47,546	95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	96.00
98.00	SLEEP LAB	-149,116	438,721	98.00
98.01	VASCULAR LAB	-210,700	117,470	98.01
98.02	OUTPATIENT PSYCH	0	475,204	98.02
98.03	PULMONARY LAB	0	0	98.03
99.10	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-22,605,898	152,613,429	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60,975	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	-27,405	2,630,044	192.00
193.00	NONPAID WORKERS	0	0	193.00
193.01	WELLNESS/SENIOR VIP	0	84,008	193.01
200.00	TOTAL (SUM OF LINES 118-199)	-22,633,303	155,388,456	200.00

RECLASSIFICATIONS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-6

Date/Time Prepared:  
1/30/2012 11:59 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - MEDICAL SUPPLIES RECLASS</b>					
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	969	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	76,074	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	6,490	3.00
4.00	DIETARY	10.00	0	254,871	4.00
5.00	PHARMACY	15.00	0	229,945	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,193,161	6.00
7.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,093,417	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
<b>TOTALS</b>			0	14,854,927	
<b>B - DRUGS CHARGED TO PATIENTS RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	224,888	1.00
2.00	LABORATORY	60.00	0	2,211	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
<b>TOTALS</b>			0	227,099	
<b>C - COMMUNITY RELATIONS RECLASS</b>					
1.00	WELLNESS/SENIOR VIP	193.01	63,489	20,519	1.00
<b>TOTALS</b>			63,489	20,519	
<b>D - RENT EXPENSE RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,894,348	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	996,287	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

RECLASSIFICATIONS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-6

Date/Time Prepared:  
1/30/2012 11:59 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	TOTALS		0	2,890,635		
<b>E - OUTPATIENT PSYCH RECLASS</b>						
1.00	OUTPATIENT PSYCH	98.02	1,929	77		1.00
	TOTALS		1,929	77		
<b>F - PROVIDER BASED RECLASS</b>						
1.00	ADULTS & PEDIATRICS	30.00	384,047	524,478		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	5,616	7,669		2.00
3.00	SLEEP LAB	98.00	16,331	22,303		3.00
4.00	PHARMACY	15.00	4,240	5,791		4.00
5.00	EMERGENCY	91.00	162,799	222,329		5.00
	TOTALS		573,033	782,570		
<b>G - CAFETERIA RECLASS</b>						
1.00	CAFETERIA	11.00	835,360	1,039,831		1.00
	TOTALS		835,360	1,039,831		
<b>H - THERAPY RECLASS</b>						
1.00	OCCUPATIONAL THERAPY	67.00	0	271,410		1.00
2.00	SPEECH PATHOLOGY	68.00	0	156,378		2.00
	TOTALS		0	427,788		
<b>I - RESPIRATORY THERAPY RECLASS</b>						
1.00	RESPIRATORY THERAPY	65.00	1,446,804	424,516		1.00
	TOTALS		1,446,804	424,516		
<b>J - PARAMED RECLASS</b>						
1.00	RESPIRATORY THERAPY	65.00	127,619	2,704		1.00
	TOTALS		127,619	2,704		
500.00	Grand Total: Increases		3,048,234	20,670,666		500.00

RECLASSIFICATIONS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-6  
Date/Time Prepared:  
1/30/2012 11:59 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - MEDICAL SUPPLIES RECLASS</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	48	0	1.00	
2.00	ADMINISTRATIVE	5.04	0	193	0	2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	141	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	2,842	0	4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	6,971	0	5.00	
6.00	HOUSEKEEPING	9.00	0	31,648	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	235	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	738,399	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	11	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	58	0	10.00	
11.00	PARAMEDICAL PRGM	23.00	0	233	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	296,311	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	57,039	0	13.00	
14.00	SUBPROVIDER - IRF	41.00	0	13,252	0	14.00	
15.00	OPERATING ROOM	50.00	0	8,643,846	0	15.00	
16.00	RECOVERY ROOM	51.00	0	6,511	0	16.00	
17.00	ANESTHESIOLOGY	53.00	0	238,095	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	140,801	0	18.00	
19.00	RADIOISOTOPE	56.00	0	2,039	0	19.00	
20.00	CT SCAN	57.00	0	28,049	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	3,795,268	0	21.00	
22.00	LABORATORY	60.00	0	156,032	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	164,013	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	73,486	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	3,011	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0	4,075	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	15,151	0	27.00	
28.00	PAIN MANAGEMENT	76.00	0	169,313	0	28.00	
29.00	CLINIC	90.00	0	117,377	0	29.00	
30.00	EMERGENCY	91.00	0	100,724	0	30.00	
31.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0	21,260	0	31.00	
32.00	SLEEP LAB	98.00	0	13,888	0	32.00	
33.00	VASCULAR LAB	98.01	0	3,127	0	33.00	
34.00	OUTPATIENT PSYCH	98.02	0	8,994	0	34.00	
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,486	0	35.00	
<b>TOTALS</b>			0	14,854,927			
<b>B - DRUGS CHARGED TO PATIENTS RECLASS</b>							
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	3,733	0	1.00	
2.00	HOUSEKEEPING	9.00	0	22	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	128,516	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	1,716	0	4.00	
5.00	OPERATING ROOM	50.00	0	43,330	0	5.00	
6.00	RECOVERY ROOM	51.00	0	1,251	0	6.00	
7.00	ANESTHESIOLOGY	53.00	0	37,837	0	7.00	
8.00	CT SCAN	57.00	0	449	0	8.00	
9.00	CARDIAC CATHETERIZATION	59.00	0	8,237	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	1,950	0	10.00	
11.00	CLINIC	90.00	0	44	0	11.00	
12.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0	14	0	12.00	
<b>TOTALS</b>			0	227,099			
<b>C - COMMUNITY RELATIONS RECLASS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	63,489	20,519	0	1.00	
<b>TOTALS</b>			63,489	20,519			
<b>D - RENT EXPENSE RECLASS</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	3,274	10	1.00	
2.00	COMMUNICATIONS	5.01	0	81	10	2.00	
3.00	DATA PROCESSING	5.02	0	3,587	0	3.00	
4.00	PURCHASING, RECEIVING AND STORES	5.03	0	13,641	0	4.00	
5.00	ADMINISTRATIVE	5.04	0	5,506	0	5.00	
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,464	0	6.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	102,556	0	7.00	
8.00	MAINTENANCE & REPAIRS	6.00	0	3,227	0	8.00	
9.00	OPERATION OF PLANT	7.00	0	48,052	0	9.00	
10.00	LAUNDRY & LINEN SERVICE	8.00	0	81	0	10.00	
11.00	HOUSEKEEPING	9.00	0	5,327	0	11.00	

RECLASSIFICATIONS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-6  
Date/Time Prepared:  
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		Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00	10.00			
12.00	DIETARY	10.00	0	2,011	0			12.00
13.00	NURSING ADMINISTRATION	13.00	0	4,950	0			13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	309,672	0			14.00
15.00	PHARMACY	15.00	0	399,068	0			15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,560	0			16.00
17.00	SOCIAL SERVICE	17.00	0	3,423	0			17.00
18.00	PARAMED ED PRGM	23.00	0	987	0			18.00
19.00	ADULTS & PEDIATRICS	30.00	0	12,066	0			19.00
20.00	INTENSIVE CARE UNIT	31.00	0	1,588	0			20.00
21.00	SUBPROVIDER - IRF	41.00	0	1,356	0			21.00
22.00	OPERATING ROOM	50.00	0	33,570	0			22.00
23.00	RECOVERY ROOM	51.00	0	233	0			23.00
24.00	ANESTHESIOLOGY	53.00	0	879	0			24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,094	0			25.00
26.00	RADIOISOTOPE	56.00	0	169	0			26.00
27.00	CT SCAN	57.00	0	696	0			27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	4,167	0			28.00
29.00	LABORATORY	60.00	0	19,988	0			29.00
30.00	RESPIRATORY THERAPY	65.00	0	3,009	0			30.00
31.00	PHYSICAL THERAPY	66.00	0	63,182	0			31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	45	0			32.00
33.00	ELECTROCARDIOLOGY	69.00	0	1,989	0			33.00
34.00	PAIN MANAGEMENT	76.00	0	24,039	0			34.00
35.00	CLINIC	90.00	0	50,977	0			35.00
36.00	EMERGENCY	91.00	0	3,142	0			36.00
37.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0	6,034	0			37.00
38.00	AMBULANCE SERVICES	95.00	0	80	0			38.00
39.00	SLEEP LAB	98.00	0	3,823	0			39.00
40.00	VASCULAR LAB	98.01	0	659	0			40.00
41.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,294	0			41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,741,089	0			42.00
	TOTALS		0	2,890,635				
E - OUTPATIENT PSYCH RECLASS								
1.00	ADULTS & PEDIATRICS	30.00	1,929	77	0			1.00
	TOTALS		1,929	77				
F - PROVIDER BASED RECLASS								
1.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	573,033	782,570	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
	TOTALS		573,033	782,570				
G - CAFETERIA RECLASS								
1.00	DIETARY	10.00	835,360	1,039,831	0			1.00
	TOTALS		835,360	1,039,831				
H - THERAPY RECLASS								
1.00	PHYSICAL THERAPY	66.00	0	427,788	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		0	427,788				
I - RESPIRATORY THERAPY RECLASS								
1.00	CLINIC	90.00	0	1,871,320	0			1.00
	TOTALS		0	1,871,320				
J - PARAMED RECLASS								
1.00	PARAMED ED PRGM	23.00	127,619	2,704	0			1.00
	TOTALS		127,619	2,704				
500.00	Grand Total: Decreases		1,601,430	22,117,470				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/30/2012 11:59 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	3,630,755	0	0	0	1.00
2.00	Land Improvements	5,947,914	0	0	0	2.00
3.00	Buildings and Fixtures	108,813,292	7,946,827	0	7,946,827	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	74,816,011	390,562	0	390,562	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	193,207,972	8,337,389	0	8,337,389	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	193,207,972	8,337,389	0	8,337,389	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,349,423	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	6,536,731	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,886,154	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	126,338,788	0	126,338,788	0.626850	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	75,206,573	0	75,206,573	0.373150	2.00
3.00	Total (sum of lines 1-2)	201,545,361	0	201,545,361	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/30/2012 11:59 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	3,630,755	0			1.00	
2.00	Land Improvements	5,947,914	0			2.00	
3.00	Buildings and Fixtures	116,760,119	0			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	75,206,573	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	201,545,361	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	201,545,361	0			10.00	
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,349,423			1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	6,536,731			2.00	
3.00	Total (sum of lines 1-2)	0	9,886,154			3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>							
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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,349,423	1,894,348	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,536,731	996,287	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,886,154	2,890,635	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-192,167	0	0	0	5,051,604	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,533,018	2.00
3.00	Total (sum of lines 1-2)	-192,167	0	0	0	12,584,622	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
1/30/2012 11:59 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)	B	-192,167	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-516,965	OTHER ADMINISTRATIVE AND GENERAL	5.06 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00	Television and radio service (chapter 21)		0		0.00 8.00
9.00	Parking lot (chapter 21)		0		0.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-11,336,501		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	-3,182,781		12.00
13.00	Laundry and linen service	B	-20,071	LAUNDRY & LINEN SERVICE	8.00 13.00
14.00	Cafeteria-employees and guests	B	-469,314	DIETARY	10.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients	B	-752,184	DRUGS CHARGED TO PATIENTS	73.00 17.00
18.00	Sale of medical records and abstracts	B	-2,656	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines	B	-14,541	DIETARY	10.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - buildings and fixtures			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***	19.00 28.00
29.00	Physicians' assistant				0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	MI SCCELLANEOUS A&P	B	-3,303	ADULTS & PEDIATRICS	30.00 33.00
34.00	MI SCCELLANEOUS CLINIC	B	-17,015	CLINIC	90.00 34.00
35.00	MI SCCELLANEOUS CENTRAL SERVICES AND S	B	-192,170	RESPIRATORY THERAPY	65.00 35.00
36.00	MI SCCELLANEOUS LAB	B	-40,543	LABORATORY	60.00 36.00
37.00	MI SCCELLANEOUS MAINTENANCE	B	-21	MAINTENANCE & REPAIRS	6.00 37.00
38.00	MI SCCELLANEOUS RADIOLOGY	B	-30,053	RADIOLOGY-DIAGNOSTIC	54.00 38.00
39.00	MI SCCELLANEOUS RESPIRATORY THERAPY	B	-20,066	RESPIRATORY THERAPY	65.00 39.00
40.00	MI SCCELLANEOUS VASCULAR LAB	B	-2,692	VASCULAR LAB	98.01 40.00
41.00	MI SCCELLANEOUS INTERN & RESIDENT	B	-6,525	CLINIC	90.00 41.00
42.00	MI SCCELLANEOUS SPEECH PATHOLOGY	B	-500	SPEECH PATHOLOGY	68.00 42.00
43.00	MI SCCELLANEOUS DIETARY CONSULTANT	B	-569	DIETARY	10.00 43.00
44.00	MI SCCELLANEOUS PLANT OPERATIONS	B	-35,761	OPERATION OF PLANT	7.00 44.00
45.00	MI SCCELLANEOUS COPY CHARGES	B	-10	SOCIAL SERVICE	17.00 45.00
45.01	MI SCCELLANEOUS HOUSEKEEPING	B	-59,859	HOUSEKEEPING	9.00 45.01
45.02	MI SCCELLANEOUS PATIENT ACCOUNTING	B	-16,304	CASHIERING/ACCOUNTS RECEIVABLE	5.05 45.02
45.03	MI SCCELLANEOUS CENTRAL SERVICES AND S	B	-1,385	CENTRAL SERVICES & SUPPLY	14.00 45.03
45.04	MI SCCELLANEOUS OPERATING ROOM	B	490	OPERATING ROOM	50.00 45.04
45.05	MI SCCELLANEOUS OTHER ADMIN & GENERAL	B	-521,966	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.05

ADJUSTMENTS TO EXPENSES

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
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		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
45.06	MI SCCELLANEOUS ER	B	-1,105	EMERGENCY	91.00 45.06
45.07	MI SCCELLANEOUS EMPLOYEE BENEFITS	B	-96	OTHER ADMINSTRATIVE AND GENERAL	5.06 45.07
45.08	MI SCCELLANEOUS DATA PROCESSING	B	-620	DATA PROCESSING	5.02 45.08
45.09	MI SCCELLANEOUS NURSING ADMINISTRATION	B	-4,730	NURSING ADMINISTRATION	13.00 45.09
45.10	MI SCCELLANEOUS CARDIAC CATH	B	-3,265	CARDIAC CATHETERIZATION	59.00 45.10
45.11	IHA DUES	A	-22,964	OTHER ADMINSTRATIVE AND GENERAL	5.06 45.11
45.12	CHA DUES	A	-1,180	OTHER ADMINSTRATIVE AND GENERAL	5.06 45.12
45.13	AHA DUES	A	-7,184	OTHER ADMINSTRATIVE AND GENERAL	5.06 45.13
45.14	ADVERTISING	A	-3,725	CLINIC	90.00 45.14
45.15	ADVERTISING	A	-18	PHARMACY	15.00 45.15
45.16	ADVERTISING	A	-4,979	OTHER ADMINSTRATIVE AND GENERAL	5.06 45.16
45.17	ADVERTISING	A	-10,797	EMPLOYEE BENEFITS	4.00 45.17
45.18	PHYSICIAN ADMIN SERVICE	A	-39,874	SUBPROVIDER - I RF	41.00 45.18
45.19	PHYSICIAN ADMIN SERVICE	A	-7,793	INTENSIVE CARE UNIT	31.00 45.19
45.20	PHYSICIAN ADMIN SERVICE	A	-11,210	OPERATING ROOM	50.00 45.20
45.21	PHYSICIAN ADMIN SERVICE	A	-139,517	LABORATORY	60.00 45.21
45.22	PHYSICIAN ADMIN SERVICE	A	-92,502	ELECTROCARDIOLOGY	69.00 45.22
45.23	PHYSICIAN ADMIN SERVICE	A	-104,004	VASCULAR LAB	98.01 45.23
45.24	PHYSICIAN ADMIN SERVICE	A	-37,459	CARDIAC CATHETERIZATION	59.00 45.24
45.25	PHYSICIAN ADMIN SERVICE	A	-60,000	RESPIRATORY THERAPY	65.00 45.25
45.26	PHYSICIAN ADMIN SERVICE	A	-30,000	SLEEP LAB	98.00 45.26
45.27	PHYSICIAN ADMIN SERVICE	A	-1,310,829	OTHER ADMINSTRATIVE AND GENERAL	5.06 45.27
45.28	ANESTHESIA SERVICES	A	-437,997	ANESTHESIOLOGY	53.00 45.28
45.29	RECRUITMENT EXPENSE	A	-7,077	CLINIC	90.00 45.29
45.30	RECRUITMENT EXPENSE	A	-56,696	OTHER ADMINSTRATIVE AND GENERAL	5.06 45.30
45.31	RECRUITMENT EXPENSE	A	-101,275	EMPLOYEE BENEFITS	4.00 45.31
45.32	LIABILITY INSURANCE	A	-426,698	CLINIC	90.00 45.32
45.33	LIABILITY INSURANCE	A	3,219	OTHER OUTPATIENT SERVICE COST CENTER	93.00 45.33
45.34	LIABILITY INSURANCE	A	-27,405	PHYSICIANS' PRIVATE OFFICES	192.00 45.34
45.35	LIABILITY INSURANCE	A	-139,128	OTHER ADMINSTRATIVE AND GENERAL	5.06 45.35
45.36	SELF INSURANCE	A	-1,702,778	EMPLOYEE BENEFITS	4.00 45.36
45.37	OUTSIDE SERVICES	A	-13,286	OPERATING ROOM	50.00 45.37
45.38	OUTSIDE SERVICES	A	34,375	ANESTHESIOLOGY	53.00 45.38
45.39	OUTSIDE SERVICES	A	-297,916	OTHER ADMINSTRATIVE AND GENERAL	5.06 45.39
45.40	LEGAL FEES	A	-131,358	OTHER ADMINSTRATIVE AND GENERAL	5.06 45.40
45.41			0		0.00 45.41
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,633,303		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
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		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	11	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MI SCCELLANEOUS A&P	0	33.00
34.00	MI SCCELLANEOUS CLINIC	0	34.00
35.00	MI SCCELLANEOUS CENTRAL SERVICES AND S	0	35.00
36.00	MI SCCELLANEOUS LAB	0	36.00
37.00	MI SCCELLANEOUS MAINTENANCE	0	37.00
38.00	MI SCCELLANEOUS RADIOLOGY	0	38.00
39.00	MI SCCELLANEOUS RESPIRATORY THERAPY	0	39.00
40.00	MI SCCELLANEOUS VASCULAR LAB	0	40.00
41.00	MI SCCELLANEOUS INTERN & RESIDENT	0	41.00
42.00	MI SCCELLANEOUS SPEECH PATHOLOGY	0	42.00
43.00	MI SCCELLANEOUS DIETARY CONSULTANT	0	43.00
44.00	MI SCCELLANEOUS PLANT OPERATIONS	0	44.00
45.00	MI SCCELLANEOUS COPY CHARGES	0	45.00
45.01	MI SCCELLANEOUS HOUSEKEEPING	0	45.01
45.02	MI SCCELLANEOUS PATIENT ACCOUNTING	0	45.02
45.03	MI SCCELLANEOUS CENTRAL SERVICES AND S	0	45.03
45.04	MI SCCELLANEOUS OPERATING ROOM	0	45.04
45.05	MI SCCELLANEOUS OTHER ADMIN & GENERAL	0	45.05
45.06	MI SCCELLANEOUS ER	0	45.06
45.07	MI SCCELLANEOUS EMPLOYEE BENEFITS	0	45.07
45.08	MI SCCELLANEOUS DATA PROCESSING	0	45.08
45.09	MI SCCELLANEOUS NURSING ADMINISTRATION	0	45.09
45.10	MI SCCELLANEOUS CARDIAC CATH	0	45.10
45.11	IHA DUES	0	45.11
45.12	CHA DUES	0	45.12
45.13	AHA DUES	0	45.13
45.14	ADVERTISING	0	45.14
45.15	ADVERTISING	0	45.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
1/30/2012 11:59 am

