

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).
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY
 Provider CCN: 150128
 Period: From 01/01/2011 To 12/31/2011
 WORKSHEET 5
 Parts I-III
 Date/Time Prepared: 5/29/2012 9:01 am
 FORM APPROVED
 OMB NO. 0938-0050

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.
 Date: 5/29/2012 Time: 9:01 am

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 04
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL SOUTH for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/29/2012 Time: 9:01 am
 :2vmwn5kDmhgHOP.5yr4quciLd1ye0
 TM2Hu0NJDexxCmmVSRwjvATrvk70iz
 h.2f1BiPep010D7Y
 PI: Date: 5/29/2012 Time: 9:01 am
 Xomb:MrrhU14loFc1oqiTbt8xwbj50
 hoTTz0ku2Zw0nHZzkn0zf.9ee2tNLU
 UhyQZyt6t0vFnF5

(Signed)

[Signature]
 Officer or Administrator of Provider(s)
 CFO

Title

5/29/12

Date

	Title v 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	849,665	24,493	2,001,970	3,688,970	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	849,665	24,493	2,001,970	3,688,970	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.

		1.00	2.00	3.00	4.00				1.00		
Hospital and Hospital Health Care Complex Address:									1.00		
1.00	Street: 1402 E SOUTH COUNTY LINE ROAD	PO Box:		Zip Code: 46227		County: MARION			2.00		
2.00	City: INDIANAPOLIS	State: IN									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	COMMUNITY HOSPITAL SOUTH		150128	26900	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										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
								From:	To:		
								1.00	2.00		
								01/01/2011	12/31/2011		
20.00	Cost Reporting Period (mm/dd/yyyy)										20.00
21.00	Type of Control (see instructions)										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		
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.	1,121	865	0	0	0	2,438	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0	0	0	0	25.00
								Urban/Rural S	Date of Geogr		
								1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.										26.00
27.00	For the Standard Geographic Classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).										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.										35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150128

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

worksheet S-2
Part I
Date/Time Prepared:
5/29/2012 8:21 am

		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
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		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	Y				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)					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
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00			62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.		0.00	0.00	0.000000	64.00
		Program Name	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

		Program Name	Program Code	Unweighted FTEs Nonprovider site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
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

		1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
		V	XIX		
		1.00	2.00		
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			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		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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.				109.00
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				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.		250,000		750,000
120.00	Is this a SCH or EACH that qualifies for the outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N		N
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150128	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:21 am			
			1.00	2.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (See instructions)		Y	HB0040	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: COMMUNITY HEALTH NETWORK, INC	Contractor's Name: NGS	Contractor's Number: 00130		141.00		
142.00	Street: 1500 NORTH RITTER AVENUE	PO Box:			142.00		
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46219		143.00		
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?		Y		144.00		
145.00	If costs for renal services are claimed on worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00		
			1.00	2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00		
			Part A	Part B			
			1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital		N	N	155.00		
156.00	Subprovider - IPF		N	N	156.00		
157.00	Subprovider - IRF		N	N	157.00		
158.00	SUBPROVIDER		N	N	158.00		
159.00	SNF		N	N	159.00		
160.00	HOME HEALTH AGENCY		N	N	160.00		
161.00	CMHC		N	N	161.00		
161.10	CORF		N	N	161.10		
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
Health Information Technology (HIT) Incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00169.00

		Y/N	Date	
		1.00	2.00	
<p>General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.</p> <p>COMPLETED BY ALL HOSPITALS</p> <p>Provider Organization and Operation</p>				
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)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		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.		Y	15.00
		Part A		
		Y/N	Date	
		1.00	2.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/01/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00

		Part A		
Description		Y/N	Date	
0		1.00	2.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	Y		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.	Y		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
Interest Expense				
28.00	were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	Y		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.	Y		33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/01/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			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: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center	Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	
1.00		2.00	3.00	4.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	98	35,770	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)		98	35,770	0.00	7.00
8.00	INTENSIVE CARE UNIT	31.00	36	13,140	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)		134	48,910	0.00	14.00
15.00	CAH visits					15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	101.00				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00				23.00
24.00	HOSPICE	116.00	0	0		24.00
25.00	CMHC - CMHC	99.00				25.00
25.10	CMHC - CORF	99.10				25.10
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00	Total (sum of lines 14-26)		134			27.00
28.00	Observation Bed Days					28.00
29.00	Ambulance Trips					29.00
30.00	Employee discount days (see instruction)					30.00
31.00	Employee discount days - IRF					31.00
32.00	Labor & delivery days (see instructions)					32.00
33.00	LTCH non-covered days					33.00

Cost Center Description	I/P Days / O/P visits / Trips				Total All Patients	
	Title v	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude swing Bed, observation Bed and Hospice days)	0	9,134	1,604	20,998	1.00	
2.00 HMO		3,330	2,438		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	9,134	1,604	20,998	7.00	
8.00 INTENSIVE CARE UNIT	0	4,294	0	8,253	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)	0		382	3,261	12.00	
13.00 NURSERY	0	13,428	1,986	32,512	13.00	
14.00 Total (see instructions)	0	0	0	0	14.00	
15.00 CAH visits	0				15.00	
16.00 SUBPROVIDER - IPF					16.00	
17.00 SUBPROVIDER - IRF					17.00	
18.00 SUBPROVIDER					18.00	
19.00 SKILLED NURSING FACILITY					19.00	
20.00 NURSING FACILITY					20.00	
21.00 OTHER LONG TERM CARE	0	0	0	0	21.00	
22.00 HOME HEALTH AGENCY					22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE	0	0	0	0	24.00	
25.00 CMHC - CMHC	0	0	0	0	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)	0		179	2,082	27.00	
28.00 Observation Bed Days		0			28.00	
29.00 Ambulance Trips				400	29.00	
30.00 Employee discount days (see instruction)				0	30.00	
31.00 Employee discount days - IRF			0	0	31.00	
32.00 Labor & delivery days (see instructions)					32.00	
33.00 LTCH non-covered days			0		33.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,355	1.00
2.00 HMO					808	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	776.00	0.00	0	3,355	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	776.00	0.00			27.00
28.00 Observation Bed Days						28.00
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: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:21 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)	983	8,206	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)	983	8,206	14.00
15.00 CAH visits			15.00
16.00 SUBPROVIDER - IPF			16.00
17.00 SUBPROVIDER - IRF			17.00
18.00 SUBPROVIDER			18.00
19.00 SKILLED NURSING FACILITY			19.00
20.00 NURSING FACILITY			20.00
21.00 OTHER LONG TERM CARE			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
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: 150128

