

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: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/30/2012 10:15 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 ILLINI 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 V		Title XVIII		HIT	Title XIX	
	1.00	2.00	Part A	Part B			
<b>PART III - SETTLEMENT SUMMARY</b>							
1.00 Hospital	0	32,773		117,393	0	0	1.00
2.00 Subprovider - IPF	0	0		0		0	2.00
3.00 Subprovider - IRF	0	0		0		0	3.00
4.00 SUBPROVIDER I	0	0		0		0	4.00
5.00 Swing bed - SNF	0	0		0		0	5.00
6.00 Swing bed - NF	0	0		0		0	6.00
7.00 Skilled Nursing Facility	0	0		0		0	7.00
8.00 Nursing Facility	0	0		0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0		0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0		0		0	11.00
12.00 CMHC I	0	0		0		0	12.00
200.00 Total	0	32,773		117,393	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140275		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/30/2012 10:15 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 801 HOSPITAL ROAD			PO Box:				1.00			
2.00	City: SILVIS			State: IL		Zip Code: 61282-		County: ROCK ISLAND			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00	9.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ILLINI HOSPITAL	140275	19340	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										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		ILLINI RESTORATIVE CARE CENTER	145703	19340		09/03/1991	N	P	N	9.00
10.00	Hospital-Based NF							N		N	10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2010	06/30/2011		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
1.00		2.00	3.00	4.00	5.00	6.00					
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.		3,296	541	0	47	49		0	24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.		0	0	0	0	0		0	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	

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		Beginning:	Ending:			
		1.00	2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	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.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	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	0.00	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

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
65.00	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		65.00	
				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		67.00	
						1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)							0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)							0	76.00
						1.00			
80.00	Long Term Care Hospital PPS Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.						N		80.00

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				1.00	
<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	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N	N	86.00
			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.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
<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	N	N	N
				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.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		2,000,000	25,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<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

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			1.00			2.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		H55790		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: GENESIS HEALTH SYSTEM		Contractor's Name: WPS		Contractor's Number: 05101			141.00
142.00	Street: 1227 E. RUSHOLME STREET		PO Box:					142.00
143.00	City: DAVENPORT		State: IA		Zip Code: 52803			143.00
							1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					N		145.00
							1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N				149.00
					Part A		Part B	
					1.00		2.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital			N		N		155.00
156.00	Subprovider - IPF			N		N		156.00
157.00	Subprovider - IRF			N		N		157.00
158.00	Subprovider - Other			N		N		158.00
159.00	SNF			N		N		159.00
160.00	HHA			N		N		160.00
161.00	CMHC					N		161.00
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N		165.00
			Name		County		State	
			0		1.00		2.00	
			3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/30/2012 10:15 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
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N	Legal Oper.	
			1.00	2.00	
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)		Y	11/17/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/30/2012 10:15 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	1.00 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.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
				Y/N	Date
				1.00	2.00
<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.		Y		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: 140275

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
1/30/2012 10:15 am

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/17/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2012 10:15 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	142	51,830	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)		142	51,830	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	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)		149	54,385	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	22	8,030			19.00
20.00 NURSING FACILITY	45.00	98	35,770			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)		269				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2012 10:15 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	6,770	2,205	12,932		1.00
2.00 HMO		973	611			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	6,770	2,205	12,932		7.00
8.00 INTENSIVE CARE UNIT	0	740	106	1,311		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		985	1,483		13.00
14.00 Total (see instructions)	0	7,510	3,296	15,726		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	5,954	0	7,078		19.00
20.00 NURSING FACILITY	0		0	30,280		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		25	207		28.00
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		3,525				29.00
30.00 Employee discount days (see instruction)				177		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: 140275

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2012 10:15 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)				3	2,091	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	557.19	0.00	3	2,091	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	24.38	0.00			19.00
20.00 NURSING FACILITY	0.00	48.94	0.00			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	630.51	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2012 10:15 am

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)	1,146	4,585		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)	1,146	4,585		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				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
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140275		Period: From 07/01/2010 To 06/30/2011		Worksheet S-3 Part II Date/Time Prepared: 1/30/2012 10:15 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		
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	28,197,233	0	0	28,197,233	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		0	0	0	0	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	963,346	0	122,047	1,085,393	9.00
10.00	Excluded area salaries (see instructions)		3,498,336	0	1,144,339	4,642,675	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		119,478	0	0	119,478	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		0	0	0	0	13.00
14.00	Home office salaries & wage-related costs		6,555,558	0	0	6,555,558	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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		5,888,207	0	0	5,888,207	17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0	0	18.00
19.00	Excluded areas		1,663,814	0	0	1,663,814	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		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	4,929	0	0	4,929	26.00
27.00	Administrative & General	5.00	927,134	0	170,794	1,097,928	27.00
28.00	Administrative & General under contract (see inst.)		215,679	0	0	215,679	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	848,191	0	0	848,191	30.00
31.00	Laundry & Linen Service	8.00	69,666	0	-21,896	47,770	31.00
32.00	Housekeeping	9.00	874,414	0	-264,377	610,037	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	1,292,343	0	-1,292,343	0	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	91,643	91,643	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	879,986	0	0	879,986	38.00
39.00	Central Services and Supply	14.00	296,100	0	0	296,100	39.00
40.00	Pharmacy	15.00	1,270,277	0	0	1,270,277	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0	41.00
42.00	Social Service	17.00	200,626	0	0	200,626	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/30/2012 10:15 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)	1,146,137.00	24.60	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	0.00	0.00	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	59,178.00	18.34	9.00
10.00	Excluded area salaries (see instructions)	308,624.00	15.04	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>				
11.00	Contract labor (see instructions)	820.00	145.70	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs	159,477.00	41.11	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	244.00	20.20	26.00
27.00	Administrative & General	31,577.00	34.77	27.00
28.00	Administrative & General under contract (see inst.)	910.00	237.01	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	46,441.00	18.26	30.00
31.00	Laundry & Linen Service	4,268.00	11.19	31.00
32.00	Housekeeping	45,759.00	13.33	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	6,786.00	13.50	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	26,297.00	33.46	38.00
39.00	Central Services and Supply	19,427.00	15.24	39.00
40.00	Pharmacy	34,619.00	36.69	40.00
41.00	Medical Records & Medical Records Library	0.00	0.00	41.00
42.00	Social Service	8,196.00	24.48	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140275

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/30/2012 10:15 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)	28,412,912	0	0	28,412,912	1.00
2.00	Excluded area salaries (see instructions)	4,461,682	0	1,266,386	5,728,068	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23,951,230	0	-1,266,386	22,684,844	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,675,036	0	0	6,675,036	4.00
5.00	Subtotal wage-related costs (see inst.)	5,888,207	0	0	5,888,207	5.00
6.00	Total (sum of lines 3 thru 5)	36,514,473	0	-1,266,386	35,248,087	6.00
7.00	Total overhead cost (see instructions)	6,879,345	0	-1,316,179	5,563,166	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140275

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/30/2012 10:15 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)	1,147,047.00	24.77	1.00
2.00	Excluded area salaries (see instructions)	367,802.00	15.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	779,245.00	29.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	160,297.00	41.64	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	25.96	5.00
6.00	Total (sum of lines 3 thru 5)	939,542.00	37.52	6.00
7.00	Total overhead cost (see instructions)	224,524.00	24.78	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/30/2012 10:15 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	1,044,393	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	0	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)	2,210,939	8.00
9.00	Prescription Drug Plan	281,928	9.00
10.00	Dental, Hearing and Vision Plan	188,543	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	40,862	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)	94,286	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	298,768	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	1,597,806	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	50,640	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	119	22.00
23.00	Tuition Reimbursement	79,923	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	5,888,207	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/30/2012 10:15 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	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-7

Date/Time Prepared:  
1/30/2012 10:15 am

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	23	0	23	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	48	0	48	8.00
9.00	RMX	166	0	166	9.00
10.00	RML	607	0	607	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	77	0	77	12.00
13.00	RUB	61	0	61	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	12	0	12	15.00
16.00	RVB	265	0	265	16.00
17.00	RVA	401	0	401	17.00
18.00	RHC	249	0	249	18.00
19.00	RHB	588	0	588	19.00
20.00	RHA	1,609	0	1,609	20.00
21.00	RMC	251	0	251	21.00
22.00	RMB	217	0	217	22.00
23.00	RMA	730	0	730	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	84	0	84	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	7	0	7	33.00
34.00	HC1	38	0	38	34.00
35.00	HB2	10	0	10	35.00
36.00	HB1	23	0	23	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	45	0	45	39.00
40.00	LD1	16	0	16	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	2	0	2	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	13	0	13	47.00
48.00	CD1	21	0	21	48.00
49.00	CC2	17	0	17	49.00
50.00	CC1	28	0	28	50.00
51.00	CB2	17	0	17	51.00
52.00	CB1	102	0	102	52.00
53.00	CA2	19	0	19	53.00
54.00	CA1	59	0	59	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	14	0	14	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	5	0	5	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provider CCN: 140275		Period: From 07/01/2010 To 06/30/2011		Worksheet S-7	
						Date/Time Prepared: 1/30/2012 10:15 am	
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)		
		1.00	2.00	3.00	4.00		
69.00		PE2	0	0	0	0	69.00
70.00		PE1	0	0	0	0	70.00
71.00		PD2	0	0	0	0	71.00
72.00		PD1	28	0	28	28	72.00
73.00		PC2	0	0	0	0	73.00
74.00		PC1	19	0	19	19	74.00
75.00		PB2	0	0	0	0	75.00
76.00		PB1	39	0	39	39	76.00
77.00		PA2	0	0	0	0	77.00
78.00		PA1	40	0	40	40	78.00
199.00		AAA	4	0	4	4	199.00
200.00	TOTAL		5,954	0	5,954	200.00	
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)		
				1.00	2.00		
SNF SERVICES							
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			19340	19340	201.00	
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?		
			1.00	2.00	3.00		
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)							
202.00	Staffing		963,346	33.23	Y	202.00	
203.00	Recruitment		747	0.03	Y	203.00	
204.00	Retention of employees		140	0.00	Y	204.00	
205.00	Training		2,160	0.07	Y	205.00	
206.00	OTHER (SPECIFY)		0	0.00		206.00	
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		2,366,406			207.00	
				1.00			
1.00	Wage Index Factor			0.8400		1.00	
		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	548.12	548.12	0	773.00	3.00
4.00		RUL	484.69	484.69	0	753.36	4.00
5.00		RVX	415.37	415.37	0	699.42	5.00
6.00		RVL	387.79	387.79	0	620.84	6.00
7.00		RHX	351.39	351.39	0	642.74	7.00
8.00		RHL	343.11	343.11	0	566.97	8.00
9.00		RMX	398.53	398.53	0	594.19	9.00
10.00		RML	366.82	366.82	0	543.68	10.00
11.00		RLX	283.25	283.25	0	527.77	11.00
12.00		RUC	469.52	469.52	0	563.93	12.00
13.00		RUB	430.91	430.91	0	563.93	13.00
14.00		RUA	411.61	411.61	0	455.89	14.00
15.00		RVC	374.00	374.00	0	490.35	15.00
16.00		RVB	356.07	356.07	0	415.98	16.00
17.00		RVA	322.99	322.99	0	414.57	17.00
18.00		RHC	323.81	323.81	0	433.67	18.00
19.00		RHB	310.02	310.02	0	385.96	19.00
20.00		RHA	289.33	289.33	0	334.04	20.00
21.00		RMC	297.88	297.88	0	386.52	21.00
22.00		RMB	289.61	289.61	0	358.46	22.00
23.00		RMA	284.09	284.09	0	288.30	23.00
24.00		RLB	261.18	261.18	0	383.25	24.00
25.00		RLA	223.96	223.96	0	234.51	25.00
26.00		ES3	587.88	587.88	0	587.88	26.00
27.00		ES2	460.18	460.18	0	460.18	27.00
28.00		ES1	411.07	411.07	0	411.07	28.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-7