		Wkst. A-7 Ref.	
		5.00	
45.16	ADVERTISING	0	45.16
45.17	ADVERTISING	0	45.17
45.18	PHYSICIAN ADMIN SERVICE	0	45.18
45.19	PHYSICIAN ADMIN SERVICE	0	45.19
45.20	PHYSICIAN ADMIN SERVICE	0	45.20
45.21	PHYSICIAN ADMIN SERVICE	0	45.21
45.22	PHYSICIAN ADMIN SERVICE	0	45.22
45.23	PHYSICIAN ADMIN SERVICE	0	45.23
45.24	PHYSICIAN ADMIN SERVICE	0	45.24
45.25	PHYSICIAN ADMIN SERVICE	0	45.25
45.26	PHYSICIAN ADMIN SERVICE	0	45.26
45.27	PHYSICIAN ADMIN SERVICE	0	45.27
45.28	ANESTHESIA SERVICES	0	45.28
45.29	RECRUITMENT EXPENSE	0	45.29
45.30	RECRUITMENT EXPENSE	0	45.30
45.31	RECRUITMENT EXPENSE	0	45.31
45.32	LIABILITY INSURANCE	0	45.32
45.33	LIABILITY INSURANCE	0	45.33
45.34	LIABILITY INSURANCE	0	45.34
45.35	LIABILITY INSURANCE	0	45.35
45.36	SELF INSURANCE	0	45.36
45.37	OUTSIDE SERVICES	0	45.37
45.38	OUTSIDE SERVICES	0	45.38
45.39	OUTSIDE SERVICES	0	45.39
45.40	LEGAL FEES	0	45.40
45.41		0	45.41
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/30/2012 11:59 am
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	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE ADMINISTRATION	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE CAPITAL ME	2.00
3.00	4.00	EMPLOYEE BENEFITS	HEALTH INSURANCE TRUST FUND	3.00
4.00	0.00			4.00
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	A	HSHA/CCC	100.00	6.00
7.00	A	HSHA/CCC	100.00	7.00
8.00	A	HSHA/CCC	100.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 140187  
 Period: From 07/01/2010 To 06/30/2011  
 Worksheet A-8-1  
 Date/Time Prepared: 1/30/2012 11:59 am

	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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5,838,498	10,073,792	-4,235,294	0	1.00
2.00	1,675,201	0	1,675,201	0	2.00
3.00	11,614,917	12,237,605	-622,688	0	3.00
4.00	0	0	0	0	4.00
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.					

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: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:  
1/30/2012 11:59 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	OTHER ADMIN & GENERAL	567,882	567,882	1.00
2.00	30.00	ADULTS AND PEDIATRICS (GENERAL ROUTE)	692,701	692,701	2.00
3.00	31.00	INTENSIVE CARE UNIT	7,793	7,793	3.00
4.00	50.00	OPERATING ROOM	11,210	11,210	4.00
5.00	53.00	ANESTHESIOLOGY	2,997,098	2,997,098	5.00
6.00	57.00	COMPUTED TOMOGRAPHY (CT) SCAN	100	100	6.00
7.00	60.00	LABORATORY	139,517	139,517	7.00
8.00	65.00	RESPIRATORY THERAPY	60,000	60,000	8.00
9.00	69.00	ELECTRO CARDIOLOGY	92,502	92,502	9.00
10.00	90.00	CLINIC	5,990,426	5,990,426	10.00
11.00	91.00	EMERGENCY	554,152	554,152	11.00
12.00	98.00	OTHER REIMBURSABLE (SPECIFY)	119,116	119,116	12.00
13.00	98.01	VASCULAR LAB	104,004	104,004	13.00
200.00		TOTAL (lines 1.00 through 199.00)	11,336,501	11,336,501	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140187

Period:  
From 07/01/2010  
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	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

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	RCE		Adjustment	
	Disallowance			
	17.00		18.00	
1.00		0	567,882	1.00
2.00		0	692,701	2.00
3.00		0	7,793	3.00
4.00		0	11,210	4.00
5.00		0	2,997,098	5.00
6.00		0	100	6.00
7.00		0	139,517	7.00
8.00		0	60,000	8.00
9.00		0	92,502	9.00
10.00		0	5,990,426	10.00
11.00		0	554,152	11.00
12.00		0	119,116	12.00
13.00		0	104,004	13.00
200.00		0	11,336,501	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	5,051,604	5,051,604				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	7,533,018		7,533,018			2.00
4.00 EMPLOYEE BENEFITS	18,845,746	18,576	4,943	18,869,265		4.00
5.01 COMMUNICATIONS	470,530	1,960	34,283	71,145	577,918	5.01
5.02 DATA PROCESSING	1,965,170	0	1,817,819	427,951	8,651	5.02
5.03 PURCHASING, RECEIVING AND STORES	575,195	23,813	40,111	147,149	3,749	5.03
5.04 ADMINISTRATION	1,996,117	17,917	11,552	575,419	7,210	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,081,662	0	14,221	355,641	11,535	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	24,782,259	833,558	108,631	1,385,277	21,340	5.06
6.00 MAINTENANCE & REPAIRS	1,479,399	78,904	12,217	339,413	6,056	6.00
7.00 OPERATION OF PLANT	4,432,193	316,737	67,141	225,916	2,019	7.00
8.00 LAUNDRY & LINEN SERVICE	625,810	103,315	17,580	98,052	1,442	8.00
9.00 HOUSEKEEPING	1,810,741	37,727	2,666	409,421	1,154	9.00
10.00 DIETARY	448,655	139,838	11,053	98,636	7,498	10.00
11.00 CAFETERIA	1,875,191	0	30,610	273,154	0	11.00
13.00 NURSING ADMINISTRATION	1,793,852	28,578	54,078	560,166	4,326	13.00
14.00 CENTRAL SERVICES & SUPPLY	277,860	31,249	58,332	82,130	4,614	14.00
15.00 PHARMACY	8,081,152	55,907	21,496	732,779	6,344	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,253,117	34,615	20,267	370,793	12,689	16.00
17.00 SOCIAL SERVICE	1,428,828	41,513	50,628	373,011	8,363	17.00
23.00 PARAMED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	13,023,562	641,449	472,338	3,809,772	56,235	30.00
31.00 INTENSIVE CARE UNIT	3,907,171	85,921	144,108	1,163,503	11,824	31.00
41.00 SUBPROVIDER - IRF	1,488,074	108,604	11,477	466,459	8,075	41.00
43.00 NURSERY	720,331	0	0	234,721	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	5,514,496	297,323	1,156,564	1,342,445	44,411	50.00
51.00 RECOVERY ROOM	560,828	23,379	20,790	178,679	3,172	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,028,671	0	0	335,689	0	52.00
53.00 ANESTHESIOLOGY	132,546	12,434	181,146	0	3,172	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,145,613	115,786	1,318,112	729,507	21,629	54.00
56.00 RADIOISOTOPE	708,798	22,975	76,895	122,047	2,019	56.00
57.00 CT SCAN	783,869	24,501	157,853	156,326	2,595	57.00
59.00 CARDIAC CATHETERIZATION	1,729,888	112,322	793,086	434,486	10,959	59.00
60.00 LABORATORY	4,306,461	92,796	110,395	641,762	8,940	60.00
65.00 RESPIRATORY THERAPY	3,085,944	33,800	42,717	917,806	2,884	65.00
66.00 PHYSICAL THERAPY	3,453,649	179,189	50,794	271,125	11,247	66.00
67.00 OCCUPATIONAL THERAPY	643,884	7,526	5,097	0	865	67.00
68.00 SPEECH PATHOLOGY	382,866	11,626	7,353	0	1,154	68.00
69.00 ELECTROCARDIOLOGY	393,316	23,850	20,557	140,019	2,595	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,193,161	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	5,093,417	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	-527,296	0	0	0	0	73.00
74.00 RENAL DIALYSIS	299,017	8,237	0	0	865	74.00
76.00 PAIN MANAGEMENT	407,547	0	0	74,478	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	950,754	198,123	205,951	0	73,826	90.00
91.00 EMERGENCY	3,756,662	75,178	109,414	940,286	16,726	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	-456,840	0	933	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	47,546	0	0	3	865	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00 SLEEP LAB	438,721	35,236	49,529	137,909	4,902	98.00
98.01 VASCULAR LAB	117,470	8,289	66,235	70,021	1,442	98.01
98.02 OUTPATIENT PSYCH	475,204	0	107,888	150,511	0	98.02
98.03 PULMONARY LAB	0	0	0	0	0	98.03
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	152,613,429	3,882,751	7,486,860	18,843,607	397,392	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,975	7,691	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:  
From 07/01/2010  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
192.00 PHYSICIANS' PRIVATE OFFICES	2,630,044	1,161,162	46,158	4,898	180,526	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 WELLNESS/SENIOR VIP	84,008	0	0	20,760	0	193.01
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)	155,388,456	5,051,604	7,533,018	18,869,265	577,918	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/30/2012 11:59 am	
Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING	4,219,591					5.02
5.03	PURCHASING, RECEIVING AND STORES	0	790,017				5.03
5.04	ADMINISTRATIVE	0	41,089	2,649,304			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	5,270	0	2,468,329		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	4,219,591	62,555	0	0	31,413,211	5.06
6.00	MAINTENANCE & REPAIRS	0	118,962	0	0	2,034,951	6.00
7.00	OPERATION OF PLANT	0	98,155	0	0	5,142,161	7.00
8.00	LAUNDRY & LINEN SERVICE	0	31,212	0	0	877,411	8.00
9.00	HOUSEKEEPING	0	7,508	0	0	2,269,217	9.00
10.00	DIETARY	0	10,342	0	0	716,022	10.00
11.00	CAFETERIA	0	0	0	0	2,178,955	11.00
13.00	NURSING ADMINISTRATION	0	5,488	0	0	2,446,488	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	3,096	0	0	457,281	14.00
15.00	PHARMACY	0	14,614	0	0	8,912,292	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	8,823	0	0	2,700,304	16.00
17.00	SOCIAL SERVICE	0	4,221	0	0	1,906,564	17.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	75,913	255,556	238,117	18,572,942	30.00
31.00	INTENSIVE CARE UNIT	0	8,057	53,816	50,144	5,424,544	31.00
41.00	SUBPROVIDER - IRF	0	9,451	29,648	27,624	2,149,412	41.00
43.00	NURSERY	0	0	16,111	15,012	986,175	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	87,238	289,201	269,466	9,001,144	50.00
51.00	RECOVERY ROOM	0	5,310	27,301	25,438	844,897	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	32,338	30,131	1,426,829	52.00
53.00	ANESTHESIOLOGY	0	6,923	50,268	46,838	433,327	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,236	193,639	180,425	5,716,947	54.00
56.00	RADIOISOTOPE	0	559	26,479	24,672	984,444	56.00
57.00	CT SCAN	0	18,555	226,291	210,848	1,580,838	57.00
59.00	CARDIAC CATHETERIZATION	0	15,337	145,540	135,608	3,377,226	59.00
60.00	LABORATORY	0	18,218	321,346	299,234	5,799,152	60.00
65.00	RESPIRATORY THERAPY	0	6,205	77,831	72,519	4,239,706	65.00
66.00	PHYSICAL THERAPY	0	14,347	103,698	96,622	4,180,671	66.00
67.00	OCCUPATIONAL THERAPY	0	1,650	8,498	7,918	675,438	67.00
68.00	SPEECH PATHOLOGY	0	55	6,612	6,161	415,827	68.00
69.00	ELECTROCARDIOLOGY	0	2,547	63,607	59,267	705,758	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	109,901	102,401	9,405,463	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	96,332	89,758	5,279,507	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	210,748	196,366	-120,182	73.00
74.00	RENAL DIALYSIS	0	5,468	9,131	8,508	331,226	74.00
76.00	PAIN MANAGEMENT	0	3,797	12,606	11,746	510,174	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	31,652	0	0	1,460,306	90.00
91.00	EMERGENCY	0	18,225	185,752	173,076	5,275,319	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	-455,907	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	0	0	48,414	95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00	SLEEP LAB	0	7,993	27,856	25,955	728,101	98.00
98.01	VASCULAR LAB	0	545	15,963	14,873	294,838	98.01
98.02	OUTPATIENT PSYCH	0	2,660	53,235	49,602	839,100	98.02
98.03	PULMONARY LAB	0	0	0	0	0	98.03
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,219,591	764,276	2,649,304	2,468,329	151,166,493	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,290	0	0	74,956	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	19,451	0	0	4,042,239	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	WELLNESS/SENIOR VIP	0	0	0	0	104,768	193.01
200.00	Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