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2012 8:21 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from worksheet A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	41,801,450	157,861	41,959,311	1,359,320.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		741,504	0	741,504	9,794.00
4.00	Physician-Part A		0	0	0	0.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00
5.00	Physician-Part B		0	0	0	0.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		1,932,678	-58,039	1,874,639	29,565.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		166,233	0	166,233	2,336.00
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		1,128,508	0	1,128,508	22,096.00
14.00	Home office salaries & wage-related costs		8,217,989	0	8,217,989	212,444.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		11,745,118	0	11,745,118	
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	
19.00	Excluded areas		282,902	0	282,902	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		104,761	0	104,761	
22.00	Physician Part A		0	0	0	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	0	0	0	0.00
27.00	Administrative & General	5.00	1,152,202	-413,760	738,442	9,285.00
28.00	Administrative & General under contract (see inst.)		2,274,737	0	2,274,737	22,003.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	1,245,117	9,445	1,254,562	64,015.00
31.00	Laundry & Linen Service	8.00	45,972	541	46,513	3,248.00
32.00	Housekeeping	9.00	774,161	7,169	781,330	64,039.00
33.00	Housekeeping under contract (see instructions)		157,725	0	157,725	4,672.00
34.00	Dietary	10.00	1,031,975	-696,075	335,900	21,125.00
35.00	Dietary under contract (see instructions)		152,033	0	152,033	4,160.00
36.00	Cafeteria	11.00	0	710,518	710,518	47,711.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	0	0	0	0.00
39.00	Central services and supply	14.00	0	0	0	0.00
40.00	Pharmacy	15.00	0	0	0	0.00
41.00	Medical Records & Medical Records Library	16.00	116,049	1,935	117,984	3,744.00
42.00	Social Service	17.00	837,603	13,867	851,470	26,109.00
43.00	Other General Service	18.00	0	0	0	0.00

Average Hourly
Wage (col. 4 +
col. 5)
6.00

PART II - WAGE DATA

SALARIES

1.00	Total salaries (see instructions)	30.87	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	75.71	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	63.41	10.00

OTHER WAGES & RELATED COSTS

11.00	Contract labor (see instructions)	71.16	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	51.07	13.00
14.00	Home office salaries & wage-related costs	38.68	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00

WAGE-RELATED COSTS

17.00	Wage-related costs (core) wkst S-3, Part IV line 24		17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00

OVERHEAD COSTS - DIRECT SALARIES

26.00	Employee Benefits	0.00	26.00
27.00	Administrative & General	79.53	27.00
28.00	Administrative & General under contract (see inst.)	103.38	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	19.60	30.00
31.00	Laundry & Linen Service	14.32	31.00
32.00	Housekeeping	12.20	32.00
33.00	Housekeeping under contract (see instructions)	33.76	33.00
34.00	Dietary	15.90	34.00
35.00	Dietary under contract (see instructions)	36.55	35.00
36.00	Cafeteria	14.89	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	0.00	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	31.51	41.00
42.00	Social Service	32.61	42.00
43.00	Other General Service	0.00	43.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (From Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	43,644,441	157,861	43,802,302	1,380,361.00	1.00
2.00	Excluded area salaries (see instructions)	1,932,678	-58,039	1,874,639	29,565.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	41,711,763	215,900	41,927,663	1,350,796.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,512,730	0	9,512,730	236,876.00	4.00
5.00	Subtotal wage-related costs (see inst.)	11,745,118	0	11,745,118	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	62,969,611	215,900	63,185,511	1,587,672.00	6.00
7.00	Total overhead cost (see instructions)	7,787,574	-366,360	7,421,214	270,111.00	7.00

Health Financial Systems

COMMUNITY HOSPITAL SOUTH

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150128

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 8:21 am

Average Hourly
wage (col. 4 +
col. 5)
6.00

PART III - HOSPITAL WAGE INDEX SUMMARY

1.00	Net salaries (see instructions)	31.73	1.00
2.00	Excluded area salaries (see instructions)	63.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31.04	3.00
4.00	Subtotal other wages & related costs (see inst.)	40.16	4.00
5.00	Subtotal wage-related costs (see inst.)	28.01	5.00
6.00	Total (sum of lines 3 thru 5)	39.80	6.00
7.00	Total overhead cost (see instructions)	27.47	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,756,945	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,155,302	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	14,208	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,895,025	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	70,778	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	148,041	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	178,687	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,862,898	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	50,895	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,132,779	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150128

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	166,233	0	1.00
2.00	Hospital	166,233	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

		1.00		
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.275187	1.00	
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	5,058,141	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	39,228,351	6.00	
7.00	Medicaid cost (line 1 times line 6)	10,795,132	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	5,736,991	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP	0	9.00	
10.00	Stand-alone SCHIP charges	0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00	
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00	
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	5,736,991	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	8,506,160	2,095,954	10,602,114
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,340,785	576,779	2,917,564
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,340,785	576,779	2,917,564
				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?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0
26.00	Total bad debt expense for the entire hospital complex (see instructions)			11,267,363
27.00	Medicare bad debts for the entire hospital complex (see instructions)			559,943
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			10,707,420
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			2,946,543
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			5,864,107
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,601,098