Date/Time Prepared:  
1/30/2012 10:15 am

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
29.00	HE2	397.04	397.04	0	397.04	29.00
30.00	HE1	329.69	329.69	0	329.69	30.00
31.00	HD2	371.78	371.78	0	371.78	31.00
32.00	HD1	310.04	310.04	0	310.04	32.00
33.00	HC2	350.73	350.73	0	350.73	33.00
34.00	HC1	293.20	293.20	0	293.20	34.00
35.00	HB2	346.53	346.53	0	346.53	35.00
36.00	HB1	290.40	290.40	0	290.40	36.00
37.00	LE2	360.56	360.56	0	360.56	37.00
38.00	LE1	301.62	301.62	0	301.62	38.00
39.00	LD2	346.53	346.53	0	346.53	39.00
40.00	LD1	290.40	290.40	0	290.40	40.00
41.00	LC2	334.67	334.67	0	334.67	41.00
42.00	LC1	256.72	256.72	0	256.72	42.00
43.00	LB2	288.99	288.99	0	288.99	43.00
44.00	LB1	245.49	245.49	0	245.49	44.00
45.00	CE2	321.27	321.27	0	321.27	45.00
46.00	CE1	296.01	296.01	0	296.01	46.00
47.00	CD2	300.23	300.23	0	304.43	47.00
48.00	CD1	279.17	279.17	0	279.17	48.00
49.00	CC2	239.86	239.86	0	266.54	49.00
50.00	CC1	220.55	220.55	0	246.89	50.00
51.00	CB2	209.52	209.52	0	246.89	51.00
52.00	CB1	199.87	199.87	0	228.66	52.00
53.00	CA2	198.49	198.49	0	209.01	53.00
54.00	CA1	187.46	187.46	0	194.98	54.00
55.00	SE3	321.21	321.21	0	0.00	55.00
56.00	SE2	274.33	274.33	0	0.00	56.00
57.00	SE1	245.37	245.37	0	0.00	57.00
58.00	SSC	241.23	241.23	0	0.00	58.00
59.00	SSB	243.94	243.94	0	0.00	59.00
60.00	SSA	224.68	224.68	0	0.00	60.00
61.00	IB2	179.19	179.19	0	0.00	61.00
62.00	IB1	176.42	176.42	0	0.00	62.00
63.00	IA2	162.64	162.64	0	0.00	63.00
64.00	IA1	157.12	157.12	0	0.00	64.00
65.00	BB2	177.81	177.81	0	221.64	65.00
66.00	BB1	173.67	173.67	0	211.82	66.00
67.00	BA2	161.26	161.26	0	183.75	67.00
68.00	BA1	150.23	150.23	0	175.33	68.00
69.00	PE2	192.97	192.97	0	296.01	69.00
70.00	PE1	190.22	190.22	0	281.98	70.00
71.00	PD2	183.33	183.33	0	279.17	71.00
72.00	PD1	180.56	180.56	0	265.14	72.00
73.00	PC2	175.05	175.05	0	239.88	73.00
74.00	PC1	173.67	173.67	0	228.66	74.00
75.00	PB2	155.75	155.75	0	203.40	75.00
76.00	PB1	152.99	152.99	0	194.98	76.00
77.00	PA2	151.61	151.61	0	168.32	77.00
78.00	PA1	147.48	147.48	0	161.30	78.00
199.00	AAA	147.48	147.48	0	0.00	199.00
200.00	TOTAL			0		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-7  
Date/Time Prepared:  
1/30/2012 10:15 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
3.00	773.00	0	0	3.00
4.00	753.36	0	0	4.00
5.00	699.42	0	0	5.00
6.00	620.84	0	0	6.00
7.00	642.74	0	0	7.00
8.00	566.97	0	0	8.00
9.00	594.19	0	0	9.00
10.00	543.68	0	0	10.00
11.00	527.77	0	0	11.00
12.00	563.93	0	0	12.00
13.00	563.93	0	0	13.00
14.00	455.89	0	0	14.00
15.00	490.35	0	0	15.00
16.00	415.98	0	0	16.00
17.00	414.57	0	0	17.00
18.00	433.67	0	0	18.00
19.00	385.96	0	0	19.00
20.00	334.04	0	0	20.00
21.00	386.52	0	0	21.00
22.00	358.46	0	0	22.00
23.00	288.30	0	0	23.00
24.00	383.25	0	0	24.00
25.00	234.51	0	0	25.00
26.00	587.88	0	0	26.00
27.00	460.18	0	0	27.00
28.00	411.07	0	0	28.00
29.00	397.04	0	0	29.00
30.00	329.69	0	0	30.00
31.00	371.78	0	0	31.00
32.00	310.04	0	0	32.00
33.00	350.73	0	0	33.00
34.00	293.20	0	0	34.00
35.00	346.53	0	0	35.00
36.00	290.40	0	0	36.00
37.00	360.56	0	0	37.00
38.00	301.62	0	0	38.00
39.00	346.53	0	0	39.00
40.00	290.40	0	0	40.00
41.00	334.67	0	0	41.00
42.00	256.72	0	0	42.00
43.00	288.99	0	0	43.00
44.00	245.49	0	0	44.00
45.00	321.27	0	0	45.00
46.00	296.01	0	0	46.00
47.00	304.43	0	0	47.00
48.00	279.17	0	0	48.00
49.00	266.54	0	0	49.00
50.00	246.89	0	0	50.00
51.00	246.89	0	0	51.00
52.00	228.66	0	0	52.00
53.00	209.01	0	0	53.00
54.00	194.98	0	0	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	0	56.00
57.00	0.00	0	0	57.00
58.00	0.00	0	0	58.00
59.00	0.00	0	0	59.00
60.00	0.00	0	0	60.00
61.00	0.00	0	0	61.00
62.00	0.00	0	0	62.00
63.00	0.00	0	0	63.00
64.00	0.00	0	0	64.00
65.00	221.64	0	0	65.00
66.00	211.82	0	0	66.00
67.00	183.75	0	0	67.00
68.00	175.33	0	0	68.00
69.00	296.01	0	0	69.00
70.00	281.98	0	0	70.00
71.00	279.17	0	0	71.00
72.00	265.14	0	0	72.00
73.00	239.88	0	0	73.00
74.00	228.66	0	0	74.00
75.00	203.40	0	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-7

Date/Time Prepared:  
1/30/2012 10:15 am

		Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
		6.00	7.00	8.00	
76.00		194.98	0	0	76.00
77.00		168.32	0	0	77.00
78.00		161.30	0	0	78.00
199.00		0.00	0	0	199.00
200.00	TOTAL		0	0	200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/30/2012 10:15 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)		0.347745	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		11,991,746	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		32,516,647	6.00	
7.00	Medicaid cost (line 1 times line 6)		11,307,501	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
<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)		0	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,798,074	0	6,798,074	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,363,996	0	2,363,996	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,363,996	0	2,363,996	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)		5,984,974	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		477,112	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		5,507,862	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,915,331	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,279,327	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,279,327	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/30/2012 10:15 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		3,368,533	3,368,533	691,079	4,059,612	1.00
1.01 NEW CAP RELATED IRC		588,700	588,700	0	588,700	1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
2.01 CAP REL COSTS-MVBLE EQUIP IRC		0	0	0	0	2.01
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	4,929	4,991,711	4,996,640	-9,754	4,986,886	4.00
5.00 ADMINISTRATIVE & GENERAL	927,134	16,274,405	17,201,539	116,699	17,318,238	5.00
7.00 OPERATION OF PLANT	848,191	2,205,976	3,054,167	0	3,054,167	7.00
7.01 OPERATION OF PLANT IRC	0	269,848	269,848	0	269,848	7.01
8.00 LAUNDRY & LINEN SERVICE	69,666	48,830	118,496	-37,243	81,253	8.00
9.00 HOUSEKEEPING	874,414	385,936	1,260,350	-381,064	879,286	9.00
10.00 DIETARY	1,292,343	1,912,235	3,204,578	-3,204,578	0	10.00
11.00 CAFETERIA	0	0	0	227,245	227,245	11.00
13.00 NURSING ADMINISTRATION	879,986	118,772	998,758	0	998,758	13.00
14.00 CENTRAL SERVICES & SUPPLY	296,100	415,181	711,281	-259,328	451,953	14.00
15.00 PHARMACY	1,270,277	2,719,697	3,989,974	-2,529,524	1,460,450	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 SOCIAL SERVICE	200,626	19,048	219,674	0	219,674	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	5,641,698	2,025,568	7,667,266	-388,917	7,278,349	30.00
31.00 INTENSIVE CARE UNIT	939,464	223,739	1,163,203	12,021	1,175,224	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	411,835	411,835	43.00
44.00 SKILLED NURSING FACILITY	963,346	483,043	1,446,389	253,722	1,700,111	44.00
45.00 NURSING FACILITY	1,614,607	1,559,705	3,174,312	974,630	4,148,942	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,566,567	4,884,345	6,450,912	-3,729,232	2,721,680	50.00
53.00 ANESTHESIOLOGY	-76	1,303,849	1,303,773	-4,965	1,298,808	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,019,204	315,449	1,334,653	-18,409	1,316,244	54.00
55.00 RADIOLOGY-THERAPEUTIC	19,384	7,212	26,596	-73	26,523	55.00
57.00 CT SCAN	185,655	48,446	234,101	0	234,101	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	95,626	129,073	224,699	0	224,699	58.00
59.00 CARDIAC CATHETERIZATION	494,275	2,435,234	2,929,509	-2,169,545	759,964	59.00
60.00 LABORATORY	1,849,772	2,896,616	4,746,388	-140,694	4,605,694	60.00
65.00 RESPIRATORY THERAPY	1,062,431	302,062	1,364,493	-488	1,364,005	65.00
66.00 PHYSICAL THERAPY	1,474,050	346,155	1,820,205	-50,436	1,769,769	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	267,641	267,641	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,058,360	6,058,360	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,458,225	2,458,225	73.00
76.00 CARDIAC REHAB	442,976	178,847	621,823	-66,112	555,711	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	76,768	9,119	85,887	0	85,887	90.00
91.00 EMERGENCY	2,204,091	3,746,915	5,951,006	-28,664	5,922,342	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	1,778,346	779,657	2,558,003	39,480	2,597,483	95.00
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
113.00 INTEREST EXPENSE		415,596	415,596	-415,596	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	28,091,850	55,409,502	83,501,352	-1,923,685	81,577,667	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	59,020	59,020	13,508	72,528	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	246,190	246,190	163,649	409,839	192.00
192.01 NONREIMBURSABLE	0	0	0	5,954	5,954	192.01
194.00 CROSSTOWN SQUARE	105,383	1,030,634	1,136,017	491,117	1,627,134	194.00
194.01 CADS	0	0	0	0	0	194.01
194.02 NONALLOWABLE PHYSICIAN	0	0	0	559,119	559,119	194.02
194.03 NONALLOWABLE GUEST MEALS	0	0	0	690,338	690,338	194.03
200.00 TOTAL (SUM OF LINES 118-199)	28,197,233	56,745,346	84,942,579	0	84,942,579	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140275

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

Worksheet A  
Date/Time Prepared:  
1/30/2012 10:15 am

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	1,412,748	5,472,360	1.00
1.01	NEW CAP RELATED IRC	-75,088	513,612	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC	0	0	2.01
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-1,330,816	3,656,070	4.00
5.00	ADMINISTRATIVE & GENERAL	-4,223,842	13,094,396	5.00
7.00	OPERATION OF PLANT	-179,539	2,874,628	7.00
7.01	OPERATION OF PLANT IRC	-85,752	184,096	7.01
8.00	LAUNDRY & LINEN SERVICE	-57,837	23,416	8.00
9.00	HOUSEKEEPING	-199,441	679,845	9.00
10.00	DIETARY	0	0	10.00
11.00	CAFETERIA	0	227,245	11.00
13.00	NURSING ADMINISTRATION	0	998,758	13.00
14.00	CENTRAL SERVICES & SUPPLY	195,842	647,795	14.00
15.00	PHARMACY	-293	1,460,157	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,103,612	1,103,612	16.00
17.00	SOCIAL SERVICE	0	219,674	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-850,008	6,428,341	30.00
31.00	INTENSIVE CARE UNIT	-11,538	1,163,686	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	411,835	43.00
44.00	SKILLED NURSING FACILITY	-32,668	1,667,443	44.00
45.00	NURSING FACILITY	-1,152,792	2,996,150	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-270,151	2,451,529	50.00
53.00	ANESTHESIOLOGY	-1,178,800	120,008	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-1,950	1,314,294	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	26,523	55.00
57.00	CT SCAN	0	234,101	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	224,699	58.00
59.00	CARDIAC CATHETERIZATION	-4,249	755,715	59.00
60.00	LABORATORY	-125,536	4,480,158	60.00
65.00	RESPIRATORY THERAPY	-64,378	1,299,627	65.00
66.00	PHYSICAL THERAPY	-147,502	1,622,267	66.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	267,641	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	6,058,360	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,458,225	73.00
76.00	CARDIAC REHAB	-11,722	543,989	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	-110	85,777	90.00
91.00	EMERGENCY	-3,269,557	2,652,785	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	-1,092,731	1,504,752	95.00
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
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-11,654,098	69,923,569	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	72,528	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	409,839	192.00
192.01	NONREIMBURSABLE	0	5,954	192.01
194.00	CROSSTOWN SQUARE	-133,675	1,493,459	194.00
194.01	CADS	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	559,119	194.02
194.03	NONALLOWABLE GUEST MEALS	0	690,338	194.03
200.00	TOTAL (SUM OF LINES 118-199)	-11,787,773	73,154,806	200.00