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Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,219,591	790,017	2,649,304	2,468,329	155,388,456	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/30/2012 11:59 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	31,413,211					5.06
6.00	MAINTENANCE & REPAIRS	513,237	2,548,188				6.00
7.00	OPERATION OF PLANT	1,296,910	197,972	6,637,043			7.00
8.00	LAUNDRY & LINEN SERVICE	221,293	64,575	182,361	1,345,640		8.00
9.00	HOUSEKEEPING	572,321	23,581	66,593	44,304	2,976,016	9.00
10.00	DIETARY	180,589	87,403	246,828	8,906	19,081	10.00
11.00	CAFETERIA	549,556	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	617,031	17,862	50,443	0	23,311	13.00
14.00	CENTRAL SERVICES & SUPPLY	115,331	19,532	55,157	3,770	48,603	14.00
15.00	PHARMACY	2,247,778	34,944	98,681	439	9,181	15.00
16.00	MEDICAL RECORDS & LIBRARY	681,046	21,636	61,100	0	12,151	16.00
17.00	SOCIAL SERVICE	480,856	25,947	73,275	0	2,070	17.00
23.00	PARAMEDICAL PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	4,684,296	400,928	1,132,225	621,182	1,329,824	30.00
31.00	INTENSIVE CARE UNIT	1,368,130	53,704	151,660	94,615	138,968	31.00
41.00	SUBPROVIDER - IRF	542,105	67,881	191,697	77,127	252,914	41.00
43.00	NURSERY	248,724	0	0	11,581	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	2,270,188	185,837	524,807	147,021	393,412	50.00
51.00	RECOVERY ROOM	213,092	14,612	41,266	8,427	66,424	51.00
52.00	DELIVERY ROOM & LABOR ROOM	359,862	0	0	0	115,116	52.00
53.00	ANESTHESIOLOGY	109,290	7,771	21,947	197	2,070	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,441,877	72,370	204,374	64,892	155,529	54.00
56.00	RADIOISOTOPE	248,288	14,360	40,553	3,433	10,171	56.00
57.00	CT SCAN	398,705	15,314	43,246	17,250	0	57.00
59.00	CARDIAC CATHETERIZATION	851,774	70,205	198,260	35,827	65,164	59.00
60.00	LABORATORY	1,462,610	58,001	163,795	163	21,961	60.00
65.00	RESPIRATORY THERAPY	1,069,300	21,126	59,660	0	32,492	65.00
66.00	PHYSICAL THERAPY	1,054,411	111,999	316,287	12,207	32,132	66.00
67.00	OCCUPATIONAL THERAPY	170,353	4,704	13,284	20,993	6,120	67.00
68.00	SPEECH PATHOLOGY	104,876	7,266	20,521	0	6,120	68.00
69.00	ELECTROCARDIOLOGY	178,000	14,907	42,098	4,258	4,050	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,372,161	0	0	0	2,070	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,331,550	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	83,539	5,148	14,539	920	6,120	74.00
76.00	PAIN MANAGEMENT	128,671	0	0	0	4,050	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	368,305	123,834	349,709	11,014	2,070	90.00
91.00	EMERGENCY	1,330,493	46,989	132,697	135,290	176,590	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	12,211	0	0	0	0	95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00	SLEEP LAB	183,635	22,024	62,196	11,656	30,152	98.00
98.01	VASCULAR LAB	74,361	5,181	14,631	5,115	8,100	98.01
98.02	OUTPATIENT PSYCH	211,630	0	0	0	0	98.02
98.03	PULMONARY LAB	0	0	0	0	0	98.03
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	30,348,385	1,817,613	4,573,890	1,340,587	2,976,016	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEN	18,905	4,807	13,575	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,019,497	725,768	2,049,578	5,053	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	WELLNESS/SENIOR VIP	26,424	0	0	0	0	193.01
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
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Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.06	6.00	7.00	8.00	9.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	31,413,211	2,548,188	6,637,043	1,345,640	2,976,016	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
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1/30/2012 11:59 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,258,829					10.00
11.00 CAFETERIA	0	2,728,511				11.00
13.00 NURSING ADMINISTRATION	0	94,255	3,249,390			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	31,074	0	730,748		14.00
15.00 PHARMACY	0	108,477	0	0	11,411,792	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	113,673	0	0	0	16.00
17.00 SOCIAL SERVICE	0	69,642	0	0	0	17.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	989,745	778,856	1,532,980	0	0	30.00
31.00 INTENSIVE CARE UNIT	81,446	179,252	352,796	0	0	31.00
41.00 SUBPROVIDER - IRF	160,312	94,389	185,798	0	0	41.00
43.00 NURSERY	0	34,172	67,289	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	266,613	524,764	0	0	50.00
51.00 RECOVERY ROOM	14,069	31,108	61,238	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	58,985	116,088	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	137,220	0	0	0	54.00
56.00 RADIOISOTOPE	0	14,688	0	0	0	56.00
57.00 CT SCAN	0	28,043	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	69,676	0	0	0	59.00
60.00 LABORATORY	0	152,740	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	90,259	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	56,753	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	28,676	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	518,831	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	211,917	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	11,411,792	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 PAIN MANAGEMENT	0	15,920	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	11,091	0	0	0	90.00
91.00 EMERGENCY	11,463	179,951	354,202	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00 SLEEP LAB	1,794	30,608	0	0	0	98.00
98.01 VASCULAR LAB	0	9,592	0	0	0	98.01
98.02 OUTPATIENT PSYCH	0	27,544	54,235	0	0	98.02
98.03 PULMONARY LAB	0	0	0	0	0	98.03
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,258,829	2,713,257	3,249,390	730,748	11,411,792	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	12,023	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 WELLNESS/SENIOR VIP	0	3,231	0	0	0	193.01
200.00 Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

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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	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,258,829	2,728,511	3,249,390	730,748	11,411,792	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	3,589,910					16.00
17.00 SOCIAL SERVICE	0	2,558,354				17.00
23.00 PARAMED ED PRGM	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	1,599,719	2,064,506	0	33,707,203	0	30.00
31.00 INTENSIVE CARE UNIT	205,128	255,885	0	8,306,128	0	31.00
41.00 SUBPROVIDER - IRF	229,771	224,024	0	4,175,430	0	41.00
43.00 NURSERY	0	0	0	1,347,941	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	228,035	0	0	13,541,821	0	50.00
51.00 RECOVERY ROOM	21,172	0	0	1,316,305	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	10,760	0	0	2,087,640	0	52.00
53.00 ANESTHESIOLOGY	34,014	0	0	608,616	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	205,822	0	0	7,999,031	0	54.00
56.00 RADIOISOTOPE	20,825	0	0	1,336,762	0	56.00
57.00 CT SCAN	226,647	0	0	2,310,043	0	57.00
59.00 CARDIAC CATHETERIZATION	108,291	0	0	4,776,423	0	59.00
60.00 LABORATORY	166,948	0	0	7,825,370	0	60.00
65.00 RESPIRATORY THERAPY	13,536	0	0	5,526,079	0	65.00
66.00 PHYSICAL THERAPY	74,276	0	0	5,838,736	0	66.00
67.00 OCCUPATIONAL THERAPY	11,454	0	0	902,346	0	67.00
68.00 SPEECH PATHOLOGY	8,677	0	0	563,287	0	68.00
69.00 ELECTROCARDIOLOGY	32,626	0	0	1,010,373	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,983	0	0	12,306,508	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,822,974	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	51,716	0	0	11,343,326	0	73.00
74.00 RENAL DIALYSIS	347	0	0	441,839	0	74.00
76.00 PAIN MANAGEMENT	18,396	0	0	677,211	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	39,221	0	0	2,365,550	0	90.00
91.00 EMERGENCY	174,584	13,939	0	7,831,517	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	-455,907	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	60,625	0	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00 SLEEP LAB	34,709	0	0	1,104,875	0	98.00
98.01 VASCULAR LAB	10,413	0	0	422,231	0	98.01
98.02 OUTPATIENT PSYCH	54,840	0	0	1,187,349	0	98.02
98.03 PULMONARY LAB	0	0	0	0	0	98.03
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,589,910	2,558,354	0	147,287,632	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	112,243	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	7,854,158	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	23.00	24.00	25.00	
193.01 WELLNESS/SENIOR VIP	0	0	0	134,423	0	193.01
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	3,589,910	2,558,354	0	155,388,456		202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING, RECEIVING AND STORES		5.03
5.04	ADMINISTRATIVE		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
23.00	PARAMEDICAL PRGM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	33,707,203	30.00
31.00	INTENSIVE CARE UNIT	8,306,128	31.00
41.00	SUBPROVIDER - IRF	4,175,430	41.00
43.00	NURSERY	1,347,941	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	13,541,821	50.00
51.00	RECOVERY ROOM	1,316,305	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,087,640	52.00
53.00	ANESTHESIOLOGY	608,616	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,999,031	54.00
56.00	RADIOISOTOPE	1,336,762	56.00
57.00	CT SCAN	2,310,043	57.00
59.00	CARDIAC CATHETERIZATION	4,776,423	59.00
60.00	LABORATORY	7,825,370	60.00
65.00	RESPIRATORY THERAPY	5,526,079	65.00
66.00	PHYSICAL THERAPY	5,838,736	66.00
67.00	OCCUPATIONAL THERAPY	902,346	67.00
68.00	SPEECH PATHOLOGY	563,287	68.00
69.00	ELECTROCARDIOLOGY	1,010,373	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,306,508	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	6,822,974	72.00
73.00	DRUGS CHARGED TO PATIENTS	11,343,326	73.00
74.00	RENAL DIALYSIS	441,839	74.00
76.00	PAIN MANAGEMENT	677,211	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	2,365,550	90.00
91.00	EMERGENCY	7,831,517	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	-455,907	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	AMBULANCE SERVICES	60,625	95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	96.00
98.00	SLEEP LAB	1,104,875	98.00
98.01	VASCULAR LAB	422,231	98.01
98.02	OUTPATIENT PSYCH	1,187,349	98.02
98.03	PULMONARY LAB	0	98.03
99.10	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	147,287,632	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	112,243	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	7,854,158	192.00
193.00	NONPAID WORKERS	0	193.00
193.01	WELLNESS/SENIOR VIP	134,423	193.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	155,388,456	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

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Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	18,576	4,943	23,519	23,519
5.01	COMMUNICATIONS	0	1,960	34,283	36,243	89
5.02	DATA PROCESSING	0	0	1,817,819	1,817,819	534
5.03	PURCHASING, RECEIVING AND STORES	0	23,813	40,111	63,924	184
5.04	ADMINISTRATIVE	0	17,917	11,552	29,469	718
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	14,221	14,221	444
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	833,558	108,631	942,189	1,728
6.00	MAINTENANCE & REPAIRS	0	78,904	12,217	91,121	424
7.00	OPERATION OF PLANT	0	316,737	67,141	383,878	282
8.00	LAUNDRY & LINEN SERVICE	0	103,315	17,580	120,895	122
9.00	HOUSEKEEPING	0	37,727	2,666	40,393	511
10.00	DIETARY	0	139,838	11,053	150,891	123
11.00	CAFETERIA	0	0	30,610	30,610	341
13.00	NURSING ADMINISTRATION	0	28,578	54,078	82,656	699
14.00	CENTRAL SERVICES & SUPPLY	0	31,249	58,332	89,581	102
15.00	PHARMACY	0	55,907	21,496	77,403	914
16.00	MEDICAL RECORDS & LIBRARY	0	34,615	20,267	54,882	463
17.00	SOCIAL SERVICE	0	41,513	50,628	92,141	465
23.00	PARAMEDICAL PRGM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	641,449	472,338	1,113,787	4,729
31.00	INTENSIVE CARE UNIT	0	85,921	144,108	230,029	1,452
41.00	SUBPROVIDER - IRF	0	108,604	11,477	120,081	582
43.00	NURSERY	0	0	0	0	293
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	297,323	1,156,564	1,453,887	1,675
51.00	RECOVERY ROOM	0	23,379	20,790	44,169	223
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	419
53.00	ANESTHESIOLOGY	0	12,434	181,146	193,580	0
54.00	RADIOLOGY-DIAGNOSTIC	0	115,786	1,318,112	1,433,898	910
56.00	RADIOISOTOPE	0	22,975	76,895	99,870	152
57.00	CT SCAN	0	24,501	157,853	182,354	195
59.00	CARDIAC CATHETERIZATION	0	112,322	793,086	905,408	542
60.00	LABORATORY	0	92,796	110,395	203,191	801
65.00	RESPIRATORY THERAPY	0	33,800	42,717	76,517	1,145
66.00	PHYSICAL THERAPY	0	179,189	50,794	229,983	338
67.00	OCCUPATIONAL THERAPY	0	7,526	5,097	12,623	0
68.00	SPEECH PATHOLOGY	0	11,626	7,353	18,979	0
69.00	ELECTROCARDIOLOGY	0	23,850	20,557	44,407	175
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	8,237	0	8,237	0
76.00	PAIN MANAGEMENT	0	0	0	0	93
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	198,123	205,951	404,074	0
91.00	EMERGENCY	0	75,178	109,414	184,592	1,173
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	933	933	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	0	0	0	0
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
98.00	SLEEP LAB	0	35,236	49,529	84,765	172
98.01	VASCULAR LAB	0	8,289	66,235	74,524	87
98.02	OUTPATIENT PSYCH	0	0	107,888	107,888	188
98.03	PULMONARY LAB	0	0	0	0	0
99.10	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,882,751	7,486,860	11,369,611	23,487
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,691	0	7,691	0
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,161,162	46,158	1,207,320	6