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150128

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

Worksheet A

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		0	0	5,226,724	5,226,724	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	8,683,722	8,683,722	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	0	6,857,387	6,857,387	0	6,857,387	4.00
5.00 ADMINISTRATIVE & GENERAL	1,152,202	43,393,206	44,545,408	-6,721,265	37,824,143	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	1,245,117	2,714,393	3,959,510	-59,757	3,899,753	7.00
8.00 LAUNDRY & LINEN SERVICE	45,972	458,019	503,991	541	504,532	8.00
9.00 HOUSEKEEPING	774,161	497,710	1,271,871	-20,223	1,251,648	9.00
10.00 DIETARY	1,031,975	433,940	1,465,915	-733,701	732,214	10.00
11.00 CAFETERIA	0	0	0	830,718	830,718	11.00
13.00 NURSING ADMINISTRATION	0	896,683	896,683	0	896,683	13.00
16.00 MEDICAL RECORDS & LIBRARY	116,049	86,717	202,766	1,935	204,701	16.00
17.00 SOCIAL SERVICE	837,603	490,634	1,328,237	10,737	1,338,974	17.00
19.00 NONPHYSICIAN ANESTHETISTS	741,504	71,099	812,603	3,209	815,812	19.00
23.00 EMS SCHOOL	166,244	104,340	270,584	-127,172	143,412	23.00
23.01 RADIOLOGY SCHOOL	0	35,959	35,959	49,781	85,740	23.01
23.02 PHARMACY SCHOOL	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	11,387,314	2,577,915	13,965,229	-3,248,060	10,717,169	30.00
31.00 INTENSIVE CARE UNIT	4,685,949	971,205	5,657,154	-224,561	5,432,593	31.00
43.00 NURSERY	0	0	0	1,117,907	1,117,907	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,079,963	16,155,197	18,235,160	-14,253,687	3,981,473	50.00
51.00 RECOVERY ROOM	2,205,253	382,975	2,588,228	-77,348	2,510,880	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	1,931,457	1,931,457	52.00
54.00 RADIOLOGY-DIAGNOSTIC	2,553,000	4,201,399	6,754,399	-2,434,829	4,319,570	54.00
55.00 RADIOLOGY-THERAPEUTIC	261,385	466,778	728,163	-87,892	640,271	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	487,208	728,822	1,216,030	127,094	1,343,124	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	204,105	198,552	402,657	11,796	414,453	58.00
59.00 CARDIAC CATHETERIZATION	648,225	4,765,944	5,414,169	-4,317,112	1,097,057	59.00
60.00 LABORATORY	0	4,109,286	4,109,286	-526	4,108,760	60.00
64.00 INTRAVENOUS THERAPY	0	78,134	78,134	-78,134	0	64.00
65.00 RESPIRATORY THERAPY	1,289,001	244,995	1,533,996	-73,709	1,460,287	65.00
66.00 PHYSICAL THERAPY	1,546,076	508,171	2,054,247	-901,179	1,153,068	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	374,634	374,634	67.00
68.00 SPEECH PATHOLOGY	0	0	0	305,499	305,499	68.00
69.00 ELECTROCARDIOLOGY	288,476	843,460	1,131,936	-4,625	1,127,311	69.00
70.00 ELECTROENCEPHALOGRAPHY	432,737	450,265	883,002	-189,432	693,570	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,061,024	2,061,024	4,260,201	6,321,225	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	775,288	775,288	11,225,586	12,000,874	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,564,457	4,823,986	6,388,443	-202,868	6,185,575	73.00
74.00 RENAL DIALYSIS	0	253,590	253,590	-42	253,548	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	348,062	313,521	661,583	-135,079	526,504	76.00
76.97 CARDIAC REHABILITATION	131,593	14,935	146,528	1,695	148,223	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETIC CARE CENTER	0	34,844	34,844	0	34,844	90.01
90.02 HEALTHY HEARTS	185,084	57,612	242,696	875	243,571	90.02
90.03 PALLIATIVE CARE	0	128,095	128,095	0	128,095	90.03
90.04 SPINE CENTER	317,716	110,395	428,111	-43,964	384,147	90.04
91.00 EMERGENCY	3,308,585	1,371,973	4,680,558	-11,123	4,669,435	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	40,035,016	102,668,448	142,703,464	217,823	142,921,287	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	18,251	18,251	0	18,251	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,403,451	2,790,353	4,193,804	-220,563	3,973,241	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150128

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

Worksheet A

Date/Time Prepared:
5/29/2012 8:21 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
193.00 NONPAID WORKERS	0	0	0	0	0 193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	362,983	478,336	841,319	2,740	844,059 194.08
200.00 TOTAL (SUM OF LINES 118-199)	41,801,450	105,955,388	147,756,838	0	147,756,838 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150128

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

Worksheet A

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	267,682	5,494,406	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,180,665	9,864,387	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	790,541	7,647,928	4.00
5.00	ADMINISTRATIVE & GENERAL	-21,224,565	16,599,578	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-147,098	3,752,655	7.00
8.00	LAUNDRY & LINEN SERVICE	0	504,532	8.00
9.00	HOUSEKEEPING	0	1,251,648	9.00
10.00	DIETARY	-33,740	698,474	10.00
11.00	CAFETERIA	-54,401	776,317	11.00
13.00	NURSING ADMINISTRATION	0	896,683	13.00
16.00	MEDICAL RECORDS & LIBRARY	1,063,211	1,267,912	16.00
17.00	SOCIAL SERVICE	0	1,338,974	17.00
19.00	NONPHYSICIAN ANESTHETISTS	-815,812	0	19.00
23.00	EMS SCHOOL	-87,595	55,817	23.00
23.01	RADIOLOGY SCHOOL	-35,959	49,781	23.01
23.02	PHARMACY SCHOOL	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-35,558	10,681,611	30.00
31.00	INTENSIVE CARE UNIT	0	5,432,593	31.00
43.00	NURSERY	0	1,117,907	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-15,565	3,965,908	50.00
51.00	RECOVERY ROOM	0	2,510,880	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,931,457	52.00
54.00	RADIOLOGY-DIAGNOSTIC	-237,092	4,082,478	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	640,271	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	1,343,124	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	414,453	58.00
59.00	CARDIAC CATHETERIZATION	23,407	1,120,464	59.00
60.00	LABORATORY	-448,745	3,660,015	60.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	-5,149	1,455,138	65.00
66.00	PHYSICAL THERAPY	-24,579	1,128,489	66.00
67.00	OCCUPATIONAL THERAPY	0	374,634	67.00
68.00	SPEECH PATHOLOGY	0	305,499	68.00
69.00	ELECTROCARDIOLOGY	-599	1,126,712	69.00
70.00	ELECTROENCEPHALOGRAPHY	-1,540	692,030	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-8,224	6,313,001	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	12,000,874	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	6,185,575	73.00
74.00	RENAL DIALYSIS	0	253,548	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	ENDOSCOPY	-7,737	518,767	76.00
76.97	CARDIAC REHABILITATION	-7,618	140,605	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0	90.00
90.01	DIABETIC CARE CENTER	-34,844	0	90.01
90.02	HEALTHY HEARTS	0	243,571	90.02
90.03	PALLIATIVE CARE	-128,095	0	90.03
90.04	SPINE CENTER	0	384,147	90.04
91.00	EMERGENCY	-373,272	4,296,163	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-20,402,281	122,519,006	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	18,251	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	3,973,241	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150128

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

worksheet A

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	844,059	194.08
200.00	TOTAL (SUM OF LINES 118-199)	-20,402,281	127,354,557	200.00

	Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00		
A - Other Capital						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	701,741	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,613,282	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
TOTALS				0	3,315,023	
B - Drugs Charges to Pat						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,485	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
TOTALS				0	7,485	
2.00						2.00
C - Cafeteria Salary						
1.00		11.00	710,518		1.00	
			710,518	0		
2.00						2.00
D - Cafeteria Other						
1.00		11.00	0	120,200	1.00	
			0	120,200		
2.00		68.00	270,821		2.00	
3.00						3.00
E - Therapy Salary						
1.00		67.00	331,532		1.00	
			602,353	0		
2.00		68.00		34,678	2.00	
3.00						3.00
F - Therapy Other						
1.00		67.00		43,102	1.00	
			0	77,780		
G - Dietary Food Service Allocation						
1.00	DIETARY	10.00	0	182,272	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	