RECLASSIFICATIONS

Provider CCN: 140275

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

Worksheet A-6  
Date/Time Prepared:  
1/30/2012 10:15 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>A - WORKMENS COMPENSATION</b>					
1.00	NURSING FACILITY	45.00	0	14,983	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	14,983	
<b>B - LEASE EXPENSE - LARSON CENTER</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	390,892	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	390,892	
<b>C - POB DEPRECIATION</b>					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	115,409	1.00
	TOTALS		0	115,409	
<b>D - INTEREST EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	415,596	1.00
	TOTALS		0	415,596	
<b>E - AUXILIARY EXPENSE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	29,922	1.00
	TOTALS		0	29,922	
<b>F - NURSING HOME OVERHEAD COSTS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	170,794	51,906	1.00
	TOTALS		170,794	51,906	
<b>H - NURSERY COSTS</b>					
1.00	NURSERY	43.00	330,773	81,062	1.00
	TOTALS		330,773	81,062	
<b>I - CHARGEABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	267,641	1.00
	TOTALS		0	267,641	
<b>J - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,458,225	1.00
	TOTALS		0	2,458,225	
<b>M - CHARGEABLE SUPPLIES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,058,360	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,313	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
	TOTALS		0	6,066,673	
<b>N - PHYSICIAN OFFICE BUILDING</b>					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	73,144	1.00
	TOTALS		0	73,144	
<b>O - DIETARY COST AND EMPLOYEE MEALS</b>					
1.00	CAFETERIA	11.00	91,643	135,602	1.00
2.00	ADULTS & PEDIATRICS	30.00	37,909	56,093	2.00
3.00	INTENSIVE CARE UNIT	31.00	11,884	17,584	3.00
4.00	SKILLED NURSING FACILITY	44.00	82,574	122,182	4.00
5.00	NURSING FACILITY	45.00	364,941	539,991	5.00
6.00	CROSTOWN SQUARE	194.00	199,510	295,208	6.00
7.00	NONALLOWABLE PHYSICIAN	194.02	225,482	333,637	7.00
8.00	NONALLOWABLE GUEST MEALS	194.03	278,400	411,938	8.00
	TOTALS		1,292,343	1,912,235	
<b>P - RECLASS HOUSEKEEPING COST</b>					
1.00	SKILLED NURSING FACILITY	44.00	39,473	17,422	1.00
2.00	NURSING FACILITY	45.00	173,775	76,698	2.00
3.00	AMBULANCE SERVICES	95.00	34,145	15,071	3.00
4.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	9,372	4,136	4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,481	1,537	5.00
6.00	NONREIMBURSABLE	192.01	4,131	1,823	6.00
	TOTALS		264,377	116,687	

RECLASSIFICATIONS

Provider CCN: 140275

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

Worksheet A-6

Date/Time Prepared:  
1/30/2012 10:15 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	Q - RECLASS LAUNDRY COST				
1.00	NURSING FACILITY	45.00	20,939	14,676	1.00
2.00	CROSSTOWN SQUARE	194.00	957	671	2.00
	TOTALS		21,896	15,347	
500.00	Grand Total: Increases		2,080,183	12,009,722	500.00

RECLASSIFICATIONS

Provider CCN: 140275

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

Worksheet A-6  
Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - WORKMENS COMPENSATION</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	9,754	0		1.00
2.00	CROSSTOWN SQUARE	194.00	0	5,229	0		2.00
	TOTALS		0	14,983			
<b>B - LEASE EXPENSE - LARSON CENTER</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	62,779	9		1.00
2.00	PHARMACY	15.00	0	70,871	0		2.00
3.00	LABORATORY	60.00	0	140,694	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	50,436	0		4.00
5.00	CARDIAC REHAB	76.00	0	66,112	0		5.00
	TOTALS		0	390,892			
<b>C - POB DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	115,409	9		1.00
	TOTALS		0	115,409			
<b>D - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	415,596	11		1.00
	TOTALS		0	415,596			
<b>E - AUXILIARY EXPENSE</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	29,922	0		1.00
	TOTALS		0	29,922			
<b>F - NURSING HOME OVERHEAD COSTS</b>							
1.00	NURSING FACILITY	45.00	170,794	51,906	0		1.00
	TOTALS		170,794	51,906			
<b>H - NURSERY COSTS</b>							
1.00	ADULTS & PEDIATRICS	30.00	330,773	81,062	0		1.00
	TOTALS		330,773	81,062			
<b>I - CHARGEABLE SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	267,641	0		1.00
	TOTALS		0	267,641			
<b>J - CHARGEABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	2,458,225	0		1.00
	TOTALS		0	2,458,225			
<b>M - CHARGEABLE SUPPLIES</b>							
1.00	PHARMACY	15.00	0	428	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	71,084	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	17,447	0		3.00
4.00	SKILLED NURSING FACILITY	44.00	0	7,929	0		4.00
5.00	NURSING FACILITY	45.00	0	8,673	0		5.00
6.00	OPERATING ROOM	50.00	0	3,729,232	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	4,965	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,409	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	73	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	488	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	2,169,545	0		11.00
12.00	EMERGENCY	91.00	0	28,664	0		12.00
13.00	AMBULANCE SERVICES	95.00	0	9,736	0		13.00
	TOTALS		0	6,066,673			
<b>N - PHYSICIAN OFFICE BUILDING</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	73,144	0		1.00
	TOTALS		0	73,144			
<b>O - DIETARY COST AND EMPLOYEE MEALS</b>							
1.00	DIETARY	10.00	1,292,343	1,912,235	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
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	TOTALS		1,292,343	1,912,235			
<b>P - RECLASS HOUSEKEEPING COST</b>							
1.00	HOUSEKEEPING	9.00	264,377	116,687	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
6.00		0.00	0	0	0		6.00
	TOTALS		264,377	116,687			
<b>Q - RECLASS LAUNDRY COST</b>							
1.00	LAUNDRY & LINEN SERVICE	8.00	21,896	15,347	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		21,896	15,347			
500.00	Grand Total: Decreases		2,080,183	12,009,722			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140275

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	494,992	0	0	0	1.00
2.00	Land Improvements	1,687,636	0	0	0	2.00
3.00	Buildings and Fixtures	52,705,188	1,175,167	0	1,175,167	3.00
4.00	Building Improvements	16,771	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	38,775,893	2,113,467	0	2,113,467	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	93,680,480	3,288,634	0	3,288,634	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	93,680,480	3,288,634	0	3,288,634	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	3,368,533	0	0	0	1.00
1.01	NEW CAP RELATED IRC	588,700	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	3,957,233	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)	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	0	0	0	0.000000	1.00
1.01	NEW CAP RELATED IRC	53,897,126	0	53,897,126	0.569640	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	40,719,072	0	40,719,072	0.430360	2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC	0	0	0	0.000000	2.01
3.00	Total (sum of lines 1-2)	94,616,198	0	94,616,198	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140275

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	494,992	0			1.00
2.00	Land Improvements	1,687,636	0			2.00
3.00	Buildings and Fixtures	53,880,355	0			3.00
4.00	Building Improvements	16,771	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	40,719,072	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	96,798,826	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	96,798,826	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	3,368,533			1.00
1.01	NEW CAP RELATED IRC	0	588,700			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0			2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC	0	0			2.01
3.00	Total (sum of lines 1-2)	0	3,957,233			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	5,056,764	0 1.00
1.01	NEW CAP RELATED IRC	0	0	0	513,612	0 1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0 2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC	0	0	0	0	0 2.01
3.00	Total (sum of lines 1-2)	0	0	0	5,570,376	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140275

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

Worksheet A-7  
Parts I-III  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	415,596	0	0	0	5,472,360	1.00
1.01	NEW CAP RELATED IRC	0	0	0	0	513,612	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	415,596	0	0	0	5,985,972	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140275

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

Worksheet A-8

Date/Time Prepared:  
1/30/2012 10:15 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)			NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00
3.00	Investment income - other (chapter 2)		0		0.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-12,475	ADMINISTRATIVE & GENERAL	5.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00
8.00	Television and radio service (chapter 21)		0		0.00
9.00	Parking lot (chapter 21)		0		0.00
10.00	Provider-based physician adjustment	A-8-2	-5,533,498		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00
12.00	Related organization transactions (chapter 10)	A-8-1	-46,985		12.00
13.00	Laundry and linen service		0		0.00
14.00	Cafeteria-employees and guests		0		0.00
15.00	Rental of quarters to employee and others		0		0.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00
17.00	Sale of drugs to other than patients		0		0.00
18.00	Sale of medical records and abstracts		0		0.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00
20.00	Vending machines		0		0.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00
26.00	Depreciation - buildings and fixtures			NEW CAP REL COSTS-BLDG & FIXT	1.00
27.00	Depreciation - movable equipment			NEW CAP REL COSTS-MVBLE EQUIP	2.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00
29.00	Physicians' assistant			0	0.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00
33.00	MANAGEMENT SERVICES	B	-15,310	HOUSEKEEPING	9.00
34.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00
35.00	OUTREACH REVENUE	B	-64	SKILLED NURSING FACILITY	44.00
35.03	MISCELLANEOUS REVENUE	B	-278	RESPIRATORY THERAPY	65.00
35.04	MISC/OTHER REVENUE	B	-2,665	RADIOLOGY-DIAGNOSTIC	54.00
35.05	MISC/OTHER REVENUE	B	-52,940	LABORATORY	60.00
35.07	MISC/OTHER REVENUE	B	-555	PHYSICAL THERAPY	66.00
35.08	MISC/OTHER REVENUE	B	-49,416	ADMINISTRATIVE & GENERAL	5.00
35.09	OTHER REVENUE	B	-57,687	LAUNDRY & LINEN SERVICE	8.00
35.11	MISC/OTHER REVENUE	B	-179,539	OPERATION OF PLANT	7.00
35.13	MISC/OTHER REVENUE	B	-223	ADULTS & PEDIATRICS	30.00
35.14	MISC/OTHER REVENUE	B	715	RADIOLOGY-DIAGNOSTIC	54.00
35.15	INTEREST INCOME IRC	B	-73,232	NEW CAP RELATED IRC	1.01
36.00	INTEREST INCOME	B	-386,294	NEW CAP REL COSTS-BLDG & FIXT	1.00
36.02	MISC REV LAB	B	-3,700	LABORATORY	60.00
36.06	TRAUMA MISC REV	B	-56,441	EMERGENCY	91.00
36.07	MISC/OTHER REVENUE	B	-3,330	PHYSICAL THERAPY	66.00
36.08	CARDIAC MISC	B	-11,722	CARDIAC REHAB	76.00
36.09	NH INTEREST INCOME	B	-1,856	NEW CAP RELATED IRC	1.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140275

Period:  
From 07/01/2010  
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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
36.10	NURSING HOME REVENUE HSKPG	B	-915	HOUSEKEEPING	9.00 36.10
36.11	AMBULANCE REVENUE	B	-1,091,798	AMBULANCE SERVICES	95.00 36.11
36.13	MISC IT REV	B	-10,449	ADMINISTRATIVE & GENERAL	5.00 36.13
36.14	MISC BIRTH ASSOC REV	B	-4,030	ADULTS & PEDIATRICS	30.00 36.14
36.15	MISC LAUNDRY REV	B	-150	LAUNDRY & LINEN SERVICE	8.00 36.15
36.16	MISC GRANTS 2 REV	B	-37,604	ADMINISTRATIVE & GENERAL	5.00 36.16
36.17	MISC SWITCHBOARD REV	B	-840	ADMINISTRATIVE & GENERAL	5.00 36.17
36.18	MISC MGMT FEES	B	-3,000	ADMINISTRATIVE & GENERAL	5.00 36.18
36.20	MISC PT RENTAL INC	B	-50,436	PHYSICAL THERAPY	66.00 36.20
36.21	MISC IRC ADMIN	B	-89	NURSING FACILITY	45.00 36.21
37.00	ELIMINATE CONTRACT FEES	A	-183,187	HOUSEKEEPING	9.00 37.00
37.01	ELIMINATE CONTRACT FEES	A	-31,857	SKILLED NURSING FACILITY	44.00 37.01
37.06	ELIMINATE CONTRACT FEES	A	-41,909	NURSING FACILITY	45.00 37.06
37.07	ELIMINATE CONTRACT FEES	A	-85,752	OPERATION OF PLANT IRC	7.01 37.07
37.09	DONATIONS	A	-4,249	CARDIAC CATHETERIZATION	59.00 37.09
37.10	DONATIONS	A	-47,380	ADMINISTRATIVE & GENERAL	5.00 37.10
37.11	DONATIONS	A	-119,151	OPERATING ROOM	50.00 37.11
37.12	DONATIONS	A	-2,155	CENTRAL SERVICES & SUPPLY	14.00 37.12
37.14	LOBBYING FEES PORTION OF DUES	A	-25,023	ADMINISTRATIVE & GENERAL	5.00 37.14
38.00	ADVERTISING	A	-747	SKILLED NURSING FACILITY	44.00 38.00
39.00	ADVERTISING	A	-5,223	ADMINISTRATIVE & GENERAL	5.00 39.00
39.01	ADVERTISING	A	-156	NURSING FACILITY	45.00 39.01
39.02	ADVERTISING	A	-457	PHYSICAL THERAPY	66.00 39.02
39.03	ADVERTISING	A	-933	AMBULANCE SERVICES	95.00 39.03
40.00	SELF INSURANCE	A	-1,330,816	EMPLOYEE BENEFITS	4.00 40.00
41.00	MISCELLANEOUS REVENUE	B	-33,750	ADMINISTRATIVE & GENERAL	5.00 41.00
42.00	MISCELLANEOUS REVENUE	B	-92,724	PHYSICAL THERAPY	66.00 42.00
43.00	MISCELLANEOUS REVENUE	B	-110	CLINIC	90.00 43.00
43.01	HEALTHQUEST	A	-1,419	ADMINISTRATIVE & GENERAL	5.00 43.01
43.02	PHYSICIANS PRACTICE OVERHEAD	A	-1,795,884	ADMINISTRATIVE & GENERAL	5.00 43.02
43.03	SCHOOL HEALTH LINK	A	-100,023	ADMINISTRATIVE & GENERAL	5.00 43.03
43.04	PHYSICIAN SUPPORT SERVICES	A	-197,989	ADMINISTRATIVE & GENERAL	5.00 43.04
45.00	ALCOHOL	A	-44	ADMINISTRATIVE & GENERAL	5.00 45.00
45.01	ALCOHOL	A	-29	HOUSEKEEPING	9.00 45.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,787,773		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140275