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 WELLNESS/SENIOR VIP	0	0	0	0	26	193.01
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	5,051,604	7,533,018	12,584,622	23,519	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS	36,332					5.01
5.02 DATA PROCESSING	544	1,818,897				5.02
5.03 PURCHASING, RECEIVING AND STORES	236	0	64,344			5.03
5.04 ADMINITTING	453	0	3,347	33,987		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	725	0	429	0	15,819	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	1,342	1,818,897	5,095	0	0	5.06
6.00 MAINTENANCE & REPAIRS	381	0	9,692	0	0	6.00
7.00 OPERATION OF PLANT	127	0	7,994	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	91	0	2,542	0	0	8.00
9.00 HOUSEKEEPING	73	0	611	0	0	9.00
10.00 DIETARY	471	0	842	0	0	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	272	0	447	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	290	0	252	0	0	14.00
15.00 PHARMACY	399	0	1,190	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	798	0	719	0	0	16.00
17.00 SOCIAL SERVICE	526	0	344	0	0	17.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	3,535	0	6,183	3,285	1,546	30.00
31.00 INTENSIVE CARE UNIT	743	0	656	692	326	31.00
41.00 SUBPROVIDER - IRF	508	0	770	381	179	41.00
43.00 NURSERY	0	0	0	207	97	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	2,792	0	7,105	3,718	1,749	50.00
51.00 RECOVERY ROOM	199	0	432	351	165	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	416	196	52.00
53.00 ANESTHESIOLOGY	199	0	564	646	304	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,360	0	997	2,489	1,171	54.00
56.00 RADIOISOTOPE	127	0	46	340	160	56.00
57.00 CT SCAN	163	0	1,511	2,909	1,369	57.00
59.00 CARDIAC CATHETERIZATION	689	0	1,249	1,871	880	59.00
60.00 LABORATORY	562	0	1,484	4,063	1,737	60.00
65.00 RESPIRATORY THERAPY	181	0	505	1,000	471	65.00
66.00 PHYSICAL THERAPY	707	0	1,169	1,333	627	66.00
67.00 OCCUPATIONAL THERAPY	54	0	134	109	51	67.00
68.00 SPEECH PATHOLOGY	73	0	4	85	40	68.00
69.00 ELECTROCARDIOLOGY	163	0	207	818	385	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,413	665	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,238	583	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,709	1,275	73.00
74.00 RENAL DIALYSIS	54	0	445	117	55	74.00
76.00 PAIN MANAGEMENT	0	0	309	162	76	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	4,641	0	2,578	0	0	90.00
91.00 EMERGENCY	1,052	0	1,484	2,388	1,124	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	54	0	0	0	0	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00 SLEEP LAB	308	0	651	358	169	98.00
98.01 VASCULAR LAB	91	0	44	205	97	98.01
98.02 OUTPATIENT PSYCH	0	0	217	684	322	98.02
98.03 PULMONARY LAB	0	0	0	0	0	98.03
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	24,983	1,818,897	62,248	33,987	15,819	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	512	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	11,349	0	1,584	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00 Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	36,332	1,818,897	64,344	33,987	15,819	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/30/2012 11:59 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	2,769,251					5.06
6.00	MAINTENANCE & REPAIRS	45,245	146,863				6.00
7.00	OPERATION OF PLANT	114,331	11,410	518,022			7.00
8.00	LAUNDRY & LINEN SERVICE	19,508	3,722	14,233	161,113		8.00
9.00	HOUSEKEEPING	50,454	1,359	5,198	5,304	103,903	9.00
10.00	DIETARY	15,920	5,037	19,265	1,066	666	10.00
11.00	CAFETERIA	48,447	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	54,395	1,029	3,937	0	814	13.00
14.00	CENTRAL SERVICES & SUPPLY	10,167	1,126	4,305	451	1,697	14.00
15.00	PHARMACY	198,156	2,014	7,702	53	321	15.00
16.00	MEDICAL RECORDS & LIBRARY	60,039	1,247	4,769	0	424	16.00
17.00	SOCIAL SERVICE	42,391	1,495	5,719	0	72	17.00
23.00	PARAMEDICAL PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	412,929	23,107	88,370	74,373	46,430	30.00
31.00	INTENSIVE CARE UNIT	120,609	3,095	11,837	11,328	4,852	31.00
41.00	SUBPROVIDER - IRF	47,790	3,912	14,962	9,234	8,830	41.00
43.00	NURSERY	21,927	0	0	1,387	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	200,131	10,711	40,961	17,603	13,735	50.00
51.00	RECOVERY ROOM	18,785	842	3,221	1,009	2,319	51.00
52.00	DELIVERY ROOM & LABOR ROOM	31,724	0	0	0	4,019	52.00
53.00	ANESTHESIOLOGY	9,635	448	1,713	24	72	53.00
54.00	RADIOLOGY-DIAGNOSTIC	127,111	4,171	15,951	7,769	5,430	54.00
56.00	RADIOISOTOPE	21,888	828	3,165	411	355	56.00
57.00	CT SCAN	35,148	883	3,375	2,065	0	57.00
59.00	CARDIAC CATHETERIZATION	75,089	4,046	15,474	4,290	2,275	59.00
60.00	LABORATORY	128,938	3,343	12,784	20	767	60.00
65.00	RESPIRATORY THERAPY	94,266	1,218	4,656	0	1,134	65.00
66.00	PHYSICAL THERAPY	92,953	6,455	24,686	1,462	1,122	66.00
67.00	OCCUPATIONAL THERAPY	15,018	271	1,037	2,514	214	67.00
68.00	SPEECH PATHOLOGY	9,245	419	1,602	0	214	68.00
69.00	ELECTROCARDIOLOGY	15,692	859	3,286	510	141	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	209,121	0	0	0	72	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	117,385	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	7,364	297	1,135	110	214	74.00
76.00	PAIN MANAGEMENT	11,343	0	0	0	141	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	32,468	7,137	27,295	1,319	72	90.00
91.00	EMERGENCY	117,291	2,708	10,357	16,198	6,165	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	1,076	0	0	0	0	95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00	SLEEP LAB	16,189	1,269	4,854	1,396	1,053	98.00
98.01	VASCULAR LAB	6,555	299	1,142	612	283	98.01
98.02	OUTPATIENT PSYCH	18,657	0	0	0	0	98.02
98.03	PULMONARY LAB	0	0	0	0	0	98.03
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,675,380	104,757	356,991	160,508	103,903	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,667	277	1,060	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	89,875	41,829	159,971	605	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	WELLNESS/SENIOR VIP	2,329	0	0	0	0	193.01
200.00	Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/30/2012 11:59 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,769,251	146,863	518,022	161,113	103,903		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/30/2012 11:59 am
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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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	194,281					10.00
11.00 CAFETERIA	0	79,398				11.00
13.00 NURSING ADMINISTRATION	0	2,743	146,992			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	904	0	108,875		14.00
15.00 PHARMACY	0	3,157	0	0	291,309	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	3,308	0	0	0	16.00
17.00 SOCIAL SERVICE	0	2,027	0	0	0	17.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	152,752	22,665	69,348	0	0	30.00
31.00 INTENSIVE CARE UNIT	12,570	5,216	15,959	0	0	31.00
41.00 SUBPROVIDER - IRF	24,742	2,747	8,405	0	0	41.00
43.00 NURSERY	0	994	3,044	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	7,758	23,739	0	0	50.00
51.00 RECOVERY ROOM	2,171	905	2,770	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,716	5,251	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,993	0	0	0	54.00
56.00 RADIOISOTOPE	0	427	0	0	0	56.00
57.00 CT SCAN	0	816	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	2,028	0	0	0	59.00
60.00 LABORATORY	0	4,445	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	2,626	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	1,651	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	834	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	77,301	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	31,574	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	291,309	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 PAIN MANAGEMENT	0	463	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	323	0	0	0	90.00
91.00 EMERGENCY	1,769	5,236	16,023	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00 SLEEP LAB	277	891	0	0	0	98.00
98.01 VASCULAR LAB	0	279	0	0	0	98.01
98.02 OUTPATIENT PSYCH	0	802	2,453	0	0	98.02
98.03 PULMONARY LAB	0	0	0	0	0	98.03
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	194,281	78,954	146,992	108,875	291,309	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	350	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 WELLNESS/SENIOR VIP	0	94	0	0	0	193.01
200.00 Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/30/2012 11:59 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	194,281	79,398	146,992	108,875	291,309		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	126,649					16.00
17.00 SOCIAL SERVICE	0	145,180				17.00
23.00 PARAMED ED PRGM	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	56,437	117,155		2,196,631	0	30.00
31.00 INTENSIVE CARE UNIT	7,237	14,521		441,122	0	31.00
41.00 SUBPROVIDER - IRF	8,106	12,713		263,942	0	41.00
43.00 NURSERY	0	0		27,949	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	8,045	0		1,793,609	0	50.00
51.00 RECOVERY ROOM	747	0		78,308	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	380	0		44,121	0	52.00
53.00 ANESTHESIOLOGY	1,200	0		208,385	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,261	0		1,612,511	0	54.00
56.00 RADIOISOTOPE	735	0		128,504	0	56.00
57.00 CT SCAN	7,996	0		238,784	0	57.00
59.00 CARDIAC CATHETERIZATION	3,820	0		1,017,661	0	59.00
60.00 LABORATORY	5,890	0		368,025	0	60.00
65.00 RESPIRATORY THERAPY	478	0		184,197	0	65.00
66.00 PHYSICAL THERAPY	2,620	0		365,106	0	66.00
67.00 OCCUPATIONAL THERAPY	404	0		32,429	0	67.00
68.00 SPEECH PATHOLOGY	306	0		30,967	0	68.00
69.00 ELECTROCARDIOLOGY	1,151	0		68,628	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	282	0		288,854	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		150,780	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,824	0		297,117	0	73.00
74.00 RENAL DIALYSIS	12	0		18,040	0	74.00
76.00 PAIN MANAGEMENT	649	0		13,236	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0		0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89.00
90.00 CLINIC	1,384	0		481,291	0	90.00
91.00 EMERGENCY	6,159	791		374,510	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0		933	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0		1,130	0	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0		0	0	96.00
98.00 SLEEP LAB	1,224	0		113,576	0	98.00
98.01 VASCULAR LAB	367	0		84,585	0	98.01
98.02 OUTPATIENT PSYCH	1,935	0		133,146	0	98.02
98.03 PULMONARY LAB	0	0		0	0	98.03
99.10 CORF	0	0		0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0		0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0		0	0	110.00
111.00 ISLET ACQUISITION	0	0		0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	126,649	145,180	0	11,058,077	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		11,207	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0		1,512,889	0	192.00
193.00 NONPAID WORKERS	0	0		0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/30/2012 11:59 am
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	23.00	24.00	25.00	
193.01 WELLNESS/SENIOR VIP	0	0		2,449	0	193.01
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)	126,649	145,180	0	12,584,622	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING, RECEIVING AND STORES		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
23.00	PARAMED PRGM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	2,196,631	30.00
31.00	INTENSIVE CARE UNIT	441,122	31.00
41.00	SUBPROVIDER - IRF	263,942	41.00
43.00	NURSERY	27,949	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	1,793,609	50.00
51.00	RECOVERY ROOM	78,308	51.00
52.00	DELIVERY ROOM & LABOR ROOM	44,121	52.00
53.00	ANESTHESIOLOGY	208,385	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,612,511	54.00
56.00	RADIOISOTOPE	128,504	56.00
57.00	CT SCAN	238,784	57.00
59.00	CARDIAC CATHETERIZATION	1,017,661	59.00
60.00	LABORATORY	368,025	60.00
65.00	RESPIRATORY THERAPY	184,197	65.00
66.00	PHYSICAL THERAPY	365,106	66.00
67.00	OCCUPATIONAL THERAPY	32,429	67.00
68.00	SPEECH PATHOLOGY	30,967	68.00
69.00	ELECTROCARDIOLOGY	68,628	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	288,854	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	150,780	72.00
73.00	DRUGS CHARGED TO PATIENTS	297,117	73.00
74.00	RENAL DIALYSIS	18,040	74.00
76.00	PAIN MANAGEMENT	13,236	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	481,291	90.00
91.00	EMERGENCY	374,510	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	933	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	AMBULANCE SERVICES	1,130	95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	96.00
98.00	SLEEP LAB	113,576	98.00
98.01	VASCULAR LAB	84,585	98.01
98.02	OUTPATIENT PSYCH	133,146	98.02
98.03	PULMONARY LAB	0	98.03
99.10	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,058,077	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,207	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,512,889	192.00
193.00	NONPAID WORKERS	0	193.00
193.01	WELLNESS/SENIOR VIP	2,449	193.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	12,584,622	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description	CAPITAL RELATED COSTS				
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)
	1.00	2.00	4.00	5.01	5.02
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT	675,244				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		5,853,633			2.00
4.00 EMPLOYEE BENEFITS	2,483	3,841	57,705,981		4.00
5.01 COMMUNICATIONS	262	26,640	217,574	2,004	5.01
5.02 DATA PROCESSING	0	1,412,557	1,308,759	30	100 5.02
5.03 PURCHASING, RECEIVING AND STORES	3,183	31,169	450,012	13	0 5.03
5.04 ADMINITTING	2,395	8,977	1,759,746	25	0 5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	11,051	1,087,621	40	0 5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	111,421	84,413	4,236,452	74	100 5.06
6.00 MAINTENANCE & REPAIRS	10,547	9,493	1,037,993	21	0 6.00
7.00 OPERATION OF PLANT	42,338	52,173	690,897	7	0 7.00
8.00 LAUNDRY & LINEN SERVICE	13,810	13,661	299,863	5	0 8.00
9.00 HOUSEKEEPING	5,043	2,072	1,252,090	4	0 9.00
10.00 DIETARY	18,692	8,589	301,648	26	0 10.00
11.00 CAFETERIA	0	23,786	835,360	0	0 11.00
13.00 NURSING ADMINISTRATION	3,820	42,022	1,713,099	15	0 13.00
14.00 CENTRAL SERVICES & SUPPLY	4,177	45,328	251,170	16	0 14.00
15.00 PHARMACY	7,473	16,704	2,240,982	22	0 15.00
16.00 MEDICAL RECORDS & LIBRARY	4,627	15,749	1,133,958	44	0 16.00
17.00 SOCIAL SERVICE	5,549	39,341	1,140,742	29	0 17.00
23.00 PARAMEDICAL PRGM	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	85,742	367,037	11,651,076	195	0 30.00
31.00 INTENSIVE CARE UNIT	11,485	111,981	3,558,223	41	0 31.00
41.00 SUBPROVIDER - IRF	14,517	8,918	1,426,523	28	0 41.00
43.00 NURSERY	0	0	717,823	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	39,743	898,724	4,105,461	154	0 50.00
51.00 RECOVERY ROOM	3,125	16,155	546,435	11	0 51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	1,026,603	0	0 52.00
53.00 ANESTHESIOLOGY	1,662	140,762	0	11	0 53.00
54.00 RADIOLOGY-DIAGNOSTIC	15,477	1,024,257	2,230,975	75	0 54.00
56.00 RADIOISOTOPE	3,071	59,752	373,243	7	0 56.00
57.00 CT SCAN	3,275	122,662	478,077	9	0 57.00
59.00 CARDIAC CATHETERIZATION	15,014	616,278	1,328,745	38	0 59.00
60.00 LABORATORY	12,404	85,784	1,962,634	31	0 60.00
65.00 RESPIRATORY THERAPY	4,518	33,194	2,806,832	10	0 65.00
66.00 PHYSICAL THERAPY	23,952	39,470	829,154	39	0 66.00
67.00 OCCUPATIONAL THERAPY	1,006	3,961	0	3	0 67.00
68.00 SPEECH PATHOLOGY	1,554	5,714	0	4	0 68.00
69.00 ELECTROCARDIOLOGY	3,188	15,974	428,206	9	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	1,101	0	0	3	0 74.00
76.00 PAIN MANAGEMENT	0	0	227,767	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 CLINIC	26,483	160,037	0	256	0 90.00
91.00 EMERGENCY	10,049	85,022	2,875,579	58	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	725	0	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 AMBULANCE SERVICES	0	0	8	3	0 95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 96.00
98.00 SLEEP LAB	4,710	38,487	421,753	17	0 98.00
98.01 VASCULAR LAB	1,108	51,469	214,138	5	0 98.01
98.02 OUTPATIENT PSYCH	0	83,836	460,292	0	0 98.02
98.03 PULMONARY LAB	0	0	0	0	0 98.03
99.10 CORF	0	0	0	0	0 99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 ISLET ACQUISITION	0	0	0	0	0 111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	519,004	5,817,765	57,627,513	1,378	100 118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,028	0	0	0	0 190.00
192.00 PHYSICIANS' PRIVATE OFFICES	155,212	35,868	14,979	626	0 192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES) 4.00	COMMUNICATIONS (# OF TELEPHONES) 5.01	DATA PROCESSING (TIME SPENT) 5.02	
	NEW BLDG & FIXT (SQUARE FEET) 1.00	NEW MVBLE EQUIP (DOLLAR VALUE) 2.00				
	193.00 NONPAID WORKERS	0				
193.01 WELLNESS/SENIOR VIP	0	0	63,489	0	0	193.01
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)	5,051,604	7,533,018	18,869,265	577,918	4,219,591	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.481153	1.286896	0.326990	288.382236	42,195.910000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			23,519	36,332	1,818,897	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000408	18.129741	18,188.970000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description		PURCHASING, RECEIVING AND STORES (SUPPLIES)	ADMINING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES	823,616					5.03
5.04	ADMINING	42,836	500,790,142				5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	5,494	0	500,790,142			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	65,215	0	0	-31,413,211	124,551,334	5.06
6.00	MAINTENANCE & REPAIRS	124,026	0	0	0	2,034,951	6.00
7.00	OPERATION OF PLANT	102,329	0	0	0	5,142,161	7.00
8.00	LAUNDRY & LINEN SERVICE	32,539	0	0	0	877,411	8.00
9.00	HOUSEKEEPING	7,827	0	0	0	2,269,217	9.00
10.00	DIETARY	10,782	0	0	0	716,022	10.00
11.00	CAFETERIA	0	0	0	0	2,178,955	11.00
13.00	NURSING ADMINISTRATION	5,721	0	0	0	2,446,488	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,228	0	0	0	457,281	14.00
15.00	PHARMACY	15,235	0	0	0	8,912,292	15.00
16.00	MEDICAL RECORDS & LIBRARY	9,198	0	0	0	2,700,304	16.00
17.00	SOCIAL SERVICE	4,401	0	0	0	1,906,564	17.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	79,141	48,309,318	48,309,318	0	18,572,942	30.00
31.00	INTENSIVE CARE UNIT	8,400	10,173,237	10,173,237	0	5,424,544	31.00
41.00	SUBPROVIDER - IRF	9,853	5,604,479	5,604,479	0	2,149,412	41.00
43.00	NURSERY	0	3,045,604	3,045,604	0	986,175	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	90,948	54,669,427	54,669,427	0	9,001,144	50.00
51.00	RECOVERY ROOM	5,536	5,160,833	5,160,833	0	844,897	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,113,099	6,113,099	0	1,426,829	52.00
53.00	ANESTHESIOLOGY	7,217	9,502,512	9,502,512	0	433,327	53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,756	36,604,794	36,604,794	0	5,716,947	54.00
56.00	RADIOISOTOPE	583	5,005,429	5,005,429	0	984,444	56.00
57.00	CT SCAN	19,344	42,777,097	42,777,097	0	1,580,838	57.00
59.00	CARDIAC CATHETERIZATION	15,989	27,512,353	27,512,353	0	3,377,226	59.00
60.00	LABORATORY	18,993	60,722,273	60,722,273	0	5,799,152	60.00
65.00	RESPIRATORY THERAPY	6,469	14,712,794	14,712,794	0	4,239,706	65.00
66.00	PHYSICAL THERAPY	14,957	19,602,735	19,602,735	0	4,180,671	66.00
67.00	OCCUPATIONAL THERAPY	1,720	1,606,455	1,606,455	0	675,438	67.00
68.00	SPEECH PATHOLOGY	57	1,249,874	1,249,874	0	415,827	68.00
69.00	ELECTROCARDIOLOGY	2,655	12,024,086	12,024,086	0	705,758	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,775,186	20,775,186	0	9,405,463	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	18,210,167	18,210,167	0	5,279,507	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	39,838,870	39,838,870	120,182	0	73.00
74.00	RENAL DIALYSIS	5,701	1,726,075	1,726,075	0	331,226	74.00
76.00	PAIN MANAGEMENT	3,958	2,382,969	2,382,969	0	510,174	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	32,998	0	0	0	1,460,306	90.00
91.00	EMERGENCY	19,000	35,113,877	35,113,877	0	5,275,319	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	455,907	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	0	0	48,414	95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00	SLEEP LAB	8,333	5,265,824	5,265,824	0	728,101	98.00
98.01	VASCULAR LAB	568	3,017,506	3,017,506	0	294,838	98.01
98.02	OUTPATIENT PSYCH	2,773	10,063,269	10,063,269	0	839,100	98.02
98.03	PULMONARY LAB	0	0	0	0	0	98.03
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	796,780	500,790,142	500,790,142	-30,837,122	120,329,371	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,558	0	0	0	74,956	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	20,278	0	0	0	4,042,239	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description		PURCHASING, RECEIVING AND STORES (SUPPLIES)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
193.01	WELLNESS/SENIOR VIP	0	0	0	0	104,768	193.01
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)	790,017	2,649,304	2,468,329		31,413,211	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.959206	0.005290	0.004929		0.252211	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	64,344	33,987	15,819		2,769,251	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.078124	0.000068	0.000032		0.022234	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS	544,953					6.00
7.00 OPERATION OF PLANT	42,338	502,615				7.00
8.00 LAUNDRY & LINEN SERVICE	13,810	13,810	1,469,708			8.00
9.00 HOUSEKEEPING	5,043	5,043	48,389	33,065		9.00
10.00 DIETARY	18,692	18,692	9,727	212	153,632	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	3,820	3,820	0	259	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	4,177	4,177	4,118	540	0	14.00
15.00 PHARMACY	7,473	7,473	479	102	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,627	4,627	0	135	0	16.00
17.00 SOCIAL SERVICE	5,549	5,549	0	23	0	17.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	85,742	85,742	678,452	14,775	120,792	30.00
31.00 INTENSIVE CARE UNIT	11,485	11,485	103,339	1,544	9,940	31.00
41.00 SUBPROVIDER - IIRF	14,517	14,517	84,238	2,810	19,565	41.00
43.00 NURSERY	0	0	12,649	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	39,743	39,743	160,576	4,371	0	50.00
51.00 RECOVERY ROOM	3,125	3,125	9,204	738	1,717	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	1,279	0	52.00
53.00 ANESTHESIOLOGY	1,662	1,662	215	23	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	15,477	15,477	70,875	1,728	0	54.00
56.00 RADIOISOTOPE	3,071	3,071	3,749	113	0	56.00
57.00 CT SCAN	3,275	3,275	18,841	0	0	57.00
59.00 CARDIAC CATHETERIZATION	15,014	15,014	39,130	724	0	59.00
60.00 LABORATORY	12,404	12,404	178	244	0	60.00
65.00 RESPIRATORY THERAPY	4,518	4,518	0	361	0	65.00
66.00 PHYSICAL THERAPY	23,952	23,952	13,333	357	0	66.00
67.00 OCCUPATIONAL THERAPY	1,006	1,006	22,929	68	0	67.00
68.00 SPEECH PATHOLOGY	1,554	1,554	0	68	0	68.00
69.00 ELECTROCARDIOLOGY	3,188	3,188	4,651	45	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	23	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	1,101	1,101	1,005	68	0	74.00
76.00 PAIN MANAGEMENT	0	0	0	45	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	26,483	26,483	12,030	23	0	90.00
91.00 EMERGENCY	10,049	10,049	147,764	1,962	1,399	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00 SLEEP LAB	4,710	4,710	12,731	335	219	98.00
98.01 VASCULAR LAB	1,108	1,108	5,587	90	0	98.01
98.02 OUTPATIENT PSYCH	0	0	0	0	0	98.02
98.03 PULMONARY LAB	0	0	0	0	0	98.03
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	388,713	346,375	1,464,189	33,065	153,632	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,028	1,028	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	155,212	155,212	5,519	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 WELLNESS/SENIOR VIP	0	0	0	0	0	193.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,548,188	6,637,043	1,345,640	2,976,016	1,258,829	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.675978	13.205024	0.915583	90.005020	8.193794	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	146,863	518,022	161,113	103,903	194,281	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.269497	1.030654	0.109622	3.142386	1.264587	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	81,923					11.00
13.00 NURSING ADMINISTRATION	2,830	1,031,039				13.00
14.00 CENTRAL SERVICES & SUPPLY	933	0	100			14.00
15.00 PHARMACY	3,257	0	0	100		15.00
16.00 MEDICAL RECORDS & LIBRARY	3,413	0	0	0	10,343	16.00
17.00 SOCIAL SERVICE	2,091	0	0	0	0	17.00
23.00 PARAMED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	23,385	486,418	0	0	4,609	30.00
31.00 INTENSIVE CARE UNIT	5,382	111,943	0	0	591	31.00
41.00 SUBPROVIDER - IRF	2,834	58,954	0	0	662	41.00