	Cost center	Increases				
		Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
TOTALS			0	182,272		
H - CONTRACT LABOR						
1.00	ADULTS & PEDIATRICS	30.00	54,679	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	2,338	0		2.00
3.00	EMERGENCY	91.00	118,377	0		3.00
TOTALS			175,394	0		
I - PTO Allocation						
1.00	OPERATION OF PLANT	7.00	10,597	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	541	0		2.00
3.00	HOUSEKEEPING	9.00	7,169	0		3.00
4.00	DIETARY	10.00	14,443	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	1,935	0		5.00
6.00	SOCIAL SERVICE	17.00	13,867	0		6.00
7.00	NONPHYSICIAN ANESTHETISTS	19.00	10,619	0		7.00
8.00	EMS SCHOOL	23.00	4,883	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	135,714	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	45,185	0		10.00
11.00	OPERATING ROOM	50.00	2,174	0		11.00
12.00	RECOVERY ROOM	51.00	7,330	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	29,696	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	2,814	0		14.00
15.00	CT SCAN	57.00	6,337	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,627	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	8,405	0		17.00
19.00	RESPIRATORY THERAPY	65.00	11,080	0		19.00
20.00	PHYSICAL THERAPY	66.00	26,654	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	3,739	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	5,099	0		22.00
23.00	DRUGS CHARGED TO PATIENTS	73.00	33,184	0		23.00
24.00	HEALTHY HEARTS	90.02	960	0		24.00
25.00	CARDIAC REHABILITATION	76.97	1,995	0		25.00
26.00	EMERGENCY	91.00	19,367	0		26.00
27.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	5,228	0		27.00
28.00	SPINE CENTER	90.04	2,118	0		28.00
TOTALS			413,760	0		
J - Implantable Device Recl						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,804,608		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
TOTALS			0	11,804,608		
K - Medical Supplies						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,326,087		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,842		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			0	4,337,929	
L - Depreciation Expense					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,856,711	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
TOTALS			0	9,856,711	
M - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	597,766	1.00
2.00		0.00	0	0	2.00
TOTALS			0	597,766	
N - Depreciation by CC					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,796,509	1.00
2.00		0.00	0	0	2.00
TOTALS			0	3,796,509	
O - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	130,708	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,238	2.00
3.00		0.00	0	0	3.00
TOTALS			0	140,946	
P - Labor & Delivery Salary					
1.00	NURSERY	43.00	959,373	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,657,551	0	2.00
3.00		0.00	0	0	3.00
TOTALS			2,616,924	0	
Q - Labor & Delivery Other					
1.00	NURSERY	43.00	0	158,534	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	273,906	2.00
3.00		0.00	0	0	3.00
TOTALS			0	432,440	
2.00		57.00	329,641		2.00
3.00		58.00	99,659		3.00
4.00					4.00
R - Radiology Salary					
1.00		55.00	145,655	0	1.00
			574,955		
2.00		57.00	0	59,844	2.00
3.00		58.00	0	18,092	3.00
4.00					4.00
S - Radiology Other					
1.00		55.00	0	26,442	1.00
			0	104,378	
T - EMS School Allied Health					
1.00	EMERGENCY	91.00	0	13,649	1.00
2.00		0.00	0	0	2.00
TOTALS			0	13,649	

Provider CCN: 150128

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

worksheet A-6
Date/Time Prepared:
5/29/2012 8:21 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
U - EMS School Allied Health					
1.00	EMERGENCY	91.00	114,393	0	1.00
2.00		0.00	0	0	2.00
2.00	TOTALS		114,393	0	2.00
X - Radiology School Allied Health					
1.00		23.01		3,538	1.00
2.00			0	3,538	2.00
Y - Radiology School Allied Health					
1.00		23.01	46,243		1.00
			46,243	0	
Z - ETB LIABILITY RECLASS					
1.00	OPERATION OF PLANT	7.00	0	1,152	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,399	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,890	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,061	4.00
5.00	CT SCAN	57.00	0	1,031	5.00
	TOTALS		0	17,533	
500.00	Grand Total: Increases		5,254,540	34,808,767	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - Other Capital							
1.00		0.00	0	0	14		1.00
2.00		0.00	0	0	14		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	153,099	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,280	0		4.00
5.00	HOUSEKEEPING	9.00	0	1,401	0		5.00
6.00	DIETARY	10.00	0	1,360	0		6.00
7.00	SOCIAL SERVICE	17.00	0	796	0		7.00
8.00	NONPHYSICIAN ANESTHETISTS	19.00	0	102	0		8.00
9.00	EMS SCHOOL	23.00	0	70	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	36,868	0		10.00
11.00	OPERATING ROOM	50.00	0	927,066	0		11.00
12.00	RECOVERY ROOM	51.00	0	4,112	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,067,160	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	364	0		14.00
15.00	CT SCAN	57.00	0	258	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	216	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	1,091	0		17.00
18.00	LABORATORY	60.00	0	70	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	422	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	202,774	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	53	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	66,043	0		22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	28,110	0		23.00
24.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	564,276	0		24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0	227,826	0		25.00
26.00	RENAL DIALYSIS	74.00	0	42	0		26.00
27.00	ENDOSCOPY	76.00	0	512	0		27.00
28.00	HEALTHY HEARTS	90.02	0	25	0		28.00
29.00	EMERGENCY	91.00	0	6,234	0		29.00
30.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	281	0		30.00
31.00	SPINE CENTER	90.04	0	23,112	0		31.00
	TOTALS		0	3,315,023			
B - Drugs Charges to Pat							
1.00		0.00	0	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	78	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	475	0		3.00
4.00	OPERATING ROOM	50.00	0	1,145	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	94	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	379	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	513	0		7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	335	0		8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,881	0		9.00
10.00	EMERGENCY	91.00	0	585	0		10.00
	TOTALS		0	7,485			
2.00		10.00	710,518				2.00
C - Cafeteria Salary							
1.00			710,518	0			1.00
2.00		10.00		120,200			2.00
D - Cafeteria Other							
1.00			0	120,200			1.00
2.00							2.00
3.00		66.00	602,353				3.00
E - Therapy Salary							
1.00			602,353	0			1.00
2.00							2.00
3.00		66.00		77,780			3.00
F - Therapy other							
1.00			0	77,780			1.00
G - Dietary Food Service Allocation							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	47,544	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,700	0		3.00
4.00	HOUSEKEEPING	9.00	0	1,938	0		4.00
5.00	SOCIAL SERVICE	17.00	0	478	0		5.00

		Decreases					
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	ADULTS & PEDIATRICS	30.00	0	53,879	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	19,434	0	7.00	
8.00	OPERATING ROOM	50.00	0	21,109	0	8.00	
9.00	RECOVERY ROOM	51.00	0	15,177	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,631	0	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	38	0	11.00	
12.00	CT SCAN	57.00	0	113	0	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	119	0	13.00	
14.00	LABORATORY	60.00	0	132	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	1,110	0	15.00	
16.00	PHYSICAL THERAPY	66.00	0	258	0	16.00	
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,025	0	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	60	0	18.00	
19.00	DRUGS CHARGED TO PATIENTS	73.00	0	613	0	19.00	
20.00	ENDOSCOPY	76.00	0	6	0	20.00	
21.00	HEALTHY HEARTS	90.02	0	60	0	21.00	
22.00	EMERGENCY	91.00	0	12,061	0	22.00	
23.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	1,787	0	23.00	
TOTALS			0	182,272			
H - CONTRACT LABOR							
1.00	ADULTS & PEDIATRICS	30.00	0	54,679	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	2,338	0	2.00	
3.00	EMERGENCY	91.00	0	118,377	0	3.00	
TOTALS			0	175,394			
I - PTO Allocation							
1.00		0.00	0	0	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	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00	ADMINISTRATIVE & GENERAL	5.00	413,760	0	0	28.00	
TOTALS			413,760	0			
J - Implantable Device Reclass							
1.00		0.00	0	0	0	1.00	
2.00	OPERATING ROOM	50.00	0	8,931,843	0	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	2,872,765	0	3.00	
TOTALS			0	11,804,608			
K - Medical Supplies							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	32,495	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	4,240	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	3,260	0	5.00	
6.00	OPERATING ROOM	50.00	0	3,076,155	0	6.00	
7.00	RECOVERY ROOM	51.00	0	114	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	756	0	8.00	
9.00	CT SCAN	57.00	0	63	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	1,113,797	0	10.00	
11.00	SPINE CENTER	90.04	0	155	0	11.00	
12.00	INTRAVENOUS THERAPY	64.00	0	78,134	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	28,177	0	13.00	