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)	0	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	MANAGEMENT SERVICES	0	33.00
34.00	OTHER ADJUSTMENTS (SPECIFY)	0	34.00
35.00	OUTREACH REVENUE	0	35.00
35.03	MISCELLANEOUS REVENUE	0	35.03
35.04	MISC/OTHER REVENUE	0	35.04
35.05	MISC/OTHER REVENUE	0	35.05
35.07	MISC/OTHER REVENUE	0	35.07
35.08	MISC/OTHER REVENUE	0	35.08
35.09	OTHER REVENUE	0	35.09
35.11	MISC/OTHER REVENUE	0	35.11
35.13	MISC/OTHER REVENUE	0	35.13
35.14	MISC/OTHER REVENUE	0	35.14
35.15	INTEREST INCOME IRC	9	35.15
36.00	INTEREST INCOME	9	36.00
36.02	MISC REV LAB	0	36.02
36.06	TRAUMA MISC REV	0	36.06
36.07	MISC/OTHER REVENUE	0	36.07
36.08	CARDIAC MISC	0	36.08
36.09	NH INTEREST INCOME	9	36.09
36.10	NURSING HOME REVENUE HSKPG	0	36.10
36.11	AMBULANCE REVENUE	0	36.11
36.13	MISC IT REV	0	36.13
36.14	MISC BIRTH ASSOC REV	0	36.14
36.15	MISC LAUNDRY REV	0	36.15
36.16	MISC GRANTS 2 REV	0	36.16
36.17	MISC SWITCHBOARD REV	0	36.17
36.18	MISC MGMT FEES	0	36.18
36.20	MISC PT RENTAL INC	0	36.20

ADJUSTMENTS TO EXPENSES

Provider CCN: 140275

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

Worksheet A-8

Date/Time Prepared:  
1/30/2012 10:15 am

		Wkst. A-7 Ref.	
		5.00	
36.21	MISC IRC ADMIN	0	36.21
37.00	ELIMINATE CONTRACT FEES	0	37.00
37.01	ELIMINATE CONTRACT FEES	0	37.01
37.06	ELIMINATE CONTRACT FEES	0	37.06
37.07	ELIMINATE CONTRACT FEES	0	37.07
37.09	DONATIONS	0	37.09
37.10	DONATIONS	0	37.10
37.11	DONATIONS	0	37.11
37.12	DONATIONS	0	37.12
37.14	LOBBYING FEES PORTION OF DUES	0	37.14
38.00	ADVERTISING	0	38.00
39.00	ADVERTISING	0	39.00
39.01	ADVERTISING	0	39.01
39.02	ADVERTISING	0	39.02
39.03	ADVERTISING	0	39.03
40.00	SELF INSURANCE	0	40.00
41.00	MISCELLANEOUS REVENUE	0	41.00
42.00	MISCELLANEOUS REVENUE	0	42.00
43.00	MISCELLANEOUS REVENUE	0	43.00
43.01	HEALTHQUEST	0	43.01
43.02	PHYSICIANS PRACTICE OVERHEAD	0	43.02
43.03	SCHOOL HEALTH LINK	0	43.03
43.04	PHYSICIAN SUPPORT SERVICES	0	43.04
45.00	ALCOHOL	0	45.00
45.01	ALCOHOL	0	45.01
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: 140275

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

Worksheet A-8-1

Date/Time Prepared:  
1/30/2012 10:15 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	5.00	ADMINISTRATIVE & GENERAL	GHS HOME OFFICE COSTS	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	GHS HOME OFFICE COSTS	2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	GHS HOME OFFICE COSTS	3.00
4.00	14.00	CENTRAL SERVICES & SUPPLY	GHS HOME OFFICE COSTS	4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	GHS HOME OFFICE COSTS	4.01
4.02	45.00	NURSING FACILITY	GHS HOME OFFICE COSTS	4.02
4.03	194.00	CROSTOWN SQUARE	GHS HOME OFFICE COSTS	4.03
4.04	0.00		GHS HOME OFFICE COSTS	4.04
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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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

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

Provider CCN: 140275

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

Worksheet A-8-1

Date/Time Prepared: 1/30/2012 10:15 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	8,507,660	10,410,983	-1,903,323	0	1.00
2.00	1,720,414	0	1,720,414	9	2.00
3.00	78,628	0	78,628	9	3.00
4.00	197,997	0	197,997	0	4.00
4.01	1,103,612	0	1,103,612	0	4.01
4.02	0	1,110,638	-1,110,638	0	4.02
4.03	0	133,675	-133,675	0	4.03
4.04	0	0	0	0	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	11,608,311	11,655,296	-46,985	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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140275

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

Worksheet A-8-2

Date/Time Prepared:  
1/30/2012 10:15 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	60.00	LABORATORY	68,896	68,896	1.00
2.00	65.00	RESPIRATORY THERAPY	64,100	64,100	2.00
3.00	91.00	EMERGENCY	3,213,116	3,213,116	3.00
4.00	30.00	ADULTS & PEDIATRICS	845,755	845,755	4.00
5.00	50.00	OPERATING ROOM	151,000	151,000	5.00
6.00	31.00	INTENSIVE CARE UNIT	11,538	11,538	6.00
7.00	15.00	PHARMACY	375	0	7.00
8.00	53.00	ANESTHESIOLOGY	1,178,800	1,178,800	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00		TOTAL (lines 1.00 through 199.00)	5,533,580	5,533,205	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140275

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

Worksheet A-8-2

Date/Time Prepared:  
1/30/2012 10:15 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	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	375	171,400	1	82	4	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	375		1	82	4	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140275

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

Worksheet A-8-2

Date/Time Prepared:  
1/30/2012 10:15 am

	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	82	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	82	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140275

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

Worksheet A-8-2

Date/Time Prepared:  
1/30/2012 10:15 am

	RCE	Adjustment	
	Disallowance	18.00	
	17.00		
1.00	0	68,896	1.00
2.00	0	64,100	2.00
3.00	0	3,213,116	3.00
4.00	0	845,755	4.00
5.00	0	151,000	5.00
6.00	0	11,538	6.00
7.00	293	293	7.00
8.00	0	1,178,800	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	293	5,533,498	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140275

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:15 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW CAP RELATED IRC	NEW MVBLE EQUIP	MVBLE EQUIP IRC	
		1.00	1.01	2.00	2.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	5,472,360	5,472,360				1.00
1.01 NEW CAP RELATED IRC	513,612	0	513,612			1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0			0		2.00
2.01 CAP REL COSTS-MVBLE EQUIP IRC	0			0		2.01
4.00 EMPLOYEE BENEFITS	3,656,070	14,536	0	0	0	4.00
5.00 ADMINISTRATIVE & GENERAL	13,094,396	1,372,024	0	0	0	5.00
7.00 OPERATION OF PLANT	2,874,628	564,036	0	0	0	7.00
7.01 OPERATION OF PLANT IRC	184,096	0	21,977	0	0	7.01
8.00 LAUNDRY & LINEN SERVICE	23,416	62,143	1,773	0	0	8.00
9.00 HOUSEKEEPING	679,845	28,346	3,880	0	0	9.00
10.00 DIETARY	0	137,083	0	0	0	10.00
11.00 CAFETERIA	227,245	76,108	0	0	0	11.00
13.00 NURSING ADMINISTRATION	998,758	18,741	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	647,795	173,605	0	0	0	14.00
15.00 PHARMACY	1,460,157	41,091	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,103,612	71,436	0	0	0	16.00
17.00 SOCIAL SERVICE	219,674	28,657	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	6,428,341	1,111,355	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	1,163,686	97,082	0	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	411,835	56,302	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	1,667,443	0	80,432	0	0	44.00
45.00 NURSING FACILITY	2,996,150	0	354,092	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	2,451,529	418,101	0	0	0	50.00
53.00 ANESTHESIOLOGY	120,008	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,314,294	229,934	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	26,523	0	0	0	0	55.00
57.00 CT SCAN	234,101	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	224,699	3,167	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	755,715	62,506	0	0	0	59.00
60.00 LABORATORY	4,480,158	205,871	0	0	0	60.00
65.00 RESPIRATORY THERAPY	1,299,627	72,993	0	0	0	65.00
66.00 PHYSICAL THERAPY	1,622,267	0	39,574	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	267,641	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	6,058,360	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,458,225	0	0	0	0	73.00
76.00 CARDIAC REHAB	543,989	153,358	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	85,777	0	0	0	0	90.00
91.00 EMERGENCY	2,652,785	229,363	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	1,504,752	184,326	0	0	0	95.00
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
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	69,923,569	5,412,164	501,728	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,528	41,403	3,468	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	409,839	18,793	0	0	0	192.00
192.01 NONREIMBURSABLE	5,954	0	8,416	0	0	192.01
194.00 CROSSTOWN SQUARE	1,493,459	0	0	0	0	194.00
194.01 CADS	0	0	0	0	0	194.01
194.02 NONALLOWABLE PHYSICIAN	559,119	0	0	0	0	194.02
194.03 NONALLOWABLE GUEST MEALS	690,338	0	0	0	0	194.03
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)	73,154,806	5,472,360	513,612	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140275