43.00 NURSERY	1,026	21,351	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	8,005	166,509	0	0	657	50.00
51.00 RECOVERY ROOM	934	19,431	0	0	61	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,771	36,835	0	0	31	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	98	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,120	0	0	0	593	54.00
56.00 RADIOISOTOPE	441	0	0	0	60	56.00
57.00 CT SCAN	842	0	0	0	653	57.00
59.00 CARDIAC CATHETERIZATION	2,092	0	0	0	312	59.00
60.00 LABORATORY	4,586	0	0	0	481	60.00
65.00 RESPIRATORY THERAPY	2,710	0	0	0	39	65.00
66.00 PHYSICAL THERAPY	1,704	0	0	0	214	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	33	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	25	68.00
69.00 ELECTROCARDIOLOGY	861	0	0	0	94	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71	0	23	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	29	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	100	149	73.00
74.00 RENAL DIALYSIS	0	0	0	0	1	74.00
76.00 PAIN MANAGEMENT	478	0	0	0	53	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	333	0	0	0	113	90.00
91.00 EMERGENCY	5,403	112,389	0	0	503	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00 SLEEP LAB	919	0	0	0	100	98.00
98.01 VASCULAR LAB	288	0	0	0	30	98.01
98.02 OUTPATIENT PSYCH	827	17,209	0	0	158	98.02
98.03 PULMONARY LAB	0	0	0	0	0	98.03
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	81,465	1,031,039	100	100	10,343	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	361	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
193.01	WELLNESS/SENIOR VIP	97	0	0	0	0	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,728,511	3,249,390	730,748	11,411,792	3,589,910	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	33.305799	3.151568	7,307.480000	114,117.920000	347.085952	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	79,398	146,992	108,875	291,309	126,649	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.969178	0.142567	1,088.750000	2,913.090000	12.244900	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description	SOCIAL SERVICE	PARAMED PRGM	
	(TIME SPENT)	(TIME SPENT)	
	17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.01 COMMUNICATIONS			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING, RECEIVING AND STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
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	5,139		17.00
23.00 PARAMED PRGM	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	4,147	0	30.00
31.00 INTENSIVE CARE UNIT	514	0	31.00
41.00 SUBPROVIDER - IRF	450	0	41.00
43.00 NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
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 PAIN MANAGEMENT	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	28	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 AMBULANCE SERVICES	0	0	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	96.00
98.00 SLEEP LAB	0	0	98.00
98.01 VASCULAR LAB	0	0	98.01
98.02 OUTPATIENT PSYCH	0	0	98.02
98.03 PULMONARY LAB	0	0	98.03
99.10 CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	110.00
111.00 ISLET ACQUISITION	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,139	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00 NONPAID WORKERS	0	0	193.00
193.01 WELLNESS/SENIOR VIP	0	0	193.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1  
Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description	SOCIAL SERVICE	PARAMED PRGM		
	(TIME SPENT)	(TIME SPENT)		
	17.00	23.00		
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,558,354	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	497.831096	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	145,180	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	28.250632	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 11:59 am		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		33,707,203	0	33,707,203	30.00
31.00	INTENSIVE CARE UNIT		8,306,128	0	8,306,128	31.00
41.00	SUBPROVIDER - IRF		4,175,430	0	4,175,430	41.00
43.00	NURSERY		1,347,941	0	1,347,941	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		13,541,821	0	13,541,821	50.00
51.00	RECOVERY ROOM		1,316,305	0	1,316,305	51.00
52.00	DELIVERY ROOM & LABOR ROOM		2,087,640	0	2,087,640	52.00
53.00	ANESTHESIOLOGY		608,616	0	608,616	53.00
54.00	RADIOLOGY-DIAGNOSTIC		7,999,031	0	7,999,031	54.00
56.00	RADIO SOTOPE		1,336,762	0	1,336,762	56.00
57.00	CT SCAN		2,310,043	0	2,310,043	57.00
59.00	CARDIAC CATHETERIZATION		4,776,423	0	4,776,423	59.00
60.00	LABORATORY		7,825,370	0	7,825,370	60.00
65.00	RESPIRATORY THERAPY	0	5,526,079	0	5,526,079	65.00
66.00	PHYSICAL THERAPY	0	5,838,736	0	5,838,736	66.00
67.00	OCCUPATIONAL THERAPY	0	902,346	0	902,346	67.00
68.00	SPEECH PATHOLOGY	0	563,287	0	563,287	68.00
69.00	ELECTROCARDIOLOGY		1,010,373	0	1,010,373	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		12,306,508	0	12,306,508	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		6,822,974	0	6,822,974	72.00
73.00	DRUGS CHARGED TO PATIENTS		11,343,326	0	11,343,326	73.00
74.00	RENAL DIALYSIS		441,839	0	441,839	74.00
76.00	PAIN MANAGEMENT		677,211	0	677,211	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		2,365,550	0	2,365,550	90.00
91.00	EMERGENCY		7,831,517	0	7,831,517	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,407,491	0	2,407,491	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES		60,625	0	60,625	95.00
96.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	96.00
98.00	SLEEP LAB		1,104,875	0	1,104,875	98.00
98.01	VASCULAR LAB		422,231	0	422,231	98.01
98.02	OUTPATIENT PSYCH		1,187,349	0	1,187,349	98.02
98.03	PULMONARY LAB		0	0	0	98.03
99.10	CORF		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)		150,151,030	0	150,151,030	200.00
201.00	Less Observation Beds		2,407,491	0	2,407,491	201.00
202.00	Total (see instructions)		147,743,539	0	147,743,539	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 11:59 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					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	44,234,565		44,234,565		30.00
31.00	INTENSIVE CARE UNIT	10,173,237		10,173,237		31.00
41.00	SUBPROVIDER - IRF	5,604,479		5,604,479		41.00
43.00	NURSERY	3,045,604		3,045,604		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	24,995,762	29,673,665	54,669,427	0.247704	50.00
51.00	RECOVERY ROOM	2,091,030	3,069,803	5,160,833	0.255057	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,454,681	1,658,418	6,113,099	0.341503	52.00
53.00	ANESTHESIOLOGY	5,402,136	4,100,376	9,502,512	0.064048	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,348,541	29,256,253	36,604,794	0.218524	54.00
56.00	RADIOISOTOPE	2,040,558	2,964,871	5,005,429	0.267062	56.00
57.00	CT SCAN	11,399,558	31,377,539	42,777,097	0.054002	57.00
59.00	CARDIAC CATHETERIZATION	14,878,259	12,634,094	27,512,353	0.173610	59.00
60.00	LABORATORY	36,500,555	24,221,718	60,722,273	0.128871	60.00
65.00	RESPIRATORY THERAPY	12,957,799	1,754,995	14,712,794	0.375597	65.00
66.00	PHYSICAL THERAPY	8,977,078	10,625,657	19,602,735	0.297853	66.00
67.00	OCCUPATIONAL THERAPY	1,263,674	342,781	1,606,455	0.561700	67.00
68.00	SPEECH PATHOLOGY	952,068	297,806	1,249,874	0.450675	68.00
69.00	ELECTROCARDIOLOGY	7,285,817	4,738,269	12,024,086	0.084029	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,489,954	4,285,232	20,775,186	0.592366	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	13,829,080	4,381,087	18,210,167	0.374679	72.00
73.00	DRUGS CHARGED TO PATIENTS	26,468,043	13,370,827	39,838,870	0.284730	73.00
74.00	RENAL DIALYSIS	1,684,409	41,666	1,726,075	0.255979	74.00
76.00	PAIN MANAGEMENT	28,587	2,354,382	2,382,969	0.284188	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0	0.000000	90.00
91.00	EMERGENCY	9,461,935	25,651,942	35,113,877	0.223032	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	429,567	3,645,186	4,074,753	0.590831	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	96.00
98.00	SLEEP LAB	149,533	5,116,291	5,265,824	0.209820	98.00
98.01	VASCULAR LAB	1,517,026	1,500,480	3,017,506	0.139927	98.01
98.02	OUTPATIENT PSYCH	35,493	10,027,776	10,063,269	0.117988	98.02
98.03	PULMONARY LAB	0	0	0	0.000000	98.03
99.10	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
200.00	Subtotal (see instructions)	273,699,028	227,091,114	500,790,142		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	273,699,028	227,091,114	500,790,142		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 11:59 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.247704		50.00
51.00	RECOVERY ROOM	0.255057		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.341503		52.00
53.00	ANESTHESIOLOGY	0.064048		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218524		54.00
56.00	RADIOISOTOPE	0.267062		56.00
57.00	CT SCAN	0.054002		57.00
59.00	CARDIAC CATHETERIZATION	0.173610		59.00
60.00	LABORATORY	0.128871		60.00
65.00	RESPIRATORY THERAPY	0.375597		65.00
66.00	PHYSICAL THERAPY	0.297853		66.00
67.00	OCCUPATIONAL THERAPY	0.561700		67.00
68.00	SPEECH PATHOLOGY	0.450675		68.00
69.00	ELECTROCARDIOLOGY	0.084029		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592366		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.374679		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.284730		73.00
74.00	RENAL DIALYSIS	0.255979		74.00
76.00	PAIN MANAGEMENT	0.284188		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.223032		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.590831		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0.000000		96.00
98.00	SLEEP LAB	0.209820		98.00
98.01	VASCULAR LAB	0.139927		98.01
98.02	OUTPATIENT PSYCH	0.117988		98.02
98.03	PULMONARY LAB	0.000000		98.03
99.10	CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 11:59 am	
		Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		33,707,203	0	0
31.00	INTENSIVE CARE UNIT		8,306,128	0	0
41.00	SUBPROVIDER - IRF		4,175,430	0	0
43.00	NURSERY		1,347,941	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM		13,541,821	0	0
51.00	RECOVERY ROOM		1,316,305	0	0
52.00	DELIVERY ROOM & LABOR ROOM		2,087,640	0	0
53.00	ANESTHESIOLOGY		608,616	0	0
54.00	RADIOLOGY-DIAGNOSTIC		7,999,031	0	0
56.00	RADIOISOTOPE		1,336,762	0	0
57.00	CT SCAN		2,310,043	0	0
59.00	CARDIAC CATHETERIZATION		4,776,423	0	0
60.00	LABORATORY		7,825,370	0	0
65.00	RESPIRATORY THERAPY	0	5,526,079	0	0
66.00	PHYSICAL THERAPY	0	5,838,736	0	0
67.00	OCCUPATIONAL THERAPY	0	902,346	0	0
68.00	SPEECH PATHOLOGY	0	563,287	0	0
69.00	ELECTROCARDIOLOGY		1,010,373	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		12,306,508	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT		6,822,974	0	0
73.00	DRUGS CHARGED TO PATIENTS		11,343,326	0	0
74.00	RENAL DIALYSIS		441,839	0	0
76.00	PAIN MANAGEMENT		677,211	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC		0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	CLINIC		2,365,550	0	0
91.00	EMERGENCY		7,831,517	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,407,491	0	0
93.00	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES		60,625	0	0
96.00	OTHER REIMBURSABLE COST CENTERS		0	0	0
98.00	SLEEP LAB		1,104,875	0	0
98.01	VASCULAR LAB		422,231	0	0
98.02	OUTPATIENT PSYCH		1,187,349	0	0
98.03	PULMONARY LAB		0	0	0
99.10	CORF		0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	PANCREAS ACQUISITION		0	0	0
110.00	INTESTINAL ACQUISITION		0	0	0
111.00	ISLET ACQUISITION		0	0	0
200.00	Subtotal (see instructions)	0	150,151,030	0	0
201.00	Less Observation Beds		2,407,491		0
202.00	Total (see instructions)	0	147,743,539	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 11:59 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	44,234,565		44,234,565		30.00
31.00	INTENSIVE CARE UNIT	10,173,237		10,173,237		31.00
41.00	SUBPROVIDER - IRF	5,604,479		5,604,479		41.00
43.00	NURSERY	3,045,604		3,045,604		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	24,995,762	29,673,665	54,669,427	0.247704	50.00
51.00	RECOVERY ROOM	2,091,030	3,069,803	5,160,833	0.255057	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,454,681	1,658,418	6,113,099	0.341503	52.00
53.00	ANESTHESIOLOGY	5,402,136	4,100,376	9,502,512	0.064048	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,348,541	29,256,253	36,604,794	0.218524	54.00
56.00	RADIOISOTOPE	2,040,558	2,964,871	5,005,429	0.267062	56.00
57.00	CT SCAN	11,399,558	31,377,539	42,777,097	0.054002	57.00
59.00	CARDIAC CATHETERIZATION	14,878,259	12,634,094	27,512,353	0.173610	59.00
60.00	LABORATORY	36,500,555	24,221,718	60,722,273	0.128871	60.00
65.00	RESPIRATORY THERAPY	12,957,799	1,754,995	14,712,794	0.375597	65.00
66.00	PHYSICAL THERAPY	8,977,078	10,625,657	19,602,735	0.297853	66.00
67.00	OCCUPATIONAL THERAPY	1,263,674	342,781	1,606,455	0.561700	67.00
68.00	SPEECH PATHOLOGY	952,068	297,806	1,249,874	0.450675	68.00
69.00	ELECTROCARDIOLOGY	7,285,817	4,738,269	12,024,086	0.084029	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,489,954	4,285,232	20,775,186	0.592366	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	13,829,080	4,381,087	18,210,167	0.374679	72.00
73.00	DRUGS CHARGED TO PATIENTS	26,468,043	13,370,827	39,838,870	0.284730	73.00
74.00	RENAL DIALYSIS	1,684,409	41,666	1,726,075	0.255979	74.00
76.00	PAIN MANAGEMENT	28,587	2,354,382	2,382,969	0.284188	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
91.00	EMERGENCY	9,461,935	25,651,942	35,113,877	0.223032	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	429,567	3,645,186	4,074,753	0.590831	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	96.00
98.00	SLEEP LAB	149,533	5,116,291	5,265,824	0.209820	98.00
98.01	VASCULAR LAB	1,517,026	1,500,480	3,017,506	0.139927	98.01
98.02	OUTPATIENT PSYCH	35,493	10,027,776	10,063,269	0.117988	98.02
98.03	PULMONARY LAB	0	0	0	0.000000	98.03
99.10	CORF	0	0	0	0.000000	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
200.00	Subtotal (see instructions)	273,699,028	227,091,114	500,790,142		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	273,699,028	227,091,114	500,790,142		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 11:59 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
76.00	PAIN MANAGEMENT	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0.000000		96.00
98.00	SLEEP LAB	0.000000		98.00
98.01	VASCULAR LAB	0.000000		98.01
98.02	OUTPATIENT PSYCH	0.000000		98.02
98.03	PULMONARY LAB	0.000000		98.03
99.10	CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part II Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		Title XIX Hospital Cost					
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	13,541,821	1,793,609	11,748,212	179,361	681,396	50.00
51.00	RECOVERY ROOM	1,316,305	78,308	1,237,997	7,831	71,804	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,087,640	44,121	2,043,519	4,412	118,524	52.00
53.00	ANESTHESIOLOGY	608,616	208,385	400,231	20,838	23,213	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,999,031	1,612,511	6,386,520	161,251	370,418	54.00
56.00	RADIOISOTOPE	1,336,762	128,504	1,208,258	12,850	70,079	56.00
57.00	CT SCAN	2,310,043	238,784	2,071,259	23,878	120,133	57.00
59.00	CARDIAC CATHETERIZATION	4,776,423	1,017,661	3,758,762	101,766	218,008	59.00
60.00	LABORATORY	7,825,370	368,025	7,457,345	36,802	432,526	60.00
65.00	RESPIRATORY THERAPY	5,526,079	184,197	5,341,882	18,420	309,829	65.00
66.00	PHYSICAL THERAPY	5,838,736	365,106	5,473,630	36,511	317,471	66.00
67.00	OCCUPATIONAL THERAPY	902,346	32,429	869,917	3,243	50,455	67.00
68.00	SPEECH PATHOLOGY	563,287	30,967	532,320	3,097	30,875	68.00
69.00	ELECTROCARDIOLOGY	1,010,373	68,628	941,745	6,863	54,621	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,306,508	288,854	12,017,654	28,885	697,024	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	6,822,974	150,780	6,672,194	15,078	386,987	72.00
73.00	DRUGS CHARGED TO PATIENTS	11,343,326	297,117	11,046,209	29,712	640,680	73.00
74.00	RENAL DIALYSIS	441,839	18,040	423,799	1,804	24,580	74.00
76.00	PAIN MANAGEMENT	677,211	13,236	663,975	1,324	38,511	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	2,365,550	481,291	1,884,259	48,129	109,287	90.00
91.00	EMERGENCY	7,831,517	374,510	7,457,007	37,451	432,506	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,407,491	0	2,407,491	0	139,634	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	933	-933	93	-54	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	60,625	1,130	59,495	113	3,451	95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00	SLEEP LAB	1,104,875	113,576	991,299	11,358	57,495	98.00
98.01	VASCULAR LAB	422,231	84,585	337,646	8,458	19,583	98.01
98.02	OUTPATIENT PSYCH	1,187,349	133,146	1,054,203	13,315	61,144	98.02
98.03	PULMONARY LAB	0	0	0	0	0	98.03
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
200.00	Subtotal (sum of lines 50 thru 199)	102,614,328	8,128,433	94,485,895	812,843	5,480,180	200.00
201.00	Less Observation Beds	2,407,491	0	2,407,491	0	139,634	201.00
202.00	Total (line 200 minus line 201)	100,206,837	5,720,942	92,078,404	812,843	5,340,546	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part II Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	Cost
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	12,681,064	54,669,427	0.231959		50.00
51.00	RECOVERY ROOM	1,236,670	5,160,833	0.239626		51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,964,704	6,113,099	0.321392		52.00
53.00	ANESTHESIOLOGY	564,565	9,502,512	0.059412		53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,467,362	36,604,794	0.204000		54.00
56.00	RADIOISOTOPE	1,253,833	5,005,429	0.250495		56.00
57.00	CT SCAN	2,166,032	42,777,097	0.050635		57.00
59.00	CARDIAC CATHETERIZATION	4,456,649	27,512,353	0.161987		59.00
60.00	LABORATORY	7,356,042	60,722,273	0.121142		60.00
65.00	RESPIRATORY THERAPY	5,197,830	14,712,794	0.353286		65.00
66.00	PHYSICAL THERAPY	5,484,754	19,602,735	0.279795		66.00
67.00	OCCUPATIONAL THERAPY	848,648	1,606,455	0.528274		67.00
68.00	SPEECH PATHOLOGY	529,315	1,249,874	0.423495		68.00
69.00	ELECTROCARDIOLOGY	948,889	12,024,086	0.078916		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,580,599	20,775,186	0.557425		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	6,420,909	18,210,167	0.352600		72.00
73.00	DRUGS CHARGED TO PATIENTS	10,672,934	39,838,870	0.267903		73.00
74.00	RENAL DIALYSIS	415,455	1,726,075	0.240693		74.00
76.00	PAIN MANAGEMENT	637,376	2,382,969	0.267471		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	CLINIC	2,208,134	0	0.000000		90.00
91.00	EMERGENCY	7,361,560	35,113,877	0.209648		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,267,857	4,074,753	0.556563		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	-39	0	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	57,061	0	0.000000		95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		96.00
98.00	SLEEP LAB	1,036,022	5,265,824	0.196745		98.00
98.01	VASCULAR LAB	394,190	3,017,506	0.130634		98.01
98.02	OUTPATIENT PSYCH	1,112,890	10,063,269	0.110589		98.02
98.03	PULMONARY LAB	0	0	0.000000		98.03
99.10	CORF	0	0	0.000000		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	ISLET ACQUISITION	0	0	0.000000		111.00
200.00	Subtotal (sum of lines 50 thru 199)	96,321,305	0			200.00
201.00	Less Observation Beds	2,267,857	0			201.00
202.00	Total (line 200 minus line 201)	94,053,448	938,522,399			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/30/2012 11:59 am
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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	2,196,631	0	2,196,631	41,779	52.58	30.00
31.00 INTENSIVE CARE UNIT	441,122	0	441,122	5,613	78.59	31.00
41.00 SUBPROVIDER - IRF	263,942	0	263,942	6,286	41.99	41.00
43.00 NURSERY	27,949		27,949	3,316	8.43	43.00
200.00 Total (lines 30-199)	2,929,644		2,929,644	56,994		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/30/2012 11:59 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	16,737	880,031		30.00
31.00	INTENSIVE CARE UNIT	2,482	195,060		31.00
41.00	SUBPROVIDER - IRF	3,995	167,750		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	23,214	1,242,841		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,793,609	54,669,427	0.032808	9,671,984	317,318	50.00
51.00	RECOVERY ROOM	78,308	5,160,833	0.015174	720,990	10,940	51.00
52.00	DELIVERY ROOM & LABOR ROOM	44,121	6,113,099	0.007217	153,016	1,104	52.00
53.00	ANESTHESIOLOGY	208,385	9,502,512	0.021929	2,249,838	49,337	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,612,511	36,604,794	0.044052	3,846,418	169,442	54.00
56.00	RADIOISOTOPE	128,504	5,005,429	0.025673	965,849	24,796	56.00
57.00	CT SCAN	238,784	42,777,097	0.005582	5,624,571	31,396	57.00
59.00	CARDIAC CATHETERIZATION	1,017,661	27,512,353	0.036989	6,135,788	226,957	59.00
60.00	LABORATORY	368,025	60,722,273	0.006061	17,389,325	105,397	60.00
65.00	RESPIRATORY THERAPY	184,197	14,712,794	0.012520	5,956,668	74,577	65.00
66.00	PHYSICAL THERAPY	365,106	19,602,735	0.018625	1,441,143	26,841	66.00
67.00	OCCUPATIONAL THERAPY	32,429	1,606,455	0.020187	181,150	3,657	67.00
68.00	SPEECH PATHOLOGY	30,967	1,249,874	0.024776	91,556	2,268	68.00
69.00	ELECTROCARDIOLOGY	68,628	12,024,086	0.005708	3,642,771	20,793	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	288,854	20,775,186	0.013904	8,266,669	114,940	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	150,780	18,210,167	0.008280	5,908,982	48,926	72.00
73.00	DRUGS CHARGED TO PATIENTS	297,117	39,838,870	0.007458	11,490,622	85,697	73.00
74.00	RENAL DIALYSIS	18,040	1,726,075	0.010451	911,264	9,524	74.00
76.00	PAIN MANAGEMENT	13,236	2,382,969	0.005554	843	5	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	481,291	0	0.000000	0	0	90.00
91.00	EMERGENCY	374,510	35,113,877	0.010666	3,719,489	39,672	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	156,891	4,074,753	0.038503	216,454	8,334	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	933	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	96.00
98.00	SLEEP LAB	113,576	5,265,824	0.021569	109,608	2,364	98.00
98.01	VASCULAR LAB	84,585	3,017,506	0.028031	653,031	18,305	98.01
98.02	OUTPATIENT PSYCH	133,146	10,063,269	0.013231	18,972	251	98.02
98.03	PULMONARY LAB	0	0	0.000000	0	0	98.03
200.00	Total (Lines 50-199)	8,284,194	437,732,257		89,367,001	1,392,841	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/30/2012 11:59 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
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	Hospital	
					PSA Adj. Nursing School	PPS
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	41,779	0.00	16,737	0	0	30.00
31.00 INTENSIVE CARE UNIT	5,613	0.00	2,482	0	0	31.00
41.00 SUBPROVIDER - IRF	6,286	0.00	3,995	0	0	41.00
43.00 NURSERY	3,316	0.00	0	0	0	43.00
200.00 Total (lines 30-199)	56,994		23,214	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/30/2012 11:59 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
41.00	SUBPROVIDER - IRF	0	0		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00 CT SCAN	0	0	0	0	0	0	57.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 LABORATORY	0	0	0	0	0	0	60.00	
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
76.00 PAIN MANAGEMENT	0	0	0	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00 CLINIC	0	0	0	0	0	0	90.00	
91.00 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00 AMBULANCE SERVICES							95.00	
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	96.00	
98.00 SLEEP LAB	0	0	0	0	0	0	98.00	
98.01 VASCULAR LAB	0	0	0	0	0	0	98.01	
98.02 OUTPATIENT PSYCH	0	0	0	0	0	0	98.02	
98.03 PULMONARY LAB	0	0	0	0	0	0	98.03	
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 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)	Hospital		
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	54,669,427	0.000000	0.000000	9,671,984	50.00
51.00	RECOVERY ROOM	0	5,160,833	0.000000	0.000000	720,990	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,113,099	0.000000	0.000000	153,016	52.00
53.00	ANESTHESIOLOGY	0	9,502,512	0.000000	0.000000	2,249,838	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	36,604,794	0.000000	0.000000	3,846,418	54.00
56.00	RADIOISOTOPE	0	5,005,429	0.000000	0.000000	965,849	56.00
57.00	CT SCAN	0	42,777,097	0.000000	0.000000	5,624,571	57.00
59.00	CARDIAC CATHETERIZATION	0	27,512,353	0.000000	0.000000	6,135,788	59.00
60.00	LABORATORY	0	60,722,273	0.000000	0.000000	17,389,325	60.00
65.00	RESPIRATORY THERAPY	0	14,712,794	0.000000	0.000000	5,956,668	65.00
66.00	PHYSICAL THERAPY	0	19,602,735	0.000000	0.000000	1,441,143	66.00
67.00	OCCUPATIONAL THERAPY	0	1,606,455	0.000000	0.000000	181,150	67.00
68.00	SPEECH PATHOLOGY	0	1,249,874	0.000000	0.000000	91,556	68.00