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref		
	6.00	7.00	8.00	9.00	10.00		
14.00	PHYSICAL THERAPY	66.00	0	132	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	307	0		15.00
16.00	EMERGENCY	91.00	0	144	0		16.00
	TOTALS		0	4,337,929			
L - Depreciation Expense							
1.00		0.00	0	0	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,335,655	0		2.00
3.00	OPERATION OF PLANT	7.00	0	67,374	0		3.00
4.00	HOUSEKEEPING	9.00	0	24,053	0		4.00
5.00	DIETARY	10.00	0	98,338	0		5.00
6.00	SOCIAL SERVICE	17.00	0	1,856	0		6.00
7.00	NONPHYSICIAN ANESTHETISTS	19.00	0	7,308	0		7.00
8.00	EMS SCHOOL	23.00	0	3,943	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	239,345	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	246,577	0		10.00
11.00	OPERATING ROOM	50.00	0	1,298,543	0		11.00
12.00	RECOVERY ROOM	51.00	0	65,275	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	664,770	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	262,401	0		14.00
15.00	CT SCAN	57.00	0	268,294	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	108,366	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	337,745	0		17.00
18.00	LABORATORY	60.00	0	324	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	55,080	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	44,157	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	7,798	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	125,821	0		22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33,835	0		23.00
24.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,746	0		24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,940	0		25.00
26.00	ENDOSCOPY	76.00	0	134,561	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	300	0		27.00
28.00	EMERGENCY	91.00	0	139,508	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	220,563	0		29.00
30.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	420	0		30.00
31.00	SPINE CENTER	90.04	0	22,815	0		31.00
	TOTALS		0	9,856,711			
M - Interest Expense							
1.00		0.00	0	0	11		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	597,766	0		2.00
	TOTALS		0	597,766			
N - Depreciation by CC							
1.00		0.00	0	0	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,796,509	9		2.00
	TOTALS		0	3,796,509			
O - Capital Insurance Costs							
1.00		0.00	0	0	12		1.00
2.00		0.00	0	0	12		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	140,946	0		3.00
	TOTALS		0	140,946			
P - Labor & Delivery Salary							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	2,616,924	0	0		3.00
	TOTALS		2,616,924	0			
Q - Labor & Delivery Other							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	432,440	0		3.00
	TOTALS		0	432,440			
2.00							2.00
3.00							3.00
4.00		54.00	574,955				4.00
R - Radiology Salary							
1.00			574,955	0			1.00
2.00							2.00
3.00							3.00
4.00		54.00		104,378			4.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	S - Radiology Other						
1.00			0	104,378			1.00
	T - EMS School Allied Health						
1.00		0.00	0	0	0		1.00
2.00	EMS SCHOOL	23.00	0	13,649	0		2.00
	TOTALS		0	13,649			
	U - EMS School Allied Health						
1.00		0.00	0	0	0		1.00
2.00	EMS SCHOOL	23.00	114,393	0	0		2.00
	TOTALS		114,393	0			
2.00		54.00		3,538			2.00
	X - Radiology School Allied Health						
1.00			0	3,538			1.00
2.00		54.00	46,243				2.00
	Y - Radiology School Allied Health						
1.00			46,243	0			1.00
	Z - EIB LIABILITY RECLASS						
1.00	OPERATION OF PLANT	7.00	1,152	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	3,399	0	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	5,890	0	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	6,061	0	0		4.00
5.00	CT SCAN	57.00	1,031	0	0		5.00
	TOTALS		17,533	0			
500.00	Grand Total: Decreases		5,096,679	34,966,628			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 8:21 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	497,000	0	0	0	1.00
2.00	Land Improvements	2,645,221	0	0	0	2.00
3.00	Buildings and Fixtures	149,499,266	6,667,841	0	6,667,841	3.00
4.00	Building Improvements	1,097,088	424,807	0	424,807	4.00
5.00	Fixed Equipment	880,245	0	0	0	5.00
6.00	Movable Equipment	50,939,223	3,359,757	0	3,359,757	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	205,558,043	10,452,405	0	10,452,405	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	205,558,043	10,452,405	0	10,452,405	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	158,569,247	0	158,569,247	0.756863	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	50,939,223	0	50,939,223	0.243137	2.00
3.00	Total (sum of lines 1-2)	209,508,470	0	209,508,470	1.000000	3.00

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	497,000	0		1.00		
2.00	Land Improvements	2,645,221	0		2.00		
3.00	Buildings and Fixtures	156,167,107	0		3.00		
4.00	Building Improvements	1,521,895	0		4.00		
5.00	Fixed Equipment	880,245	0		5.00		
6.00	Movable Equipment	54,298,980	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	216,010,448	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	216,010,448	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,278,808	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,240,867	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,519,675	0	3.00

Health Financial Systems
 RECONCILIATION OF CAPITAL COSTS CENTERS

COMMUNITY HOSPITAL SOUTH

Provider CCN: 150128

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

In Lieu of Form CMS-2552-10
 Worksheet A-7
 Parts I-III
 Date/Time Prepared:
 5/29/2012 8:21 am

SUMMARY OF CAPITAL

Cost Center Description	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS				701,741	5,494,406	1.00
1.00 CAP REL COSTS-BLDG & FIXT	383,149		130,708	0	2,613,282	2.00
2.00 CAP REL COSTS-MVBLE EQUIP	0		10,238	0	3,315,023	3.00
3.00 Total (sum of lines 1-2)	383,149		140,946			