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:15 am

Cost Center Description		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT IRC	
		4.00	4A	5.00	7.00	7.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP RELATED IRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC						2.01
4.00	EMPLOYEE BENEFITS	3,670,606					4.00
5.00	ADMINISTRATIVE & GENERAL	142,984	14,609,404	14,609,404			5.00
7.00	OPERATION OF PLANT	110,432	3,549,096	885,641	4,434,737		7.00
7.01	OPERATION OF PLANT IRC	0	206,073	51,423	0	257,496	7.01
8.00	LAUNDRY & LINEN SERVICE	6,220	93,552	23,345	78,218	929	8.00
9.00	HOUSEKEEPING	79,425	791,496	197,510	35,678	2,032	9.00
10.00	DIETARY	0	137,083	34,208	172,543	0	10.00
11.00	CAFETERIA	21,181	324,534	80,984	95,796	0	11.00
13.00	NURSING ADMINISTRATION	114,572	1,132,071	282,497	23,590	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	38,551	859,951	214,592	218,514	0	14.00
15.00	PHARMACY	165,386	1,666,634	415,892	51,721	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,175,048	293,221	89,915	0	16.00
17.00	SOCIAL SERVICE	26,121	274,452	68,487	36,070	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	696,406	8,236,102	2,055,223	1,398,841	0	30.00
31.00	INTENSIVE CARE UNIT	123,863	1,384,631	345,521	122,195	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	43,066	511,203	127,566	70,867	0	43.00
44.00	SKILLED NURSING FACILITY	141,315	1,889,190	471,428	0	42,127	44.00
45.00	NURSING FACILITY	260,846	3,611,088	901,111	0	185,456	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	203,962	3,073,592	766,984	526,256	0	50.00
53.00	ANESTHESIOLOGY	0	120,008	29,947	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	132,697	1,676,925	418,460	289,413	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,524	29,047	7,248	0	0	55.00
57.00	CT SCAN	24,172	258,273	64,449	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	12,450	240,316	59,968	5,946	0	58.00
59.00	CARDIAC CATHETERIZATION	64,353	882,574	220,238	78,675	0	59.00
60.00	LABORATORY	240,835	4,926,864	1,229,450	259,126	0	60.00
65.00	RESPIRATORY THERAPY	138,325	1,510,945	377,041	91,875	0	65.00
66.00	PHYSICAL THERAPY	191,917	1,853,758	462,587	0	20,727	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	267,641	66,787	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	6,058,360	1,511,803	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,458,225	613,425	0	0	73.00
76.00	CARDIAC REHAB	57,674	755,021	188,408	193,029	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	9,995	95,772	23,899	0	0	90.00
91.00	EMERGENCY	286,966	3,169,114	790,821	288,694	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	235,981	1,925,059	480,379	232,007	0	95.00
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
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,572,219	69,753,102	13,760,543	4,358,969	251,271	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,220	118,619	29,600	52,113	1,817	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	453	429,085	107,074	23,655	0	192.00
192.01	NONREIMBURSABLE	538	14,908	3,720	0	4,408	192.01
194.00	CROSSTOWN SQUARE	39,821	1,533,280	382,615	0	0	194.00
194.01	CADS	0	0	0	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	20,108	579,227	144,540	0	0	194.02
194.03	NONALLOWABLE GUEST MEALS	36,247	726,585	181,312	0	0	194.03
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,670,606	73,154,806	14,609,404	4,434,737	257,496	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/30/2012 10:15 am
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP RELATED IRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT IRC						7.01
8.00	LAUNDRY & LINEN SERVICE	196,044					8.00
9.00	HOUSEKEEPING	0	1,026,716				9.00
10.00	DIETARY	0	29,817	373,651			10.00
11.00	CAFETERIA	0	16,554	133,955	651,823		11.00
13.00	NURSING ADMINISTRATION	0	4,076	0	16,200	1,458,434	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,720	37,761	0	12,271	0	14.00
15.00	PHARMACY	0	8,938	0	21,277	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	15,538	0	0	0	16.00
17.00	SOCIAL SERVICE	0	6,233	0	5,039	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	47,295	241,729	49,188	136,761	752,581	30.00
31.00	INTENSIVE CARE UNIT	6,242	21,116	3,436	21,456	119,680	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	4,478	12,246	0	8,138	46,611	43.00
44.00	SKILLED NURSING FACILITY	0	46,348	23,874	31,099	117,723	44.00
45.00	NURSING FACILITY	58,923	204,042	105,514	62,428	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	31,439	90,941	0	37,490	149,765	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,238	50,013	0	26,175	120	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	408	2,176	55.00
57.00	CT SCAN	3,906	0	0	4,579	42	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	833	1,028	0	2,564	0	58.00
59.00	CARDIAC CATHETERIZATION	2,022	13,596	0	9,554	21,850	59.00
60.00	LABORATORY	32	44,779	0	57,747	0	60.00
65.00	RESPIRATORY THERAPY	1,044	15,877	0	30,436	320	65.00
66.00	PHYSICAL THERAPY	1,694	22,804	0	34,913	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	1,261	33,357	0	10,039	25,134	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	2,105	0	90.00
91.00	EMERGENCY	24,223	49,888	0	52,249	221,260	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	40,093	0	64,456	1,172	95.00
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
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	193,350	1,006,774	315,967	647,384	1,458,434	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,004	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	4,088	0	0	0	192.00
192.01	NONREIMBURSABLE	0	4,850	0	0	0	192.01
194.00	CROSSTOWN SQUARE	2,694	0	57,684	4,439	0	194.00
194.01	CADS	0	0	0	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	0	0	0	0	194.02
194.03	NONALLOWABLE GUEST MEALS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	196,044	1,026,716	373,651	651,823	1,458,434	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140275

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:15 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP RELATED IRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT IRC						7.01
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	1,344,809					14.00
15.00	PHARMACY	1,840	2,166,302				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	1,573,722			16.00
17.00	SOCIAL SERVICE	0	0	0	390,281		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	48,360	573	141,365	205,816	13,313,834	30.00
31.00	INTENSIVE CARE UNIT	11,481	285	31,198	7,531	2,074,772	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	13,268	21,431	815,808	43.00
44.00	SKILLED NURSING FACILITY	5,350	172,153	23,266	0	2,822,558	44.00
45.00	NURSING FACILITY	8,290	17,607	42,856	0	5,197,315	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	88,203	3,380	117,296	107,610	4,992,956	50.00
53.00	ANESTHESIOLOGY	5,616	38,848	26,595	0	221,014	53.00
54.00	RADIOLOGY-DIAGNOSTIC	20,743	469	83,815	0	2,574,371	54.00
55.00	RADIOLOGY-THERAPEUTIC	486	0	363	0	39,728	55.00
57.00	CT SCAN	3,725	0	101,622	0	436,596	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	233	0	21,987	0	332,875	58.00
59.00	CARDIAC CATHETERIZATION	24,366	9	90,856	0	1,343,740	59.00
60.00	LABORATORY	177,257	0	195,909	0	6,891,164	60.00
65.00	RESPIRATORY THERAPY	14,965	496	108,376	0	2,151,375	65.00
66.00	PHYSICAL THERAPY	1,537	40	40,584	0	2,438,644	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	895,843	0	44,119	0	1,274,390	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	116,361	0	7,686,524	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,925,393	127,007	0	5,124,050	73.00
76.00	CARDIAC REHAB	577	0	6,689	0	1,213,515	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	1	0	659	0	122,436	90.00
91.00	EMERGENCY	28,020	52	191,888	47,893	4,864,102	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	7,916	6,997	47,643	0	2,805,722	95.00
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
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,344,809	2,166,302	1,573,722	390,281	68,737,489	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	213,153	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	563,902	192.00
192.01	NONREIMBURSABLE	0	0	0	0	27,886	192.01
194.00	CROSSLTOWN SQUARE	0	0	0	0	1,980,712	194.00
194.01	CADS	0	0	0	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	0	0	0	723,767	194.02
194.03	NONALLOWABLE GUEST MEALS	0	0	0	0	907,897	194.03
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,344,809	2,166,302	1,573,722	390,281	73,154,806	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140275

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:15 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	NEW CAP RELATED IRC			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC			2.01
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
7.00	OPERATION OF PLANT			7.00
7.01	OPERATION OF PLANT IRC			7.01
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	13,313,834	30.00
31.00	INTENSIVE CARE UNIT	0	2,074,772	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	815,808	43.00
44.00	SKILLED NURSING FACILITY	0	2,822,558	44.00
45.00	NURSING FACILITY	0	5,197,315	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	4,992,956	50.00
53.00	ANESTHESIOLOGY	0	221,014	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,574,371	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	39,728	55.00
57.00	CT SCAN	0	436,596	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	332,875	58.00
59.00	CARDIAC CATHETERIZATION	0	1,343,740	59.00
60.00	LABORATORY	0	6,891,164	60.00
65.00	RESPIRATORY THERAPY	0	2,151,375	65.00
66.00	PHYSICAL THERAPY	0	2,438,644	66.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,274,390	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	7,686,524	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,124,050	73.00
76.00	CARDIAC REHAB	0	1,213,515	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	122,436	90.00
91.00	EMERGENCY	0	4,864,102	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0	2,805,722	95.00
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
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	68,737,489	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	213,153	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	563,902	192.00
192.01	NONREIMBURSABLE	0	27,886	192.01
194.00	CROSSTOWN SQUARE	0	1,980,712	194.00
194.01	CADS	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	723,767	194.02
194.03	NONALLOWABLE GUEST MEALS	0	907,897	194.03
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	73,154,806	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140275