69.00	ELECTROCARDIOLOGY	0	12,024,086	0.000000	0.000000	3,642,771	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,775,186	0.000000	0.000000	8,266,669	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	18,210,167	0.000000	0.000000	5,908,982	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	39,838,870	0.000000	0.000000	11,490,622	73.00
74.00	RENAL DIALYSIS	0	1,726,075	0.000000	0.000000	911,264	74.00
76.00	PAIN MANAGEMENT	0	2,382,969	0.000000	0.000000	843	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	35,113,877	0.000000	0.000000	3,719,489	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,074,753	0.000000	0.000000	216,454	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	96.00
98.00	SLEEP LAB	0	5,265,824	0.000000	0.000000	109,608	98.00
98.01	VASCULAR LAB	0	3,017,506	0.000000	0.000000	653,031	98.01
98.02	OUTPATIENT PSYCH	0	10,063,269	0.000000	0.000000	18,972	98.02
98.03	PULMONARY LAB	0	0	0.000000	0.000000	0	98.03
200.00	Total (Lines 50-199)	0	437,732,257			89,367,001	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 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	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	6,963,091	0	0	0	50.00
51.00	RECOVERY ROOM	0	672,791	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	12,339	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,385,810	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,428,988	0	0	0	54.00
56.00	RADIOISOTOPE	0	796,283	0	0	0	56.00
57.00	CT SCAN	0	7,631,891	0	0	0	57.00
59.00	CARDIAC CATHETERIZATION	0	4,792,338	0	0	0	59.00
60.00	LABORATORY	0	423,895	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	185,152	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	299,346	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	281	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	3,456	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,372,144	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,566,185	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	2,027,899	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,554,998	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	PAIN MANAGEMENT	0	573,374	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	4,170,072	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	861,542	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00	SLEEP LAB	0	727,708	0	0	0	98.00
98.01	VASCULAR LAB	0	394,564	0	0	0	98.01
98.02	OUTPATIENT PSYCH	0	756,261	0	0	0	98.02
98.03	PULMONARY LAB	0	0	0	0	0	98.03
200.00	Total (Lines 50-199)	0	44,600,408	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
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	PAIN MANAGEMENT	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES			95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	96.00
98.00	SLEEP LAB	0	0	98.00
98.01	VASCULAR LAB	0	0	98.01
98.02	OUTPATIENT PSYCH	0	0	98.02
98.03	PULMONARY LAB	0	0	98.03
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 11:59 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.247704	6,963,091	0	4,317		50.00
51.00 RECOVERY ROOM	0.255057	672,791	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.341503	12,339	0	0		52.00
53.00 ANESTHESIOLOGY	0.064048	1,385,810	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.218524	5,428,988	0	91		54.00
56.00 RADIOISOTOPE	0.267062	796,283	0	0		56.00
57.00 CT SCAN	0.054002	7,631,891	0	0		57.00
59.00 CARDIAC CATHETERIZATION	0.173610	4,792,338	0	0		59.00
60.00 LABORATORY	0.128871	423,895	0	-739		60.00
65.00 RESPIRATORY THERAPY	0.375597	185,152	0	1,160		65.00
66.00 PHYSICAL THERAPY	0.297853	299,346	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.561700	281	0	0		67.00
68.00 SPEECH PATHOLOGY	0.450675	3,456	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.084029	1,372,144	0	320		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592366	1,566,185	0	1,289		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.374679	2,027,899	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.284730	3,554,998	21,675	-578		73.00
74.00 RENAL DIALYSIS	0.255979	0	0	0		74.00
76.00 PAIN MANAGEMENT	0.284188	573,374	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 CLINIC	0.000000	0	0	0		90.00
91.00 EMERGENCY	0.223032	4,170,072	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.590831	861,542	0	0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0.000000		0			95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		96.00
98.00 SLEEP LAB	0.209820	727,708	0	0		98.00
98.01 VASCULAR LAB	0.139927	394,564	0	0		98.01
98.02 OUTPATIENT PSYCH	0.117988	756,261	0	0		98.02
98.03 PULMONARY LAB	0.000000	0	0	0		98.03
200.00 Subtotal (see instructions)		44,600,408	21,675	5,860		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		44,600,408	21,675	5,860		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 11:59 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		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	1,724,785	0	1,069		50.00
51.00 RECOVERY ROOM	171,600	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,214	0	0		52.00
53.00 ANESTHESIOLOGY	88,758	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,186,364	0	20		54.00
56.00 RADIOISOTOPE	212,657	0	0		56.00
57.00 CT SCAN	412,137	0	0		57.00
59.00 CARDIAC CATHETERIZATION	831,998	0	0		59.00
60.00 LABORATORY	54,628	0	-95		60.00
65.00 RESPIRATORY THERAPY	69,543	0	436		65.00
66.00 PHYSICAL THERAPY	89,161	0	0		66.00
67.00 OCCUPATIONAL THERAPY	158	0	0		67.00
68.00 SPEECH PATHOLOGY	1,558	0	0		68.00
69.00 ELECTROCARDIOLOGY	115,300	0	27		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	927,755	0	764		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	759,811	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,012,215	6,172	-165		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 PAIN MANAGEMENT	162,946	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	930,059	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	509,026	0	0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 AMBULANCE SERVICES		0			95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		96.00
98.00 SLEEP LAB	152,688	0	0		98.00
98.01 VASCULAR LAB	55,210	0	0		98.01
98.02 OUTPATIENT PSYCH	89,230	0	0		98.02
98.03 PULMONARY LAB	0	0	0		98.03
200.00 Subtotal (see instructions)	9,561,801	6,172	2,056		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	9,561,801	6,172	2,056		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/30/2012 11:59 am	
			Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,793,609	54,669,427	0.032808	66,926	2,196	50.00
51.00 RECOVERY ROOM	78,308	5,160,833	0.015174	5,073	77	51.00
52.00 DELIVERY ROOM & LABOR ROOM	44,121	6,113,099	0.007217	1,087	8	52.00
53.00 ANESTHESIOLOGY	208,385	9,502,512	0.021929	6,334	139	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,612,511	36,604,794	0.044052	93,549	4,121	54.00
56.00 RADIOLOGY	128,504	5,005,429	0.025673	14,409	370	56.00
57.00 CT SCAN	238,784	42,777,097	0.005582	101,408	566	57.00
59.00 CARDIAC CATHETERIZATION	1,017,661	27,512,353	0.036989	39,267	1,452	59.00
60.00 LABORATORY	368,025	60,722,273	0.006061	804,130	4,874	60.00
65.00 RESPIRATORY THERAPY	184,197	14,712,794	0.012520	295,223	3,696	65.00
66.00 PHYSICAL THERAPY	365,106	19,602,735	0.018625	3,357,971	62,542	66.00
67.00 OCCUPATIONAL THERAPY	32,429	1,606,455	0.020187	420,272	8,484	67.00
68.00 SPEECH PATHOLOGY	30,967	1,249,874	0.024776	175,008	4,336	68.00
69.00 ELECTROCARDIOLOGY	68,628	12,024,086	0.005708	57,263	327	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	288,854	20,775,186	0.013904	698,470	9,712	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	150,780	18,210,167	0.008280	4,168	35	72.00
73.00 DRUGS CHARGED TO PATIENTS	297,117	39,838,870	0.007458	873,857	6,517	73.00
74.00 RENAL DIALYSIS	18,040	1,726,075	0.010451	149,213	1,559	74.00
76.00 PAIN MANAGEMENT	13,236	2,382,969	0.005554	23	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0.000000	0	0	89.00
90.00 CLINIC	481,291	0	0.000000	0	0	90.00
91.00 EMERGENCY	374,510	35,113,877	0.010666	3,471	37	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	156,891	4,074,753	0.038503	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	933	0	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	96.00
98.00 SLEEP LAB	113,576	5,265,824	0.021569	5,713	123	98.00
98.01 VASCULAR LAB	84,585	3,017,506	0.028031	24,993	701	98.01
98.02 OUTPATIENT PSYCH	133,146	10,063,269	0.013231	358	5	98.02
98.03 PULMONARY LAB	0	0	0.000000	0	0	98.03
200.00 Total (lines 50-199)	8,284,194	437,732,257		7,198,186	111,877	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
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 PAIN MANAGEMENT	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00 SLEEP LAB	0	0	0	0	0	98.00
98.01 VASCULAR LAB	0	0	0	0	0	98.01
98.02 OUTPATIENT PSYCH	0	0	0	0	0	98.02
98.03 PULMONARY LAB	0	0	0	0	0	98.03
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: 140187 Component CCN: 14T187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	54,669,427	0.000000	0.000000	66,926	50.00
51.00 RECOVERY ROOM	0	5,160,833	0.000000	0.000000	5,073	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	6,113,099	0.000000	0.000000	1,087	52.00
53.00 ANESTHESIOLOGY	0	9,502,512	0.000000	0.000000	6,334	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	36,604,794	0.000000	0.000000	93,549	54.00
56.00 RADIOISOTOPE	0	5,005,429	0.000000	0.000000	14,409	56.00
57.00 CT SCAN	0	42,777,097	0.000000	0.000000	101,408	57.00
59.00 CARDIAC CATHETERIZATION	0	27,512,353	0.000000	0.000000	39,267	59.00
60.00 LABORATORY	0	60,722,273	0.000000	0.000000	804,130	60.00
65.00 RESPIRATORY THERAPY	0	14,712,794	0.000000	0.000000	295,223	65.00
66.00 PHYSICAL THERAPY	0	19,602,735	0.000000	0.000000	3,357,971	66.00
67.00 OCCUPATIONAL THERAPY	0	1,606,455	0.000000	0.000000	420,272	67.00
68.00 SPEECH PATHOLOGY	0	1,249,874	0.000000	0.000000	175,008	68.00
69.00 ELECTROCARDIOLOGY	0	12,024,086	0.000000	0.000000	57,263	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,775,186	0.000000	0.000000	698,470	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	18,210,167	0.000000	0.000000	4,168	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	39,838,870	0.000000	0.000000	873,857	73.00
74.00 RENAL DIALYSIS	0	1,726,075	0.000000	0.000000	149,213	74.00
76.00 PAIN MANAGEMENT	0	2,382,969	0.000000	0.000000	23	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	35,113,877	0.000000	0.000000	3,471	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,074,753	0.000000	0.000000	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	96.00
98.00 SLEEP LAB	0	5,265,824	0.000000	0.000000	5,713	98.00
98.01 VASCULAR LAB	0	3,017,506	0.000000	0.000000	24,993	98.01
98.02 OUTPATIENT PSYCH	0	10,063,269	0.000000	0.000000	358	98.02
98.03 PULMONARY LAB	0	0	0.000000	0.000000	0	98.03
200.00 Total (lines 50-199)	0	437,732,257			7,198,186	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
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 PAIN MANAGEMENT	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	96.00
98.00 SLEEP LAB	0	0	0	0	0	98.00
98.01 VASCULAR LAB	0	0	0	0	0	98.01
98.02 OUTPATIENT PSYCH	0	0	0	0	0	98.02
98.03 PULMONARY LAB	0	0	0	0	0	98.03
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: 140187 Component CCN: 14T187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
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 PAIN MANAGEMENT	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 AMBULANCE SERVICES			95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	96.00
98.00 SLEEP LAB	0	0	98.00
98.01 VASCULAR LAB	0	0	98.01
98.02 OUTPATIENT PSYCH	0	0	98.02
98.03 PULMONARY LAB	0	0	98.03
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description	Title XIX			Hospital	Cost	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,196,631	0	2,196,631	41,779	52.58	30.00
31.00 INTENSIVE CARE UNIT	441,122		441,122	5,613	78.59	31.00
41.00 SUBPROVIDER - IRF	263,942	0	263,942	6,286	41.99	41.00
43.00 NURSERY	27,949		27,949	3,316	8.43	43.00
200.00 Total (lines 30-199)	2,929,644		2,929,644	56,994		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/30/2012 11:59 am
		Title XIX		Hospital	Cost
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	5,034	264,688		30.00
31.00	INTENSIVE CARE UNIT	523	41,103		31.00
41.00	SUBPROVIDER - IRF	423	17,762		41.00
43.00	NURSERY	796	6,710		43.00
200.00	Total (lines 30-199)	6,776	330,263		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		Title XIX			Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	1,793,609	54,669,427	0.032808	2,552,507	83,743	50.00	
51.00	RECOVERY ROOM	78,308	5,160,833	0.015174	333,233	5,056	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	44,121	6,113,099	0.007217	1,309,455	9,450	52.00	
53.00	ANESTHESIOLOGY	208,385	9,502,512	0.021929	598,062	13,115	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	1,612,511	36,604,794	0.044052	1,111,964	48,984	54.00	
56.00	RADIOISOTOPE	128,504	5,005,429	0.025673	135,020	3,466	56.00	
57.00	CT SCAN	238,784	42,777,097	0.005582	1,272,536	7,103	57.00	
59.00	CARDIAC CATHETERIZATION	1,017,661	27,512,353	0.036989	362,781	13,419	59.00	
60.00	LABORATORY	368,025	60,722,273	0.006061	4,912,161	29,773	60.00	
65.00	RESPIRATORY THERAPY	184,197	14,712,794	0.012520	1,046,196	13,098	65.00	
66.00	PHYSICAL THERAPY	365,106	19,602,735	0.018625	113,283	2,110	66.00	
67.00	OCCUPATIONAL THERAPY	32,429	1,606,455	0.020187	46,622	941	67.00	
68.00	SPEECH PATHOLOGY	30,967	1,249,874	0.024776	56,927	1,410	68.00	
69.00	ELECTROCARDIOLOGY	68,628	12,024,086	0.005708	555,261	3,169	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	288,854	20,775,186	0.013904	3,151,083	43,813	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	150,780	18,210,167	0.008280	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	297,117	39,838,870	0.007458	3,323,169	24,784	73.00	
74.00	RENAL DIALYSIS	18,040	1,726,075	0.010451	97,235	1,016	74.00	
76.00	PAIN MANAGEMENT	13,236	2,382,969	0.005554	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	CLINIC	481,291	0	0.000000	0	0	90.00	
91.00	EMERGENCY	374,510	35,113,877	0.010666	47,609	508	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,074,753	0.000000	7,422	0	92.00	
93.00	OTHER OUTPATIENT SERVICE COST CENTER	933	0	0.000000	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	AMBULANCE SERVICES						95.00	
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	96.00	
98.00	SLEEP LAB	113,576	5,265,824	0.021569	0	0	98.00	
98.01	VASCULAR LAB	84,585	3,017,506	0.028031	0	0	98.01	
98.02	OUTPATIENT PSYCH	133,146	10,063,269	0.013231	0	0	98.02	
98.03	PULMONARY LAB	0	0	0.000000	0	0	98.03	
200.00	Total (Lines 50-199)	8,127,303	437,732,257		21,032,526	304,958	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/30/2012 11:59 am	
Cost Center Description		Title XIX		Hospital		Cost	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description	Title XIX					Hospital	
	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	Cost	
	6.00	7.00	8.00	9.00	11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	41,779	0.00	5,034	0	0	30.00
31.00	INTENSIVE CARE UNIT	5,613	0.00	523	0	0	31.00
41.00	SUBPROVIDER - IRF	6,286	0.00	423	0	0	41.00
43.00	NURSERY	3,316	0.00	796	0	0	43.00
200.00	Total (lines 30-199)	56,994		6,776	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/30/2012 11:59 am	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XIX		Hospital 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	
41.00	SUBPROVIDER - IRF	0	0			41.00	
43.00	NURSERY	0	0			43.00	
200.00	Total (lines 30-199)	0	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description	Title XIX				Hospital	Cost	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 PAIN MANAGEMENT	0	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 AMBULANCE SERVICES							95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	96.00
98.00 SLEEP LAB	0	0	0	0	0	0	98.00
98.01 VASCULAR LAB	0	0	0	0	0	0	98.01
98.02 OUTPATIENT PSYCH	0	0	0	0	0	0	98.02
98.03 PULMONARY LAB	0	0	0	0	0	0	98.03
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		Title XIX			Hospital		Cost
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	54,669,427	0.000000	0.000000	2,552,507	50.00
51.00	RECOVERY ROOM	0	5,160,833	0.000000	0.000000	333,233	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,113,099	0.000000	0.000000	1,309,455	52.00
53.00	ANESTHESIOLOGY	0	9,502,512	0.000000	0.000000	598,062	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	36,604,794	0.000000	0.000000	1,111,964	54.00
56.00	RADIOISOTOPE	0	5,005,429	0.000000	0.000000	135,020	56.00
57.00	CT SCAN	0	42,777,097	0.000000	0.000000	1,272,536	57.00
59.00	CARDIAC CATHETERIZATION	0	27,512,353	0.000000	0.000000	362,781	59.00
60.00	LABORATORY	0	60,722,273	0.000000	0.000000	4,912,161	60.00
65.00	RESPIRATORY THERAPY	0	14,712,794	0.000000	0.000000	1,046,196	65.00
66.00	PHYSICAL THERAPY	0	19,602,735	0.000000	0.000000	113,283	66.00
67.00	OCCUPATIONAL THERAPY	0	1,606,455	0.000000	0.000000	46,622	67.00
68.00	SPEECH PATHOLOGY	0	1,249,874	0.000000	0.000000	56,927	68.00
69.00	ELECTROCARDIOLOGY	0	12,024,086	0.000000	0.000000	555,261	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,775,186	0.000000	0.000000	3,151,083	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	18,210,167	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	39,838,870	0.000000	0.000000	3,323,169	73.00
74.00	RENAL DIALYSIS	0	1,726,075	0.000000	0.000000	97,235	74.00
76.00	PAIN MANAGEMENT	0	2,382,969	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	35,113,877	0.000000	0.000000	47,609	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,074,753	0.000000	0.000000	7,422	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	96.00
98.00	SLEEP LAB	0	5,265,824	0.000000	0.000000	0	98.00
98.01	VASCULAR LAB	0	3,017,506	0.000000	0.000000	0	98.01
98.02	OUTPATIENT PSYCH	0	10,063,269	0.000000	0.000000	0	98.02
98.03	PULMONARY LAB	0	0	0.000000	0.000000	0	98.03
200.00	Total (Lines 50-199)	0	437,732,257			21,032,526	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		Title XIX			Hospital		Cost	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	3,119,047	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	393,516	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	739,431	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	934,806	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,864,615	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	325,296	0	0	0	0	56.00
57.00	CT SCAN	0	5,240,753	0	0	0	0	57.00
59.00	CARDIAC CATHETERIZATION	0	500,803	0	0	0	0	59.00
60.00	LABORATORY	0	4,357,284	0	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	268,651	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	1,061,861	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	246,775	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	614,771	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	638,735	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	554,519	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,198,180	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	3,353	0	0	0	0	74.00
76.00	PAIN MANAGEMENT	0	525,585	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	0	90.00
91.00	EMERGENCY	0	6,763,091	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	231,493	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	262,844	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	AMBULANCE SERVICES							95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	96.00
98.00	SLEEP LAB	0	111,973	0	0	0	0	98.00
98.01	VASCULAR LAB	0	119,818	0	0	0	0	98.01
98.02	OUTPATIENT PSYCH	0	1,089,226	0	0	0	0	98.02
98.03	PULMONARY LAB	0	30,726	0	0	0	0	98.03
200.00	Total (Lines 50-199)	0	35,197,152	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
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	PAIN MANAGEMENT	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0	0		96.00
98.00	SLEEP LAB	0	0		98.00
98.01	VASCULAR LAB	0	0		98.01
98.02	OUTPATIENT PSYCH	0	0		98.02
98.03	PULMONARY LAB	0	0		98.03
200.00	Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 11:59 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00		3.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.231959	3,119,047	0	0	50.00
51.00	RECOVERY ROOM	0.239626	393,516	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.321392	739,431	0	0	52.00
53.00	ANESTHESIOLOGY	0.059412	934,806	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.204000	5,864,615	0	0	54.00
56.00	RADIOISOTOPE	0.250495	325,296	0	0	56.00
57.00	CT SCAN	0.050635	5,240,753	0	0	57.00
59.00	CARDIAC CATHETERIZATION	0.161987	500,803	0	0	59.00
60.00	LABORATORY	0.121142	4,357,284	0	0	60.00
65.00	RESPIRATORY THERAPY	0.353286	268,651	0	0	65.00
66.00	PHYSICAL THERAPY	0.279795	1,061,861	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.528274	246,775	0	0	67.00
68.00	SPEECH PATHOLOGY	0.423495	614,771	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.078916	638,735	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.557425	554,519	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.352600	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.267903	1,198,180	0	0	73.00
74.00	RENAL DIALYSIS	0.240693	3,353	0	0	74.00
76.00	PAIN MANAGEMENT	0.267471	525,585	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
91.00	EMERGENCY	0.209648	6,763,091	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.556563	231,493	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	262,844	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0.000000	0	0		95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	96.00
98.00	SLEEP LAB	0.196745	111,973	0	0	98.00
98.01	VASCULAR LAB	0.130634	119,818	0	0	98.01
98.02	OUTPATIENT PSYCH	0.110589	1,089,226	0	0	98.02
98.03	PULMONARY LAB	0.000000	30,726	0	0	98.03
200.00	Subtotal (see instructions)		35,197,152	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		35,197,152	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 11:59 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	723,491	0	0		50.00
51.00 RECOVERY ROOM	94,297	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	237,647	0	0		52.00
53.00 ANESTHESIOLOGY	55,539	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,196,381	0	0		54.00
56.00 RADIOISOTOPE	81,485	0	0		56.00
57.00 CT SCAN	265,366	0	0		57.00
59.00 CARDIAC CATHETERIZATION	81,124	0	0		59.00
60.00 LABORATORY	527,850	0	0		60.00
65.00 RESPIRATORY THERAPY	94,911	0	0		65.00
66.00 PHYSICAL THERAPY	297,103	0	0		66.00
67.00 OCCUPATIONAL THERAPY	130,365	0	0		67.00
68.00 SPEECH PATHOLOGY	260,352	0	0		68.00
69.00 ELECTROCARDIOLOGY	50,406	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	309,103	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	320,996	0	0		73.00
74.00 RENAL DIALYSIS	807	0	0		74.00
76.00 PAIN MANAGEMENT	140,579	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	1,417,869	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	128,840	0	0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 AMBULANCE SERVICES		0			95.00
96.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		96.00
98.00 SLEEP LAB	22,030	0	0		98.00
98.01 VASCULAR LAB	15,652	0	0		98.01
98.02 OUTPATIENT PSYCH	120,456	0	0		98.02
98.03 PULMONARY LAB	0	0	0		98.03
200.00 Subtotal (see instructions)	6,572,649	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)	6,572,649	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/30/2012 11:59 am
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		41,779	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,779	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		41,779	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		16,737	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
<b>SWING BED ADJUSTMENT</b>				
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)		33,707,203	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)		33,707,203	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		33,707,203	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		806.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,503,412	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)		13,503,412	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 11:59 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)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,306,128	5,613	1,479.80	2,482	3,672,864	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)					22,290,293	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					39,466,569	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)					1,075,091	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,392,841	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,467,932	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,998,637	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)					2,984	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					806.80	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,407,491	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/30/2012 11:59 am	