ADJUSTMENTS TO EXPENSES

Provider CCN: 150128

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0			0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-25,188		ADMINISTRATIVE & GENERAL	5.00 7.00
8.00 Television and radio service (chapter 21)	A	-47,018		CAP REL COSTS-MVBLE EQUIP	2.00 8.00
9.00 Parking lot (chapter 21)		0			0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-2,297,904			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,076,348			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests		0			0.00 14.00
15.00 Rental of quarters to employee and others		0			0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00 16.00
17.00 Sale of drugs to other than patients		0			0.00 17.00
18.00 Sale of medical records and abstracts		0			0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00 19.00
20.00 Vending machines		0			0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0		UTILIZATION REVIEW-SNF	114.00 25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0		CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0		CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist	A	-815,812		NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00 Physicians' assistant		0			0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00 32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00 33.00
37.00 Bad Debt Expense	A	-11,267,363		ADMINISTRATIVE & GENERAL	5.00 37.00
39.00 Non-Allow Interest Expense	A	-37,631		CAP REL COSTS-BLDG & FIXT	1.00 39.00
40.00 Non-Allow Interest Expense	A	-8,911		ADMINISTRATIVE & GENERAL	5.00 40.00
41.00 Non-Allow Interest Expense	A	-12,141		CAP REL COSTS-BLDG & FIXT	1.00 41.00
42.00 Non-Allow Interest Expense	A	-1,227		ADMINISTRATIVE & GENERAL	5.00 42.00
43.00 Non-Allow Interest Expense	A	-136,544		CAP REL COSTS-BLDG & FIXT	1.00 43.00
44.00 Non-Allow Interest Expense	A	-13,842		ADMINISTRATIVE & GENERAL	5.00 44.00
45.00 Non-Allowable Interest Expense	A	-11,889		CAP REL COSTS-BLDG & FIXT	1.00 45.00
46.00 Non-Allowable Interest Expense	A	-88,050		ADMINISTRATIVE & GENERAL	5.00 46.00
47.00 Non-Allowable Interest Expense 00	A	-16,412		CAP REL COSTS-BLDG & FIXT	1.00 47.00
48.00 Non-Allowable Interest Expense 00	A	-128,519		ADMINISTRATIVE & GENERAL	5.00 48.00
49.00 Depreciation Building Relieving Adj.	A	560,608		CAP REL COSTS-BLDG & FIXT	1.00 49.00
49.01 Misc Revenue	B	-12,223		ADMINISTRATIVE & GENERAL	5.00 49.01
49.02 Misc Revenue	B	-109,000		OPERATION OF PLANT	7.00 49.02
49.03 Misc Revenue	B	-1,915		ADULTS & PEDIATRICS	30.00 49.03
49.04 Misc Revenue	B	-15,565		OPERATING ROOM	50.00 49.04
49.05 Misc Revenue	B	-94		RADIOLOGY-DIAGNOSTIC	54.00 49.05
49.06 Misc Revenue	B	-5,149		RESPIRATORY THERAPY	65.00 49.06
49.07 Misc Revenue	B	-24,579		PHYSICAL THERAPY	66.00 49.07
49.08 Misc Revenue	B	-8,224		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 49.08

Provider CCN: 150128

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

worksheet A-8

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted		
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	
49.09 Misc Revenue	B	-7,737	ENDOSCOPY	76.00	49.09
49.10 Misc Revenue	B	-7,618	CARDIAC REHABILITATION	76.97	49.10
49.11 Misc Rev MACL	B	-38,098	OPERATION OF PLANT	7.00	49.11
49.12 Meals of Wheels Cost	A	-54,401	CAFETERIA	11.00	49.12
49.13 CHS CARDIAC CATH MEDICAL DIRECTOR	A	114,158	CARDIAC CATHETERIZATION	59.00	49.13
49.16 MISC REVENUE 35200	B	-33,740	DIETARY	10.00	49.16
49.17 MISC REVENUE 35200	B	-2,185	ADULTS & PEDIATRICS	30.00	49.17
49.18 MISC REVENUE 35200	B	-236,998	RADIOLOGY-DIAGNOSTIC	54.00	49.18
49.19 Leased Equipment CBI	B	-2,096,971	ADMINISTRATIVE & GENERAL	5.00	49.19
49.20 Space Rental Revenue CBI	B	-146,760	ADMINISTRATIVE & GENERAL	5.00	49.20
49.23 INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-35,959	RADIOLOGY SCHOOL	23.01	49.23
49.24 INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-87,595	EMS SCHOOL	23.00	49.24
49.25 Outside Corp Revenue	B	-4,498	LABORATORY	60.00	49.25
49.26 INTERHOSPITAL ALLOCATION PALIATIVE CARE AND DCC	A	-128,095	PALLIATIVE CARE	90.03	49.26
49.27 INTERHOSPITAL ALLOCATION PALIATIVE CARE AND DCC	A	-34,844	DIABETIC CARE CENTER	90.01	49.27
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-20,402,281			50.00

Provider CCN: 150128

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

Worksheet A-8
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Wkst. A-7 Ref.	
	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00 Investment income - other (chapter 2)	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00 Television and radio service (chapter 21)	9	8.00
9.00 Parking lot (chapter 21)	0	9.00
10.00 Provider-based physician adjustment	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00 Related organization transactions (chapter 10)	0	12.00
13.00 Laundry and linen service	0	13.00
14.00 Cafeteria-employees and guests	0	14.00
15.00 Rental of quarters to employee and others	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	0	16.00
17.00 Sale of drugs to other than patients	0	17.00
18.00 Sale of medical records and abstracts	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	0	19.00
20.00 Vending machines	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00 Non-physician Anesthetist		28.00
29.00 Physicians' assistant	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)	0	33.00
37.00 Bad Debt Expense	0	37.00
39.00 Non-Allow Interest Expense	11	39.00
40.00 Non-Allow Interest Expense	0	40.00
41.00 Non-Allow Interest Expense	11	41.00
42.00 Non-Allow Interest Expense	0	42.00
43.00 Non-Allow Interest Expense	11	43.00
44.00 Non-Allow Interest Expense	0	44.00
45.00 Non-Allowable Interest Expense	11	45.00
46.00 Non-Allowable Interest Expense	0	46.00
47.00 Non-Allowable Interest Expense 00	11	47.00
48.00 Non-Allowable Interest Expense 00	0	48.00
49.00 Depreciation Building Relifing Adj.	9	49.00
49.01 Misc Revenue	0	49.01
49.02 Misc Revenue	0	49.02
49.03 Misc Revenue	0	49.03
49.04 Misc Revenue	0	49.04
49.05 Misc Revenue	0	49.05
49.06 Misc Revenue	0	49.06
49.07 Misc Revenue	0	49.07
49.08 Misc Revenue	0	49.08
49.09 Misc Revenue	0	49.09
49.10 Misc Revenue	0	49.10
49.11 Misc Rev MACL	0	49.11
49.12 Meals of wheels Cost	0	49.12
49.13 CHS CARDIAC CATH MEDICAL DIRECTOR	0	49.13
49.16 MISC REVENUE 35200	0	49.16
49.17 MISC REVENUE 35200	0	49.17

ADJUSTMENTS TO EXPENSES

Provider CCN: 150128

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Wkst. A-7 Ref.	
	5.00	
49.18 MISC REVENUE 35200	0	49.18
49.19 Leased Equipment CBI	0	49.19
49.20 Space Rental Revenue CBI	0	49.20
49.23 INTERHOSPITAL ALLOCATION ALLIED HEALTH	0	49.23
49.24 INTERHOSPITAL ALLOCATION ALLIED HEALTH	0	49.24
49.25 Outside Corp Revenue	0	49.25
49.26 INTERHOSPITAL ALLOCATION PALIATIVE CARE AND DCC	0	49.26
49.27 INTERHOSPITAL ALLOCATION PALIATIVE CARE AND DCC	0	49.27
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: 150128