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 10:15 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW CAP RELATED IRC	NEW MVBLE EQUIP	MVBLE EQUIP IRC	
		1.00	1.01	2.00	2.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP RELATED IRC					1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC					2.01
4.00	EMPLOYEE BENEFITS	0	14,536	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	366,052	1,372,024	0	0	5.00
7.00	OPERATION OF PLANT	14,824	564,036	0	0	7.00
7.01	OPERATION OF PLANT IRC	194	0	21,977	0	7.01
8.00	LAUNDRY & LINEN SERVICE	0	62,143	1,773	0	8.00
9.00	HOUSEKEEPING	0	28,346	3,880	0	9.00
10.00	DIETARY	8,011	137,083	0	0	10.00
11.00	CAFETERIA	0	76,108	0	0	11.00
13.00	NURSING ADMINISTRATION	7,280	18,741	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	252,495	173,605	0	0	14.00
15.00	PHARMACY	92,055	41,091	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	277	71,436	0	0	16.00
17.00	SOCIAL SERVICE	1,200	28,657	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	54,244	1,111,355	0	0	30.00
31.00	INTENSIVE CARE UNIT	7,430	97,082	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	56,302	0	0	43.00
44.00	SKILLED NURSING FACILITY	6,949	0	80,432	0	44.00
45.00	NURSING FACILITY	22,013	0	354,092	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	22,325	418,101	0	0	50.00
53.00	ANESTHESIOLOGY	8,061	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	575	229,934	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,257	3,167	0	0	58.00
59.00	CARDIAC CATHETERIZATION	33,223	62,506	0	0	59.00
60.00	LABORATORY	162,482	205,871	0	0	60.00
65.00	RESPIRATORY THERAPY	31,459	72,993	0	0	65.00
66.00	PHYSICAL THERAPY	164,533	0	39,574	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	CARDIAC REHAB	108,634	153,358	0	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	1,416	0	0	0	90.00
91.00	EMERGENCY	36,193	229,363	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	44,392	184,326	0	0	95.00
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
113.00	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,447,574	5,412,164	501,728	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,403	3,468	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	106,457	18,793	0	0	192.00
192.01	NONREIMBURSABLE	0	0	8,416	0	192.01
194.00	CROSSTOWN SQUARE	810	0	0	0	194.00
194.01	CADS	0	0	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	0	0	0	194.02
194.03	NONALLOWABLE GUEST MEALS	0	0	0	0	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,554,841	5,472,360	513,612	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/30/2012 10:15 am	
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Cost Center Description		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT IRC	
		2A	4.00	5.00	7.00	7.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP RELATED IRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC						2.01
4.00	EMPLOYEE BENEFITS	14,536	14,536				4.00
5.00	ADMINISTRATIVE & GENERAL	1,738,076	567	1,738,643			5.00
7.00	OPERATION OF PLANT	578,860	438	105,398	684,696		7.00
7.01	OPERATION OF PLANT IRC	22,171	0	6,120	0	28,291	7.01
8.00	LAUNDRY & LINEN SERVICE	63,916	25	2,778	12,076	102	8.00
9.00	HOUSEKEEPING	32,226	315	23,505	5,509	223	9.00
10.00	DIETARY	145,094	0	4,071	26,640	0	10.00
11.00	CAFETERIA	76,108	84	9,638	14,790	0	11.00
13.00	NURSING ADMINISTRATION	26,021	454	33,619	3,642	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	426,100	153	25,538	33,737	0	14.00
15.00	PHARMACY	133,146	655	49,494	7,985	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	71,713	0	34,895	13,882	0	16.00
17.00	SOCIAL SERVICE	29,857	104	8,150	5,569	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,165,599	2,746	244,608	215,972	0	30.00
31.00	INTENSIVE CARE UNIT	104,512	491	41,119	18,866	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	56,302	171	15,181	10,941	0	43.00
44.00	SKILLED NURSING FACILITY	87,381	560	56,103	0	4,628	44.00
45.00	NURSING FACILITY	376,105	1,034	107,238	0	20,377	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	440,426	808	91,276	81,251	0	50.00
53.00	ANESTHESIOLOGY	8,061	0	3,564	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	230,509	526	49,800	44,684	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	10	863	0	0	55.00
57.00	CT SCAN	0	96	7,670	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,424	49	7,137	918	0	58.00
59.00	CARDIAC CATHETERIZATION	95,729	255	26,210	12,147	0	59.00
60.00	LABORATORY	368,353	954	146,313	40,007	0	60.00
65.00	RESPIRATORY THERAPY	104,452	548	44,871	14,185	0	65.00
66.00	PHYSICAL THERAPY	204,107	761	55,051	0	2,277	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	7,948	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	179,915	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73,002	0	0	73.00
76.00	CARDIAC REHAB	261,992	229	22,422	29,803	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	1,416	40	2,844	0	0	90.00
91.00	EMERGENCY	265,556	1,137	94,113	44,573	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	228,718	935	57,168	35,821	0	95.00
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
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,361,466	14,145	1,637,622	672,998	27,607	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,871	5	3,523	8,046	200	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	125,250	2	12,743	3,652	0	192.00
192.01	NONREIMBURSABLE	8,416	2	443	0	484	192.01
194.00	CROSSTOWN SQUARE	810	158	45,534	0	0	194.00
194.01	CADS	0	0	0	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	80	17,201	0	0	194.02
194.03	NONALLOWABLE GUEST MEALS	0	144	21,577	0	0	194.03
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,540,813	14,536	1,738,643	684,696	28,291	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/30/2012 10:15 am
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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP RELATED IRC					1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC					2.01
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
7.00	OPERATION OF PLANT					7.00
7.01	OPERATION OF PLANT IRC					7.01
8.00	LAUNDRY & LINEN SERVICE	78,897				8.00
9.00	HOUSEKEEPING	0	61,778			9.00
10.00	DIETARY	0	1,794	177,599		10.00
11.00	CAFETERIA	0	996	63,669	165,285	11.00
13.00	NURSING ADMINISTRATION	0	245	0	4,108	13.00
14.00	CENTRAL SERVICES & SUPPLY	692	2,272	0	3,112	14.00
15.00	PHARMACY	0	538	0	5,395	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	935	0	0	16.00
17.00	SOCIAL SERVICE	0	375	0	1,278	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	19,034	14,546	23,379	34,677	30.00
31.00	INTENSIVE CARE UNIT	2,512	1,271	1,633	5,441	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	1,802	737	0	2,064	43.00
44.00	SKILLED NURSING FACILITY	0	2,789	11,348	7,886	44.00
45.00	NURSING FACILITY	23,713	12,277	50,152	15,830	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	12,653	5,472	0	9,506	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,315	3,009	0	6,637	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	104	55.00
57.00	CT SCAN	1,572	0	0	1,161	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	335	62	0	650	58.00
59.00	CARDIAC CATHETERIZATION	814	818	0	2,423	59.00
60.00	LABORATORY	13	2,694	0	14,643	60.00
65.00	RESPIRATORY THERAPY	420	955	0	7,718	65.00
66.00	PHYSICAL THERAPY	682	1,372	0	8,853	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	CARDIAC REHAB	508	2,007	0	2,546	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	0	0	0	534	90.00
91.00	EMERGENCY	9,748	3,002	0	13,249	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	2,412	0	16,344	95.00
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
113.00	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	77,813	60,578	150,181	164,159	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	662	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	246	0	0	192.00
192.01	NONREIMBURSABLE	0	292	0	0	192.01
194.00	CROSSTOWN SQUARE	1,084	0	27,418	1,126	194.00
194.01	CADS	0	0	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	0	0	0	194.02
194.03	NONALLOWABLE GUEST MEALS	0	0	0	0	194.03
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)	78,897	61,778	177,599	165,285	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/30/2012 10:15 am
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP RELATED IRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT IRC						7.01
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	491,604					14.00
15.00	PHARMACY	673	197,886				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	121,425			16.00
17.00	SOCIAL SERVICE	0	0	0	45,333		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	17,678	52	10,903	23,907	1,808,236	30.00
31.00	INTENSIVE CARE UNIT	4,197	26	2,406	875	188,936	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	1,023	2,489	92,886	43.00
44.00	SKILLED NURSING FACILITY	1,956	15,726	1,794	0	195,667	44.00
45.00	NURSING FACILITY	3,031	1,608	3,305	0	614,670	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	32,243	309	9,046	12,499	702,481	50.00
53.00	ANESTHESIOLOGY	2,053	3,549	2,051	0	19,278	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,583	43	6,464	0	352,576	54.00
55.00	RADIOLOGY-THERAPEUTIC	178	0	28	0	1,285	55.00
57.00	CT SCAN	1,362	0	7,838	0	19,701	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	85	0	1,696	0	15,356	58.00
59.00	CARDIAC CATHETERIZATION	8,907	1	7,007	0	155,331	59.00
60.00	LABORATORY	64,798	0	15,164	0	652,939	60.00
65.00	RESPIRATORY THERAPY	5,470	45	8,358	0	187,037	65.00
66.00	PHYSICAL THERAPY	562	4	3,130	0	276,799	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	327,480	0	3,403	0	338,831	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	8,974	0	188,889	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	175,879	9,795	0	258,676	73.00
76.00	CARDIAC REHAB	211	0	516	0	321,407	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	51	0	4,885	90.00
91.00	EMERGENCY	10,243	5	14,799	5,563	472,318	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	2,894	639	3,674	0	348,660	95.00
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
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	491,604	197,886	121,425	45,333	7,216,844	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	57,307	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	141,893	192.00
192.01	NONREIMBURSABLE	0	0	0	0	9,637	192.01
194.00	CROSTOWN SQUARE	0	0	0	0	76,130	194.00
194.01	CADS	0	0	0	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	0	0	0	17,281	194.02
194.03	NONALLOWABLE GUEST MEALS	0	0	0	0	21,721	194.03
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	491,604	197,886	121,425	45,333	7,540,813	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/30/2012 10:15 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	NEW CAP RELATED IRC			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC			2.01
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
7.00	OPERATION OF PLANT			7.00
7.01	OPERATION OF PLANT IRC			7.01
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	1,808,236	30.00
31.00	INTENSIVE CARE UNIT	0	188,936	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	92,886	43.00
44.00	SKILLED NURSING FACILITY	0	195,667	44.00
45.00	NURSING FACILITY	0	614,670	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	702,481	50.00
53.00	ANESTHESIOLOGY	0	19,278	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	352,576	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,285	55.00
57.00	CT SCAN	0	19,701	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	15,356	58.00
59.00	CARDIAC CATHETERIZATION	0	155,331	59.00
60.00	LABORATORY	0	652,939	60.00
65.00	RESPIRATORY THERAPY	0	187,037	65.00
66.00	PHYSICAL THERAPY	0	276,799	66.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	338,831	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	188,889	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	258,676	73.00
76.00	CARDIAC REHAB	0	321,407	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	4,885	90.00
91.00	EMERGENCY	0	472,318	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0	348,660	95.00
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
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,216,844	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,307	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	141,893	192.00
192.01	NONREIMBURSABLE	0	9,637	192.01
194.00	CROSSTOWN SQUARE	0	76,130	194.00
194.01	CADS	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	17,281	194.02
194.03	NONALLOWABLE GUEST MEALS	0	21,721	194.03
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	7,540,813	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:15 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW CAP RELATED IRC (SQUARE FEET IRC)	NEW MVBLE EQUIP (DOLLAR VALUE)	MVBLE EQUIP IRC (DOLLAR VALUE)		
	1.00	1.01	2.00	2.01		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	210,818				1.00
1.01	NEW CAP RELATED IRC	0	52,420			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP			0		2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC			0	0	2.01
4.00	EMPLOYEE BENEFITS	560	0	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	52,856	0	0	0	5.00
7.00	OPERATION OF PLANT	21,729	0	0	0	7.00
7.01	OPERATION OF PLANT IRC	0	2,243	0	0	7.01
8.00	LAUNDRY & LINEN SERVICE	2,394	181	0	0	8.00
9.00	HOUSEKEEPING	1,092	396	0	0	9.00
10.00	DIETARY	5,281	0	0	0	10.00
11.00	CAFETERIA	2,932	0	0	0	11.00
13.00	NURSING ADMINISTRATION	722	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	6,688	0	0	0	14.00
15.00	PHARMACY	1,583	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,752	0	0	0	16.00
17.00	SOCIAL SERVICE	1,104	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	42,814	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	3,740	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	2,169	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	8,209	0	0	44.00
45.00	NURSING FACILITY	0	36,139	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	16,107	0	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,858	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	122	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	2,408	0	0	0	59.00
60.00	LABORATORY	7,931	0	0	0	60.00
65.00	RESPIRATORY THERAPY	2,812	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	4,039	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	CARDIAC REHAB	5,908	0	0	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	0	0	0	0	90.00
91.00	EMERGENCY	8,836	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	7,101	0	0	0	95.00
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
113.00	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	208,499	51,207	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,595	354	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	724	0	0	0	192.00
192.01	NONREIMBURSABLE	0	859	0	0	192.01
194.00	CROSSTOWN SQUARE	0	0	0	0	194.00
194.01	CADS	0	0	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	0	0	0	194.02
194.03	NONALLOWABLE GUEST MEALS	0	0	0	0	194.03
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)	5,472,360	513,612	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.957746	9.798016	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:15 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW CAP RELATED IRC (SQUARE FEET IRC)	NEW MVBLE EQUIP (DOLLAR VALUE)	MVBLE EQUIP IRC (DOLLAR VALUE)		
	205.00 Unit cost multiplier (Wkst. B, Part II)	1.00	1.01	2.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:15 am

Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT IRC (SQUARE FEET IRC)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5A	5.00	7.00	7.01	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP RELATED IRC						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 CAP REL COSTS-MVBLE EQUIP IRC						2.01
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	-14,609,404	58,545,402				5.00
7.00 OPERATION OF PLANT	0	3,549,096	135,733			7.00
7.01 OPERATION OF PLANT IRC	0	206,073	0	50,177		7.01
8.00 LAUNDRY & LINEN SERVICE	0	93,552	2,394	181	782,857	8.00
9.00 HOUSEKEEPING	0	791,496	1,092	396	0	9.00
10.00 DIETARY	0	137,083	5,281	0	0	10.00
11.00 CAFETERIA	0	324,534	2,932	0	0	11.00
13.00 NURSING ADMINISTRATION	0	1,132,071	722	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	859,951	6,688	0	6,868	14.00
15.00 PHARMACY	0	1,666,634	1,583	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,175,048	2,752	0	0	16.00
17.00 SOCIAL SERVICE	0	274,452	1,104	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	8,236,102	42,814	0	188,861	30.00
31.00 INTENSIVE CARE UNIT	0	1,384,631	3,740	0	24,928	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	511,203	2,169	0	17,883	43.00
44.00 SKILLED NURSING FACILITY	0	1,889,190	0	8,209	0	44.00
45.00 NURSING FACILITY	0	3,611,088	0	36,139	235,295	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	3,073,592	16,107	0	125,545	50.00
53.00 ANESTHESIOLOGY	0	120,008	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,676,925	8,858	0	32,896	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	29,047	0	0	0	55.00
57.00 CT SCAN	0	258,273	0	0	15,596	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	240,316	182	0	3,327	58.00
59.00 CARDIAC CATHETERIZATION	0	882,574	2,408	0	8,076	59.00
60.00 LABORATORY	0	4,926,864	7,931	0	128	60.00
65.00 RESPIRATORY THERAPY	0	1,510,945	2,812	0	4,168	65.00
66.00 PHYSICAL THERAPY	0	1,853,758	0	4,039	6,766	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	267,641	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	6,058,360	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,458,225	0	0	0	73.00
76.00 CARDIAC REHAB	0	755,021	5,908	0	5,036	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	95,772	0	0	0	90.00
91.00 EMERGENCY	0	3,169,114	8,836	0	96,728	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	1,925,059	7,101	0	0	95.00
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
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-14,609,404	55,143,698	133,414	48,964	772,101	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	118,619	1,595	354	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	429,085	724	0	0	192.00
192.01 NONREIMBURSABLE	0	14,908	0	859	0	192.01
194.00 CROSSTOWN SQUARE	0	1,533,280	0	0	10,756	194.00
194.01 CADS	0	0	0	0	0	194.01
194.02 NONALLOWABLE PHYSICIAN	0	579,227	0	0	0	194.02
194.03 NONALLOWABLE GUEST MEALS	0	726,585	0	0	0	194.03
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)		14,609,404	4,434,737	257,496	196,044	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.249540	32.672504	5.131754	0.250421	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		1,738,643	684,696	28,291	78,897	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.029697	5.044433	0.563824	0.100781	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:15 am