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	2,196,631	33,707,203	0.065168	2,407,491	156,891	90.00
91.00	Nursing School cost	0	33,707,203	0.000000	2,407,491	0	91.00
92.00	Allied health cost	0	33,707,203	0.000000	2,407,491	0	92.00
93.00	All other Medical Education	0	33,707,203	0.000000	2,407,491	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 11:59 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			6,286 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,286 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)			6,286 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)			3,995 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
<b>SWING BED ADJUSTMENT</b>				
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)			4,175,430 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)			4,175,430 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			4,175,430 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			664.24 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,653,639 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,653,639 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
					Component CCN: 14T187		Date/Time Prepared: 1/30/2012 11:59 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,297,519	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,951,158	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					167,750	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					111,877	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					279,627	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,671,531	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 140187 Component CCN: 14T187		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/30/2012 11:59 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	263,942	4,175,430	0.063213	0	0	90.00
91.00	Nursing School cost	0	4,175,430	0.000000	0	0	91.00
92.00	Allied health cost	0	4,175,430	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,175,430	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 1/30/2012 11:59 am
Cost Center Description		Cost		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		41,779	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,779	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		41,779	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,034	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,316	15.00
16.00	Nursery days (title V or XIX only)		796	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		33,707,203	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)		33,707,203	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		33,707,203	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		806.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,061,431	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)		4,061,431	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 11:59 am		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,347,941	3,316	406.50	796	323,574	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,306,128	5,613	1,479.80	523	773,935	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)					5,624,418	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,783,358	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,984	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					806.80	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,407,491	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/30/2012 11:59 am	
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: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 11:59 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		18,463,934		30.00
31.00	INTENSIVE CARE UNIT		4,656,618		31.00
41.00	SUBPROVIDER - IRF		54,624		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.247704	9,671,984	2,395,789	50.00
51.00	RECOVERY ROOM	0.255057	720,990	183,894	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.341503	153,016	52,255	52.00
53.00	ANESTHESIOLOGY	0.064048	2,249,838	144,098	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218524	3,846,418	840,535	54.00
56.00	RADIOISOTOPE	0.267062	965,849	257,942	56.00
57.00	CT SCAN	0.054002	5,624,571	303,738	57.00
59.00	CARDIAC CATHETERIZATION	0.173610	6,135,788	1,065,234	59.00
60.00	LABORATORY	0.128871	17,389,325	2,240,980	60.00
65.00	RESPIRATORY THERAPY	0.375597	5,956,668	2,237,307	65.00
66.00	PHYSICAL THERAPY	0.297853	1,441,143	429,249	66.00
67.00	OCCUPATIONAL THERAPY	0.561700	181,150	101,752	67.00
68.00	SPEECH PATHOLOGY	0.450675	91,556	41,262	68.00
69.00	ELECTROCARDIOLOGY	0.084029	3,642,771	306,098	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592366	8,266,669	4,896,894	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.374679	5,908,982	2,213,971	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.284730	11,490,622	3,271,725	73.00
74.00	RENAL DIALYSIS	0.255979	911,264	233,264	74.00
76.00	PAIN MANAGEMENT	0.284188	843	240	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.223032	3,719,489	829,565	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.590831	216,454	127,888	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	96.00
98.00	SLEEP LAB	0.209820	109,608	22,998	98.00
98.01	VASCULAR LAB	0.139927	653,031	91,377	98.01
98.02	OUTPATIENT PSYCH	0.117988	18,972	2,238	98.02
98.03	PULMONARY LAB	0.000000	0	0	98.03
200.00	Total (sum of lines 50-94 and 96-98)		89,367,001	22,290,293	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)		89,367,001		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 11:59 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		3,589,060		41.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.247704	66,926	16,578	50.00
51.00	RECOVERY ROOM	0.255057	5,073	1,294	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.341503	1,087	371	52.00
53.00	ANESTHESIOLOGY	0.064048	6,334	406	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218524	93,549	20,443	54.00
56.00	RADIOISOTOPE	0.267062	14,409	3,848	56.00
57.00	CT SCAN	0.054002	101,408	5,476	57.00
59.00	CARDIAC CATHETERIZATION	0.173610	39,267	6,817	59.00
60.00	LABORATORY	0.128871	804,130	103,629	60.00
65.00	RESPIRATORY THERAPY	0.375597	295,223	110,885	65.00
66.00	PHYSICAL THERAPY	0.297853	3,357,971	1,000,182	66.00
67.00	OCCUPATIONAL THERAPY	0.561700	420,272	236,067	67.00
68.00	SPEECH PATHOLOGY	0.450675	175,008	78,872	68.00
69.00	ELECTROCARDIOLOGY	0.084029	57,263	4,812	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592366	698,470	413,750	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.374679	4,168	1,562	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.284730	873,857	248,813	73.00
74.00	RENAL DIALYSIS	0.255979	149,213	38,195	74.00
76.00	PAIN MANAGEMENT	0.284188	23	7	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.223032	3,471	774	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.590831	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	96.00
98.00	SLEEP LAB	0.209820	5,713	1,199	98.00
98.01	VASCULAR LAB	0.139927	24,993	3,497	98.01
98.02	OUTPATIENT PSYCH	0.117988	358	42	98.02
98.03	PULMONARY LAB	0.000000	0	0	98.03
200.00	Total (sum of lines 50-94 and 96-98)		7,198,186	2,297,519	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)		7,198,186		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 11:59 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.247704	2,552,507	632,266	50.00
51.00	RECOVERY ROOM	0.255057	333,233	84,993	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.341503	1,309,455	447,183	52.00
53.00	ANESTHESIOLOGY	0.064048	598,062	38,305	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218524	1,111,964	242,991	54.00
56.00	RADIOISOTOPE	0.267062	135,020	36,059	56.00
57.00	CT SCAN	0.054002	1,272,536	68,719	57.00
59.00	CARDIAC CATHETERIZATION	0.173610	362,781	62,982	59.00
60.00	LABORATORY	0.128871	4,912,161	633,035	60.00
65.00	RESPIRATORY THERAPY	0.375597	1,046,196	392,948	65.00
66.00	PHYSICAL THERAPY	0.297853	113,283	33,742	66.00
67.00	OCCUPATIONAL THERAPY	0.561700	46,622	26,188	67.00
68.00	SPEECH PATHOLOGY	0.450675	56,927	25,656	68.00
69.00	ELECTROCARDIOLOGY	0.084029	555,261	46,658	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.592366	3,151,083	1,866,594	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.374679	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.284730	3,323,169	946,206	73.00
74.00	RENAL DIALYSIS	0.255979	97,235	24,890	74.00
76.00	PAIN MANAGEMENT	0.284188	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.223032	47,609	10,618	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.590831	7,422	4,385	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	96.00
98.00	SLEEP LAB	0.209820	0	0	98.00
98.01	VASCULAR LAB	0.139927	0	0	98.01
98.02	OUTPATIENT PSYCH	0.117988	0	0	98.02
98.03	PULMONARY LAB	0.000000	0	0	98.03
200.00	Total (sum of lines 50-94 and 96-98)		21,032,526	5,624,418	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)		21,032,526		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 11:59 am
		Title XIX	Subprovider - IRF	
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
41.00	SUBPROVIDER - IRF		0	41.00
43.00	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000	14,826	0 50.00
51.00	RECOVERY ROOM	0.000000	1,164	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	ANESTHESIOLOGY	0.000000	1,629	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	12,975	0 54.00
56.00	RADIOISOTOPE	0.000000	0	0 56.00
57.00	CT SCAN	0.000000	15,620	0 57.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	LABORATORY	0.000000	91,524	0 60.00
65.00	RESPIRATORY THERAPY	0.000000	58,130	0 65.00
66.00	PHYSICAL THERAPY	0.000000	194,760	0 66.00
67.00	OCCUPATIONAL THERAPY	0.000000	164,697	0 67.00
68.00	SPEECH PATHOLOGY	0.000000	53,175	0 68.00
69.00	ELECTROCARDIOLOGY	0.000000	3,960	0 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	92,286	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	103,856	0 73.00
74.00	RENAL DIALYSIS	0.000000	20,117	0 74.00
76.00	PAIN MANAGEMENT	0.000000	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	CLINIC	0.000000	0	0 90.00
91.00	EMERGENCY	0.000000	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES			95.00
96.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 96.00
98.00	SLEEP LAB	0.000000	0	0 98.00
98.01	VASCULAR LAB	0.000000	0	0 98.01
98.02	OUTPATIENT PSYCH	0.000000	0	0 98.02
98.03	PULMONARY LAB	0.000000	0	0 98.03
200.00	Total (sum of lines 50-94 and 96-98)		828,719	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)		828,719	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/30/2012 11:59 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
1.00	DRG Amounts Other than Outlier Payments		30,180,736		1.00
2.00	Outlier payments for discharges. (see instructions)		232,842		2.00
3.00	Managed Care Simulated Payments		3,199,811		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		221.82		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		8.67		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		8.67		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		14.38		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)		8.67		12.00
13.00	Total allowable FTE count for the prior year.		8.67		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.		8.67		14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.67		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		8.67		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.039086		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.038617		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.038617		21.00
22.00	IME payment adjustment (see instructions)		696,852		22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
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)		5.71		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)		696,852		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.35		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.43		31.00
32.00	Sum of lines 30 and 31		22.78		32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.01		33.00
34.00	Disproportionate share adjustment (see instructions)		2,417,477		34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
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	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	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)		33,527,907		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)		33,527,907		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/30/2012 11:59 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1.00	1.01	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		2,625,908		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		
53.00	Nursing and Allied Health Managed Care payment		466,823		52.00
54.00	Special add-on payments for new technologies		0		53.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		54.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		55.00
57.00	Routine service other pass through costs		0		56.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		57.00
59.00	Total (sum of amounts on lines 49 through 58)		36,620,638		58.00
60.00	Primary payer payments		83,426		59.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		36,537,212		60.00
62.00	Deductibles billed to program beneficiaries		3,032,715		61.00
63.00	Coinsurance billed to program beneficiaries		132,962		62.00
64.00	Allowable bad debts (see instructions)		652,818		63.00
65.00	Adjusted reimbursable bad debts (see instructions)		456,973		64.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		652,818		65.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,828,508		66.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		67.00
69.00	Outlier payments reconciliation		0		68.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		101		69.00
70.95	Recovery of Accelerated Depreciation		0		70.00
70.96	Low Volume Payment-1		0		70.95
70.97	Low Volume Payment-2		0		70.96
70.98	Low Volume Payment-3		0		70.97
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		33,828,609		70.98
72.00	Interim payments		33,069,345		71.00
73.00	Tentative settlement (for contractor use only)		0		72.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		759,264		73.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		322,933		74.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2		0		75.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		90.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		91.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		92.00
94.00	The rate used to calculate the Time Value of Money		0.00		93.00
95.00	Time Value of Money for operating expenses(see instructions)		0		94.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		95.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 11:59 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		8,228	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,561,801	2.00
3.00	PPS payments		8,735,322	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,228	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		27,535	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)		27,535	14.00
<b>Customary charges</b>				
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)		27,535	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,307	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		8,228	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)		8,735,322	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,175	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,992,734	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)		6,749,641	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		100,710	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)		6,850,351	30.00
31.00	Primary payer payments		5,533	31.00
32.00	Subtotal (line 30 minus line 31)		6,844,818	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		339,537	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		237,676	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		339,537	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,082,494	37.00
38.00	MSP-LCC reconciliation amount from PS&R		561	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)		7,081,933	40.00
41.00	Interim payments		7,075,268	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)		6,665	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 11:59 am
		Title XVIII	Hospital
			PPS
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 11:59 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140187 Component CCN: 14T187	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 11:59 am
	Title XVIII	Subprovider - IRF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140187		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/30/2012 11:59 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		32,982,257		7,048,123	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	02/23/2011	69,394	02/23/2011	24,881	3.01	
3.02		05/19/2011	17,694	05/19/2011	2,264	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)		87,088		27,145	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)		33,069,345		7,075,268	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		759,264		6,665	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		33,828,609		7,081,933	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: 140187 Component CCN: 14T187		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/30/2012 11:59 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					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		4,522,727			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	02/23/2011	3,287			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)		-3,287			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)		4,519,440			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		15,995			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		4,535,435			0	7.00
		0		Contractor Number	Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/30/2012 11:59 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			4,335,425 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0394 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			242,649 3.00
4.00	Outlier Payments			9,402 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			17.221918 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,587,476 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,587,476 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,587,476 19.00
20.00	Deductibles			35,712 20.00
21.00	Subtotal (line 19 minus line 20)			4,551,764 21.00
22.00	Coinsurance			16,329 22.00
23.00	Subtotal (line 21 minus line 22)			4,535,435 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,535,435 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,535,435 32.00
33.00	Interim payments			4,519,440 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			15,995 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/30/2012 11:59 am
		Title XIX	Hospital	Cost
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		10,783,358	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		10,783,358	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		10,783,358	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		56,229,678	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		56,229,678	12.00
<b>CUSTOMARY CHRGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		56,229,678	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		45,446,320	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		10,783,358	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		10,783,358	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		10,783,358	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		10,783,358	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		10,783,358	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		10,783,358	40.00
41.00	Interim payments		10,987,964	41.00
42.00	Balance due provider/program (line 40 minus 41)		-204,606	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/30/2012 11:59 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			14.41	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			14.38	6.00
7.00	Enter the lesser of line 5 or line 6			14.38	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	14.38	0.00	14.38	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.38	0.00	14.38	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	14.38	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.41	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.38	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.39	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	14.39	0.00		17.00
18.00	Per resident amount	80,329.30	80,329.30		18.00
19.00	Approved amount for resident costs	1,155,939	0	1,155,939	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			80,607.09	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,155,939	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	23,214	1,951		26.00
27.00	Total Inpatient Days	50,694	50,694		27.00
28.00	Ratio of inpatient days to total inpatient days	0.457924	0.038486		28.00
29.00	Program direct GME amount	529,332	44,487		29.00
30.00	Reduction for nursing/allied health		6,286		30.00
31.00	Net Program direct GME amount			567,533	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/30/2012 11:59 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		1,726,075	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		44,417,727	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		83,426	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		44,334,301	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		9,570,029	42.00
43.00	Primary payer payments (see instructions)		5,533	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		9,564,496	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		53,898,797	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.822547	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.177453	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		567,533	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		466,823	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		100,710	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)      Provider CCN: 140187      Period: From 07/01/2010 To 06/30/2011      Worksheet G  
 Date/Time Prepared: 1/30/2012 11:59 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-2,050,974	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	85,331,798	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-64,439,726	0	0	0	6.00
7.00	Inventory	2,400,379	0	0	0	7.00
8.00	Prepaid expenses	5,791,714	0	0	0	8.00
9.00	Other current assets	2,573,165	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)	29,606,356	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	3,630,755	0	0	0	12.00
13.00	Land improvements	5,947,914	0	0	0	13.00
14.00	Accumulated depreciation	-5,143,767	0	0	0	14.00
15.00	Buildings	116,760,119	0	0	0	15.00
16.00	Accumulated depreciation	-28,627,911	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	75,206,573	0	0	0	23.00
24.00	Accumulated depreciation	-103,722,440	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	64,051,243	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	34,330,679	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	34,330,679	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	127,988,278	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	693,648	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,615,284	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	15,260,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,568,932	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	23,546,092	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	50,790,159	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	74,336,251	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	96,905,183	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	31,083,095				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	31,083,095	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	127,988,278	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet G-1