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 8:21 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	2.00
3.00		4.00	EMPLOYEE BENEFITS	HOME OFFICE	3.00
4.00		5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	4.00
4.01		16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	4.01
4.02		60.00	LABORATORY	MACL	4.02
4.03		69.00	ELECTROCARDIOLOGY	CARDIAC TESTING	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.				5.00

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

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

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

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

6.00		B	CHN'W	100.00	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:			0.00	100.00

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

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

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	4.00	5.00	6.00	7.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED				
HOME OFFICE COSTS:				
1.00	3,571,440	3,649,749	-78,309	9
2.00	1,227,683	0	1,227,683	9
3.00	790,541	0	790,541	0
4.00	10,520,457	16,180,308	-5,659,851	0
4.01	1,063,211	0	1,063,211	0
4.02	3,166,076	3,585,100	-419,024	0
4.03	796,257	796,856	-599	0
5.00	21,135,665	24,212,013	-3,076,348	
TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.				

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150128

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

worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:21 am

	1.00		2.00		3.00		4.00	
	Wkst. A	Line #	Cost Center/Physician Identifier		Total Remuneration	Professional Component		
1.00	5.00	DR. A		147,750	0	1.00		
2.00	30.00	DR. B		25,000	0	2.00		
3.00	30.00	DR. C		27,258	27,258	3.00		
4.00	59.00	DR. D		114,158	0	4.00		
5.00	60.00	DR. E		75,000	0	5.00		
6.00	70.00	DR. F		10,400	0	6.00		
7.00	91.00	DR. G		404,964	224,964	7.00		
8.00	5.00	DR. H		60,000	0	8.00		
9.00	5.00	DR. I		147,750	0	9.00		
10.00	5.00	DR. J		170,640	0	10.00		
11.00	5.00	DR. K		137,800	0	11.00		
12.00	5.00	DR. L		60,000	0	12.00		
13.00	5.00	DR. M		1,742,660	1,742,660	13.00		
200.00				3,123,380	1,994,882	200.00		

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150128

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:21 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	147,750	177,200	8,760	746,285	37,314	1.00
2.00	25,000	208,000	208	20,800	1,040	2.00
3.00	0	0	0	0	0	3.00
4.00	114,158	165,600	294	23,407	1,170	4.00
5.00	75,000	215,700	480	49,777	2,489	5.00
6.00	10,400	177,200	104	8,860	443	6.00
7.00	180,000	177,200	372	31,692	1,585	7.00
8.00	60,000	208,000	270	27,000	1,350	8.00
9.00	147,750	208,000	4,032	403,200	20,160	9.00
10.00	170,640	208,000	4,032	403,200	20,160	10.00
11.00	137,800	177,200	2,544	216,729	10,836	11.00
12.00	60,000	138,700	1,000	66,683	3,334	12.00
13.00	0	0	0	0	0	13.00
200.00	1,128,498		22,096	1,997,633	99,881	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150128

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:21 am

	Cost of Memberships & Continuing Education	Provider Component Share of col.	Physician Cost of Malpractice Insurance	Provider Component Share of col.	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	746,285	1.00
2.00	0	0	0	0	20,800	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	23,407	4.00
5.00	0	0	0	0	49,777	5.00
6.00	0	0	0	0	8,860	6.00
7.00	0	0	0	0	31,692	7.00
8.00	0	0	0	0	27,000	8.00
9.00	0	0	0	0	403,200	9.00
10.00	0	0	0	0	403,200	10.00
11.00	0	0	0	0	216,729	11.00
12.00	0	0	0	0	66,683	12.00
13.00	0	0	0	0	0	13.00
200.00	0	0	0	0	1,997,633	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150128

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

Worksheet A-8-2
Date/Time Prepared:
5/29/2012 8:21 am

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	0	0	1.00
2.00	4,200	4,200	2.00
3.00	0	27,258	3.00
4.00	90,751	90,751	4.00
5.00	25,223	25,223	5.00
6.00	1,540	1,540	6.00
7.00	148,308	373,272	7.00
8.00	33,000	33,000	8.00
9.00	0	0	9.00
10.00	0	0	10.00
11.00	0	0	11.00
12.00	0	0	12.00
13.00	0	1,742,660	13.00
200.00	303,022	2,297,904	200.00

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	subtotal	4A
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	5,494,406	5,494,406				1.00
2.00	9,864,387		9,864,387			2.00
4.00	7,647,928			7,668,753		4.00
5.00	16,599,578		813,263	5,339,811	134,962	5.00
6.00						6.00
6.00	3,752,655	806,575	67,426	229,291	4,855,947	7.00
7.00	504,532	15,868		8,501	528,901	8.00
8.00	1,251,648	40,776	24,072	142,801	1,459,297	9.00
9.00	698,474	60,770	31,592	61,391	852,227	10.00
10.00	776,317	128,525	66,823	129,859	1,101,524	11.00
11.00	896,683	65,023			961,706	13.00
13.00	1,267,912			21,563	1,289,475	16.00
16.00	1,338,974	8,969	1,857	155,620	1,505,420	17.00
17.00		4,548	7,314	137,463	149,325	19.00
19.00	55,817	7,125	3,946	10,369	77,257	23.00
23.00	49,781			8,452	58,233	23.01
23.01						23.02
23.02						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	10,681,611	1,090,589	153,712	1,637,119	13,563,031	30.00
31.00	5,432,593	453,427	246,769	865,118	6,997,907	31.00
43.00	1,117,907	119,851	31,461	175,341	1,444,560	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	3,965,908	493,809	1,299,555	380,544	6,139,816	50.00
51.00	2,510,880	125,934	65,326	404,385	3,106,525	51.00
52.00	1,931,457	207,079	54,358	302,944	2,495,838	52.00
54.00	4,082,478	179,580	665,288	357,419	5,284,765	54.00
55.00	640,271	28,273	262,605	73,800	1,004,949	55.00
56.00						56.00
56.00	1,343,124	21,824	268,503	150,262	1,783,713	57.00
57.00	414,453	28,569	108,450	55,998	607,470	58.00
58.00	1,120,464	70,007	338,008	120,010	1,648,489	59.00
59.00	3,660,015	74,710	324		3,735,049	60.00
60.00						64.00
64.00	1,455,138	37,059	55,123	237,611	1,784,931	65.00
65.00	1,128,489	10,025	27,377	177,352	1,343,243	66.00
66.00	374,634	3,407	9,315	60,593	447,949	67.00
67.00	305,499	2,746	7,499	49,497	365,241	68.00
68.00	1,126,712	75,146	7,804	53,407	1,263,069	69.00
69.00	692,030	36,313	125,919	80,022	934,284	70.00
70.00	6,313,001		33,861		6,346,862	71.00
71.00	12,000,874		14,757		12,015,631	72.00
72.00	6,185,575	21,191	26,961	291,994	6,525,721	73.00
73.00	253,548	18,248			271,796	74.00
74.00						75.00
75.00	518,767		134,666	63,614	717,047	76.00
76.00	140,605		300	24,415	165,320	76.97
76.97						
OUTPATIENT SERVICE COST CENTERS						
90.00						90.00
90.00						90.01
90.01	243,571			34,003	277,574	90.02
90.02						90.03
90.03			22,833	58,455	465,435	90.04
90.04	384,147		139,617	650,779	5,492,550	91.00
91.00	4,296,163	405,991				92.00
92.00						
OTHER REIMBURSABLE COST CENTERS						
98.00						98.00
99.00						99.00
99.10						99.10
100.00						100.00
101.00						101.00
SPECIAL PURPOSE COST CENTERS						
113.00						113.00
114.00						114.00
115.00						115.00
116.00						116.00
118.00	122,519,006	5,476,045	9,643,232	7,344,954	121,955,691	118.00
NONREIMBURSABLE COST CENTERS						
190.00						190.00