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP RELATED IRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT IRC						7.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	181,847					9.00
10.00	DIETARY	5,281	338,868				10.00
11.00	CAFETERIA	2,932	121,485	51,099			11.00
13.00	NURSING ADMINISTRATION	722	0	1,270	414,242		13.00
14.00	CENTRAL SERVICES & SUPPLY	6,688	0	962	0	9,353,238	14.00
15.00	PHARMACY	1,583	0	1,668	0	12,798	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,752	0	0	0	0	16.00
17.00	SOCIAL SERVICE	1,104	0	395	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	42,814	44,609	10,721	213,757	336,347	30.00
31.00	INTENSIVE CARE UNIT	3,740	3,116	1,682	33,993	79,849	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,169	0	638	13,239	0	43.00
44.00	SKILLED NURSING FACILITY	8,209	21,652	2,438	33,437	37,211	44.00
45.00	NURSING FACILITY	36,139	95,692	4,894	0	57,658	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	16,107	0	2,939	42,538	613,457	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	39,059	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,858	0	2,052	34	144,267	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	32	618	3,381	55.00
57.00	CT SCAN	0	0	359	12	25,910	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	182	0	201	0	1,618	58.00
59.00	CARDIAC CATHETERIZATION	2,408	0	749	6,206	169,464	59.00
60.00	LABORATORY	7,931	0	4,527	0	1,232,838	60.00
65.00	RESPIRATORY THERAPY	2,812	0	2,386	91	104,081	65.00
66.00	PHYSICAL THERAPY	4,039	0	2,737	0	10,687	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,230,661	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	5,908	0	787	7,139	4,011	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	165	0	5	90.00
91.00	EMERGENCY	8,836	0	4,096	62,845	194,879	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	7,101	0	5,053	333	55,057	95.00
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
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	178,315	286,554	50,751	414,242	9,353,238	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,949	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	724	0	0	0	0	192.00
192.01	NONREIMBURSABLE	859	0	0	0	0	192.01
194.00	CROSSTOWN SQUARE	0	52,314	348	0	0	194.00
194.01	CADS	0	0	0	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	0	0	0	0	194.02
194.03	NONALLOWABLE GUEST MEALS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,026,716	373,651	651,823	1,458,434	1,344,809	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.646043	1.102645	12.756081	3.520729	0.143780	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	61,778	177,599	165,285	68,089	491,604	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.339725	0.524095	3.234603	0.164370	0.052560	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:15 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	NEW CAP RELATED IRC				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC				2.01
4.00	EMPLOYEE BENEFITS				4.00
5.00	ADMINISTRATIVE & GENERAL				5.00
7.00	OPERATION OF PLANT				7.00
7.01	OPERATION OF PLANT IRC				7.01
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	2,765,803			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	196,081,413		16.00
17.00	SOCIAL SERVICE	0	0	24,822	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	732	17,613,359	13,090	30.00
31.00	INTENSIVE CARE UNIT	364	3,887,175	479	31.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	0	1,653,144	1,363	43.00
44.00	SKILLED NURSING FACILITY	219,795	2,898,801	0	44.00
45.00	NURSING FACILITY	22,479	5,339,665	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	4,315	14,614,530	6,844	50.00
53.00	ANESTHESIOLOGY	49,599	3,313,598	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	599	10,442,940	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	45,270	0	55.00
57.00	CT SCAN	0	12,661,575	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,739,475	0	58.00
59.00	CARDIAC CATHETERIZATION	12	11,320,248	0	59.00
60.00	LABORATORY	0	24,412,787	0	60.00
65.00	RESPIRATORY THERAPY	633	13,503,075	0	65.00
66.00	PHYSICAL THERAPY	51	5,056,513	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,496,979	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	14,497,949	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,458,225	15,824,444	0	73.00
76.00	CARDIAC REHAB	0	833,447	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	82,075	0	90.00
91.00	EMERGENCY	66	23,908,266	3,046	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES	8,933	5,936,098	0	95.00
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
113.00	INTEREST EXPENSE	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,765,803	196,081,413	24,822	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	NONREIMBURSABLE	0	0	0	192.01
194.00	CROSSTOWN SQUARE	0	0	0	194.00
194.01	CADS	0	0	0	194.01
194.02	NONALLOWABLE PHYSICIAN	0	0	0	194.02
194.03	NONALLOWABLE GUEST MEALS	0	0	0	194.03
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)	2,166,302	1,573,722	390,281	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.783245	0.008026	15.723189	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	197,886	121,425	45,333	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.071547	0.000619	1.826323	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 10:15 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		13,313,834	0	13,313,834	30.00
31.00	INTENSIVE CARE UNIT		2,074,772	0	2,074,772	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		815,808	0	815,808	43.00
44.00	SKILLED NURSING FACILITY		2,822,558	0	2,822,558	44.00
45.00	NURSING FACILITY		5,197,315	0	5,197,315	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		4,992,956	0	4,992,956	50.00
53.00	ANESTHESIOLOGY		221,014	0	221,014	53.00
54.00	RADIOLOGY-DIAGNOSTIC		2,574,371	0	2,574,371	54.00
55.00	RADIOLOGY-THERAPEUTIC		39,728	0	39,728	55.00
57.00	CT SCAN		436,596	0	436,596	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		332,875	0	332,875	58.00
59.00	CARDIAC CATHETERIZATION		1,343,740	0	1,343,740	59.00
60.00	LABORATORY		6,891,164	0	6,891,164	60.00
65.00	RESPIRATORY THERAPY	0	2,151,375	0	2,151,375	65.00
66.00	PHYSICAL THERAPY	0	2,438,644	0	2,438,644	66.00
69.00	ELECTROCARDIOLOGY		0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,274,390	0	1,274,390	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		7,686,524	0	7,686,524	72.00
73.00	DRUGS CHARGED TO PATIENTS		5,124,050	0	5,124,050	73.00
76.00	CARDIAC REHAB		1,213,515	0	1,213,515	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		122,436	0	122,436	90.00
91.00	EMERGENCY		4,864,102	0	4,864,102	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		209,755	0	209,755	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES		2,805,722	0	2,805,722	95.00
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
113.00	INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	68,947,244	0	68,947,244	200.00
201.00	Less Observation Beds		209,755	0	209,755	201.00
202.00	Total (see instructions)	0	68,737,489	0	68,737,489	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 10:15 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	17,613,359		17,613,359			30.00
31.00 INTENSIVE CARE UNIT	3,887,175		3,887,175			31.00
41.00 SUBPROVIDER - IRF	0		0			41.00
42.00 SUBPROVIDER	0		0			42.00
43.00 NURSERY	1,653,144		1,653,144			43.00
44.00 SKILLED NURSING FACILITY	2,898,801		2,898,801			44.00
45.00 NURSING FACILITY	5,339,665		5,339,665			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	6,490,058	8,124,472	14,614,530	0.341643	0.000000	50.00
53.00 ANESTHESIOLOGY	2,041,235	1,272,363	3,313,598	0.066699	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,010,976	8,431,964	10,442,940	0.246518	0.000000	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	45,270	45,270	0.877579	0.000000	55.00
57.00 CT SCAN	2,795,381	9,866,194	12,661,575	0.034482	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	338,213	2,401,262	2,739,475	0.121511	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	4,476,685	6,843,563	11,320,248	0.118702	0.000000	59.00
60.00 LABORATORY	8,579,800	15,832,987	24,412,787	0.282277	0.000000	60.00
65.00 RESPIRATORY THERAPY	8,814,871	4,688,204	13,503,075	0.159325	0.000000	65.00
66.00 PHYSICAL THERAPY	2,445,822	2,610,691	5,056,513	0.482278	0.000000	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,561,161	1,935,818	5,496,979	0.231835	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	11,072,071	3,425,878	14,497,949	0.530180	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,143,814	5,680,630	15,824,444	0.323806	0.000000	73.00
76.00 CARDIAC REHAB	24,455	808,992	833,447	1.456019	0.000000	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	6,685	75,390	82,075	1.491758	0.000000	90.00
91.00 EMERGENCY	4,755,829	19,152,437	23,908,266	0.203449	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	352,007	1,836,184	2,188,191	0.095858	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	5,936,098	5,936,098	0.472654	0.000000	95.00
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
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	99,301,207	98,968,397	198,269,604			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	99,301,207	98,968,397	198,269,604			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 10:15 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
<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
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.341643		50.00
53.00	ANESTHESIOLOGY	0.066699		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.246518		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.877579		55.00
57.00	CT SCAN	0.034482		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.121511		58.00
59.00	CARDIAC CATHETERIZATION	0.118702		59.00
60.00	LABORATORY	0.282277		60.00
65.00	RESPIRATORY THERAPY	0.159325		65.00
66.00	PHYSICAL THERAPY	0.482278		66.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231835		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.530180		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.323806		73.00
76.00	CARDIAC REHAB	1.456019		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	1.491758		90.00
91.00	EMERGENCY	0.203449		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.095858		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0.472654		95.00
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
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/30/2012 10:15 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	1,808,236	0	1,808,236	13,139	137.62	30.00
31.00 INTENSIVE CARE UNIT	188,936		188,936	1,311	144.12	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	92,886		92,886	1,483	62.63	43.00
44.00 SKILLED NURSING FACILITY	195,667		195,667	7,078	27.64	44.00
45.00 NURSING FACILITY	614,670		614,670	30,280	20.30	45.00
200.00 Total (Lines 30-199)	2,900,395		2,900,395	53,291		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140275		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/30/2012 10:15 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	6,770	931,687				30.00
31.00	INTENSIVE CARE UNIT	740	106,649				31.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	5,954	164,569				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (Lines 30-199)	13,464	1,202,905				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/30/2012 10:15 am
		Title XVIII	Hospital	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	702,481	14,614,530	0.048067	2,360,969	113,485
53.00	ANESTHESIOLOGY	19,278	3,313,598	0.005818	317,314	1,846
54.00	RADIOLOGY-DIAGNOSTIC	352,576	10,442,940	0.033762	1,120,527	37,831
55.00	RADIOLOGY-THERAPEUTIC	1,285	45,270	0.028385	0	0
57.00	CT SCAN	19,701	12,661,575	0.001556	1,577,716	2,455
58.00	MAGNETIC RESONANCE IMAGING (MRI)	15,356	2,739,475	0.005605	155,795	873
59.00	CARDIAC CATHETERIZATION	155,331	11,320,248	0.013722	2,772,489	38,044
60.00	LABORATORY	652,939	24,412,787	0.026746	4,592,558	122,833
65.00	RESPIRATORY THERAPY	187,037	13,503,075	0.013851	5,296,546	73,362
66.00	PHYSICAL THERAPY	276,799	5,056,513	0.054741	683,903	37,438
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	338,831	5,496,979	0.061639	1,597,444	98,465
72.00	IMPL. DEV. CHARGED TO PATIENT	188,889	14,497,949	0.013029	5,894,415	76,798
73.00	DRUGS CHARGED TO PATIENTS	258,676	15,824,444	0.016347	5,093,231	83,259
76.00	CARDIAC REHAB	321,407	833,447	0.385636	13,760	5,306
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	CLINIC	4,885	82,075	0.059519	2,302	137
91.00	EMERGENCY	472,318	23,908,266	0.019755	2,480,995	49,012
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	28,488	2,188,191	0.013019	216,479	2,818
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES					
200.00	Total (Lines 50-199)	3,996,277	160,941,362		34,176,443	743,962

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140275		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/30/2012 10:15 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
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/30/2012 10:15 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)	PSA Adj. Nursing School	Title XVIII	
						Hospital	PPS
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	13,139	0.00	6,770	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	1,311	0.00	740	0	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00
43.00 NURSERY	1,483	0.00	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	7,078	0.00	5,954	0	0	0	44.00
45.00 NURSING FACILITY	30,280	0.00	0	0	0	0	45.00
200.00 Total (Lines 30-199)	53,291		13,464	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/30/2012 10:15 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:15 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	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
76.00 CARDIAC REHAB	0	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	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:15 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	14,614,530	0.000000	0.000000	2,360,969	50.00
53.00	ANESTHESIOLOGY	0	3,313,598	0.000000	0.000000	317,314	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	10,442,940	0.000000	0.000000	1,120,527	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	45,270	0.000000	0.000000	0	55.00
57.00	CT SCAN	0	12,661,575	0.000000	0.000000	1,577,716	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,739,475	0.000000	0.000000	155,795	58.00
59.00	CARDIAC CATHETERIZATION	0	11,320,248	0.000000	0.000000	2,772,489	59.00
60.00	LABORATORY	0	24,412,787	0.000000	0.000000	4,592,558	60.00
65.00	RESPIRATORY THERAPY	0	13,503,075	0.000000	0.000000	5,296,546	65.00
66.00	PHYSICAL THERAPY	0	5,056,513	0.000000	0.000000	683,903	66.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,496,979	0.000000	0.000000	1,597,444	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	14,497,949	0.000000	0.000000	5,894,415	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	15,824,444	0.000000	0.000000	5,093,231	73.00
76.00	CARDIAC REHAB	0	833,447	0.000000	0.000000	13,760	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	82,075	0.000000	0.000000	2,302	90.00
91.00	EMERGENCY	0	23,908,266	0.000000	0.000000	2,480,995	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,188,191	0.000000	0.000000	216,479	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	160,941,362			34,176,443	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:15 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	3,417,321	0	0	0	50.00
53.00	ANESTHESIOLOGY	0	313,782	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,788,828	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	38,559	0	0	0	55.00
57.00	CT SCAN	0	2,808,036	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	523,567	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	3,767,450	0	0	0	59.00
60.00	LABORATORY	0	289,634	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	1,446,912	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	953,317	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,317,341	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,265,823	0	0	0	73.00
76.00	CARDIAC REHAB	0	370,951	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	96	0	0	0	90.00
91.00	EMERGENCY	0	3,107,822	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	22,409,439	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:15 am
	Title XVIII	Hospital	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
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 CARDIAC REHAB	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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 10:15 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	0.341643	3,417,321	0	0		50.00
53.00 ANESTHESIOLOGY	0.066699	313,782	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.246518	1,788,828	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.877579	38,559	0	0		55.00
57.00 CT SCAN	0.034482	2,808,036	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.121511	523,567	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.118702	3,767,450	2,127	0		59.00
60.00 LABORATORY	0.282277	289,634	-580	0		60.00
65.00 RESPIRATORY THERAPY	0.159325	1,446,912	-184	0		65.00
66.00 PHYSICAL THERAPY	0.482278	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	0.000000	0	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231835	953,317	165	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.530180	1,317,341	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.323806	2,265,823	1,005	26,960		73.00
76.00 CARDIAC REHAB	1.456019	370,951	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	1.491758	96	0	0		90.00
91.00 EMERGENCY	0.203449	3,107,822	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.095858	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0.472654		0			95.00
200.00 Subtotal (see instructions)		22,409,439	2,533	26,960		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		22,409,439	2,533	26,960		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 10:15 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	1,167,504	0	0	50.00
53.00 ANESTHESIOLOGY	20,929	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	440,978	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	33,839	0	0	55.00
57.00 CT SCAN	96,827	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	63,619	0	0	58.00
59.00 CARDIAC CATHETERIZATION	447,204	252	0	59.00
60.00 LABORATORY	81,757	-164	0	60.00
65.00 RESPIRATORY THERAPY	230,529	-29	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	221,012	38	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	698,428	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	733,687	325	8,730	73.00
76.00 CARDIAC REHAB	540,112	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	143	0	0	90.00
91.00 EMERGENCY	632,283	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 AMBULANCE SERVICES		0		95.00
200.00 Subtotal (see instructions)	5,408,851	422	8,730	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	5,408,851	422	8,730	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:15 am PPS
		Title XVIII	Skilled Nursing Facility