Date/Time Prepared:  
1/30/2012 11:59 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		51,285,476		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-20,202,381			2.00
3.00	Total (sum of line 1 and line 2)		31,083,095		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		31,083,095		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		31,083,095		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet G-1

Date/Time Prepared:  
1/30/2012 11:59 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140187

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet G-2 Parts

Date/Time Prepared:  
1/30/2012 11:59 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	52,587,258		52,587,258	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,690,704		5,690,704	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	58,277,962		58,277,962	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,631,486		10,631,486	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)	10,631,486		10,631,486	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	68,909,448		68,909,448	17.00
18.00	Ancillary services	198,042,046	179,281,332	377,323,378	18.00
19.00	Outpatient services	10,271,934	31,250,802	41,522,736	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	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	4,768,357	14,686,670	19,455,027	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	281,991,785	225,218,804	507,210,589	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		178,021,759		29.00
30.00	EXPENSES NOT INCLUDED ON WORKSHEET A	24,296,784			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)		24,296,784		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		202,318,543		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/30/2012 11:59 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	507,210,589	1.00
2.00	Less contractual allowances and discounts on patients' accounts	336,025,584	2.00
3.00	Net patient revenues (line 1 minus line 2)	171,185,005	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	202,318,543	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-31,133,538	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	1,193	6.00
7.00	Income from investments	4,637,562	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	512,405	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	20,071	13.00
14.00	Revenue from meals sold to employees and guests	469,883	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	742,912	17.00
18.00	Revenue from sale of medical records and abstracts	2,656	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	14,541	21.00
22.00	Rental of hospital space	1,326,414	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	3,203,520	24.00
25.00	Total other income (sum of lines 6-24)	10,931,157	25.00
26.00	Total (line 5 plus line 25)	-20,202,381	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-20,202,381	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140187	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/30/2012 11:59 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,443,367	1.00
2.00	Capital DRG outlier payments		17,614	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		121.67	3.00
4.00	Number of interns & residents (see instructions)		8.67	4.00
5.00	Indirect medical education percentage (see instructions)		2.03	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		49,600	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.35	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		18.43	8.00
9.00	Sum of lines 7 and 8		22.78	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.72	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		115,327	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,625,908	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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