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
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 CARDIAC REHAB	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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:15 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	14,614,530	0.000000	0.000000	3,463	50.00
53.00 ANESTHESIOLOGY	0	3,313,598	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	10,442,940	0.000000	0.000000	14,948	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	45,270	0.000000	0.000000	0	55.00
57.00 CT SCAN	0	12,661,575	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	2,739,475	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	11,320,248	0.000000	0.000000	1,655	59.00
60.00 LABORATORY	0	24,412,787	0.000000	0.000000	66,016	60.00
65.00 RESPIRATORY THERAPY	0	13,503,075	0.000000	0.000000	40,751	65.00
66.00 PHYSICAL THERAPY	0	5,056,513	0.000000	0.000000	1,144,343	66.00
69.00 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,496,979	0.000000	0.000000	29,184	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	14,497,949	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	15,824,444	0.000000	0.000000	330,146	73.00
76.00 CARDIAC REHAB	0	833,447	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	82,075	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	23,908,266	0.000000	0.000000	29,641	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,188,191	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	160,941,362			1,660,147	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:15 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 CARDIAC REHAB	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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:15 am PPS
		Title XVIII	Skilled Nursing Facility

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
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 CARDIAC REHAB	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
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/30/2012 10:15 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)		13,139	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,139	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)		13,139	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)		6,770	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)		13,313,834	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)		13,313,834	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		15,353,068	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		15,353,068	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.867177	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,168.51	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)		13,313,834	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)		1,013.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,860,109	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)		6,860,109	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 10:15 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	2,074,772	1,311	1,582.59	740	1,171,117	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)					9,670,153	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,701,379	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)					1,038,336	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					743,962	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,782,298	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,919,081	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)					207	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,013.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					209,755	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140275		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/30/2012 10:15 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	1,808,236	13,313,834	0.135816	209,755	28,488	90.00
91.00	Nursing School cost	0	13,313,834	0.000000	209,755	0	91.00
92.00	Allied health cost	0	13,313,834	0.000000	209,755	0	92.00
93.00	All other Medical Education	0	13,313,834	0.000000	209,755	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 10:15 am
		Title XVIII	Skilled Nursing Facility	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)		7,078	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,078	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)		7,078	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)		5,954	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)		2,822,558	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,822,558	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,366,406	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,366,406	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.192762	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)		334.33	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,822,558	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
				Component CCN: 145703		Date/Time Prepared: 1/30/2012 10:15 am
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					54.00
55.00	Target amount per discharge					55.00
56.00	Target amount (line 54 x line 55)					56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00	Bonus payment (see instructions)					58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00	Relief payment (see instructions)					62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				2,822,558	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				398.78	71.00
72.00	Program routine service cost (line 9 x line 71)				2,374,336	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				2,374,336	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)				0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00	Inpatient routine service cost per diem limitation				0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)				2,374,336	83.00
84.00	Program inpatient ancillary services (see instructions)				701,782	84.00
85.00	Utilization review - physician compensation (see instructions)				0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				3,076,118	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Component CCN: 145703		Date/Time Prepared: 1/30/2012 10:15 am
		Title XVIII	Skilled Nursing Facility	PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 10:15 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		8,175,937		30.00
31.00	INTENSIVE CARE UNIT		2,185,804		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.341643	2,360,969	806,609	50.00
53.00	ANESTHESIOLOGY	0.066699	317,314	21,165	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.246518	1,120,527	276,230	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.877579	0	0	55.00
57.00	CT SCAN	0.034482	1,577,716	54,403	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.121511	155,795	18,931	58.00
59.00	CARDIAC CATHETERIZATION	0.118702	2,772,489	329,100	59.00
60.00	LABORATORY	0.282277	4,592,558	1,296,373	60.00
65.00	RESPIRATORY THERAPY	0.159325	5,296,546	843,872	65.00
66.00	PHYSICAL THERAPY	0.482278	683,903	329,831	66.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231835	1,597,444	370,343	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.530180	5,894,415	3,125,101	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.323806	5,093,231	1,649,219	73.00
76.00	CARDIAC REHAB	1.456019	13,760	20,035	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	1.491758	2,302	3,434	90.00
91.00	EMERGENCY	0.203449	2,480,995	504,756	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.095858	216,479	20,751	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		34,176,443	9,670,153	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)		34,176,443		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 10:15 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<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
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.341643	3,463	1,183 50.00
53.00	ANESTHESIOLOGY	0.066699	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.246518	14,948	3,685 54.00
55.00	RADIOLOGY-THERAPEUTIC	0.877579	0	0 55.00
57.00	CT SCAN	0.034482	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.121511	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0.118702	1,655	196 59.00
60.00	LABORATORY	0.282277	66,016	18,635 60.00
65.00	RESPIRATORY THERAPY	0.159325	40,751	6,493 65.00
66.00	PHYSICAL THERAPY	0.482278	1,144,343	551,891 66.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231835	29,184	6,766 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.530180	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.323806	330,146	106,903 73.00
76.00	CARDIAC REHAB	1.456019	0	0 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	1.491758	0	0 90.00
91.00	EMERGENCY	0.203449	29,641	6,030 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.095858	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		1,660,147	701,782 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		1,660,147	701,782 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/30/2012 10:15 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		14,026,203		1.00
2.00	Outlier payments for discharges. (see instructions)		121,049		2.00
3.00	Managed Care Simulated Payments		1,822,979		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		148.43		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)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
<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)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.21		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		24.73		31.00
32.00	Sum of lines 30 and 31		27.94		32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.01		33.00
34.00	Disproportionate share adjustment (see instructions)		1,684,547		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)		15,831,799		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)		15,831,799		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/30/2012 10:15 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,216,171		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,047,970		59.00
60.00	Primary payer payments		38,425		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,009,545		61.00
62.00	Deductibles billed to program beneficiaries		1,689,860		62.00
63.00	Coinsurance billed to program beneficiaries		26,904		63.00
64.00	Allowable bad debts (see instructions)		324,810		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		227,367		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		285,748		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,520,148		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1		0		70.96
70.97	Low Volume Payment-2		0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		15,520,148		71.00
72.00	Interim payments		15,487,375		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		32,773		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 10:15 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		9,152	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,408,851	2.00
3.00	PPS payments		5,744,241	3.00
4.00	Outlier payment (see instructions)		46,854	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)		9,152	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		29,493	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)		29,493	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)		29,493	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		20,341	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)		9,152	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)		5,791,095	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		660	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,338,508	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)		4,461,079	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)		4,461,079	30.00
31.00	Primary payer payments		5,780	31.00
32.00	Subtotal (line 30 minus line 31)		4,455,299	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)		356,779	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		249,745	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		263,852	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		4,705,044	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)		4,705,044	40.00
41.00	Interim payments		4,587,651	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)		117,393	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: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 10:15 am
	Title XVIII	Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)	0	112.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 10:15 am
		Title XVIII	Skilled Nursing Facility	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			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		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)			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			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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 10:15 am
	Title XVIII	Skilled Nursing Facility	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: 140275		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/30/2012 10:15 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		15,409,875		4,537,651	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	01/07/2011	77,500	01/07/2011	50,000	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		77,500		50,000	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)		15,487,375		4,587,651	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		32,773		117,393	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		15,520,148		4,705,044	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: 140275 Component CCN: 145703		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/30/2012 10:15 am	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					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		1,785,641			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,785,641			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		1,785,641			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: 140275 Component CCN: 145703	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 1/30/2012 10:15 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,085,061	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,085,061	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		299,420	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,785,641	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,785,641	15.00
16.00	Interim payments		1,785,641	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)      Provider CCN: 140275      Period: From 07/01/2010 To 06/30/2011      Worksheet G  
 Date/Time Prepared: 1/30/2012 10:15 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	18,664,240	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	14,959,612	0	0	0	4.00
5.00	Other receivable	9,622,978	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,261,478	0	0	0	7.00
8.00	Prepaid expenses	388,778	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	45,897,086	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	494,992	0	0	0	12.00
13.00	Land improvements	1,687,635	0	0	0	13.00
14.00	Accumulated depreciation	-1,437,392	0	0	0	14.00
15.00	Buildings	53,880,354	0	0	0	15.00
16.00	Accumulated depreciation	-28,625,785	0	0	0	16.00
17.00	Leasehold improvements	16,771	0	0	0	17.00
18.00	Accumulated depreciation	-8,058	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	40,719,072	0	0	0	23.00
24.00	Accumulated depreciation	-32,056,929	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)	34,670,660	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	2,787,576	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,335,333	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,122,909	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	84,690,655	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,350,210	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,474,877	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	727,977	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	3,097,231	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,650,295	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	15,125,017	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	34,135	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,159,152	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	27,809,447	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	56,881,208				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)	56,881,208	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	84,690,655	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140275

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

Worksheet G-1

Date/Time Prepared:  
1/30/2012 10:15 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
		1.00	Fund balances at beginning of period		50,758,313		
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,268,941				2.00
3.00	Total (sum of line 1 and line 2)		57,027,254		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)		57,027,254		0		11.00
12.00	Deductions (debit adjustments) (specify)	146,046		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)		146,046		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		56,881,208		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140275

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

Worksheet G-1

Date/Time Prepared:  
1/30/2012 10:15 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: 140275

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

Worksheet G-2 Parts

Date/Time Prepared:  
1/30/2012 10:15 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	15,383,849		15,383,849	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,366,406		2,366,406	7.00
8.00	NURSING FACILITY	5,319,080		5,319,080	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	23,069,335		23,069,335	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,586,432		3,586,432	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)	3,586,432		3,586,432	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	26,655,767		26,655,767	17.00
18.00	Ancillary services	73,517,194	110,635,471	184,152,665	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				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 LONG TERM CARE	989,704	0	989,704	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	101,162,665	110,635,471	211,798,136	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		84,942,579		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		84,942,579		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/30/2012 10:15 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	211,798,136	1.00
2.00	Less contractual allowances and discounts on patients' accounts	120,473,034	2.00
3.00	Net patient revenues (line 1 minus line 2)	91,325,102	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	84,942,579	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,382,523	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	<b>OTHER REVENUE</b>	4,805,616	24.00
24.01	<b>NONOPERATING GAINS &amp; LOSSES</b>	1,069,243	24.01
25.00	Total other income (sum of lines 6-24)	5,874,859	25.00
26.00	Total (line 5 plus line 25)	12,257,382	26.00
27.00	<b>BAD DEBTS</b>	5,984,974	27.00
27.01	<b>ROUNDING</b>	3,467	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	5,988,441	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,268,941	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140275	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/30/2012 10:15 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,129,970	1.00
2.00	Capital DRG outlier payments		20,437	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		39.51	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.21	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		24.73	8.00
9.00	Sum of lines 7 and 8		27.94	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.82	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		65,764	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,216,171	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