Cost Center Description	Net Expenses For Cost Allocation (From wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
	0	0	0	0	18,251	191.00
191.00 RESEARCH	18,251	0	0	0	18,251	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,973,241	0	220,735	256,503	4,450,479	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	844,059	18,361	420	67,296	930,136	194.08
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	127,354,557	5,494,406	9,864,387	7,668,753	127,354,557	201.00
202.00 TOTAL (sum lines 118-201)						202.00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

COMMUNITY HOSPITAL SOUTH

Provider CCN: 150128

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

In Lieu of Form CMS 2500
Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	22,887,614	0	5,919,836	669,154	1,841,652	5.00
6.00 MAINTENANCE & REPAIRS	1,063,889	0	24,376	0	29,475	6.00
7.00 OPERATION OF PLANT	115,877	0	62,638	0	62,337	7.00
8.00 LAUNDRY & LINEN SERVICE	319,717	0	93,351	0	31,537	8.00
9.00 HOUSEKEEPING	186,714	0	197,430	0	0	9.00
10.00 DIETARY	241,333	0	99,883	0	0	10.00
11.00 CAFETERIA	210,700	0	0	0	4,350	11.00
13.00 NURSING ADMINISTRATION	282,511	0	13,778	0	2,206	13.00
16.00 MEDICAL RECORDS & LIBRARY	329,822	0	6,986	0	3,456	16.00
17.00 SOCIAL SERVICE	32,716	0	10,944	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	16,926	0	0	0	0	19.00
23.00 EMS SCHOOL	12,758	0	0	0	0	23.00
23.01 RADIOLOGY SCHOOL	0	0	0	0	0	23.01
23.02 PHARMACY SCHOOL	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,971,477	0	1,675,283	329,693	528,952	30.00
31.00 INTENSIVE CARE UNIT	1,533,171	0	696,521	39,920	219,919	31.00
43.00 NURSERY	316,489	0	184,107	21,108	58,130	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,345,172	0	758,553	41,817	239,505	50.00
51.00 RECOVERY ROOM	680,609	0	193,450	0	61,080	51.00
52.00 DELIVERY ROOM & LABOR ROOM	546,813	0	318,099	36,470	100,436	52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,157,839	0	275,857	19,098	87,099	54.00
55.00 RADIOLOGY-THERAPEUTIC	220,174	0	43,431	9,849	13,713	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	390,794	0	33,525	0	10,585	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	133,091	0	43,885	33,945	13,856	58.00
59.00 CARDIAC CATHETERIZATION	361,167	0	107,540	14,157	33,955	59.00
60.00 LABORATORY	818,312	0	114,764	0	36,235	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	391,061	0	56,928	0	17,974	65.00
66.00 PHYSICAL THERAPY	294,291	0	15,400	0	4,862	66.00
67.00 OCCUPATIONAL THERAPY	98,141	0	5,234	0	1,653	67.00
68.00 SPEECH PATHOLOGY	80,021	0	4,218	0	1,332	68.00
69.00 ELECTROCARDIOLOGY	276,726	0	115,434	0	36,447	69.00
70.00 ELECTROENCEPHALOGRAPHY	204,692	0	55,781	0	17,612	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,390,534	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	2,632,505	0	32,552	0	10,278	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,429,720	0	28,031	0	8,851	73.00
74.00 RENAL DIALYSIS	59,548	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	157,098	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	36,220	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETIC CARE CENTER	60,814	0	0	0	0	90.01
90.02 HEALTHY HEARTS	0	0	0	0	0	90.02
90.03 PALLIATIVE CARE	101,972	0	0	0	0	90.03
90.04 SPINE CENTER	1,203,363	0	623,653	123,097	196,912	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	5,891,632	669,154	1,832,747	115.00
116.00 HOSPICE	21,704,777	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,999	0	0	0	0	190.00
191.00 RESEARCH	975,055	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01

Health Financial Systems
 COST ALLOCATION - GENERAL SERVICE COSTS

COMMUNITY HOSPITAL SOUTH

Provider CCN: 150128

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

In Lieu of Form 990
 Worksheet B
 Part I
 Date/Time Prepared:
 5/29/2012 8:21 am

Cost Center Description	ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	28,204	0	0	8,905 194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	203,783	0	0	0	0	0 200.00
200.00 Cross Foot Adjustments	0	0	0	0	0	0 201.00
201.00 Negative Cost Centers	22,887,614	0	5,919,836	669,154	1,841,652	202.00
202.00 TOTAL (sum lines 118-201)						

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10.00	11.00	13.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,161,767					10.00
11.00 CAFETERIA	0	1,602,624				11.00
13.00 NURSING ADMINISTRATION	0	0	1,303,826			13.00
16.00 MEDICAL RECORDS & LIBRARY	0	5,343	0	1,577,329		16.00
17.00 SOCIAL SERVICE	0	37,262	0	0	1,890,632	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	13,978	0	0	0	19.00
23.00 EMS SCHOOL	0	1,998	0	0	0	23.00
23.01 RADIOLOGY SCHOOL	0	2,388	0	0	0	23.01
23.02 PHARMACY SCHOOL	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	833,981	408,987	657,731	97,130	1,221,072	30.00
31.00 INTENSIVE CARE UNIT	327,786	216,320	347,885	59,801	479,927	31.00
43.00 NURSERY	0	38,826	62,440	22,946	189,633	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	93,139	0	147,807	0	50.00
51.00 RECOVERY ROOM	0	94,035	0	52,282	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	67,080	0	39,640	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	65,911	0	101,488	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	19,995	0	38,333	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	42,242	0	87,324	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	15,324	0	26,068	0	58.00
59.00 CARDIAC CATHETERIZATION	0	27,196	0	117,277	0	59.00
60.00 LABORATORY	0	0	0	131,576	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	3	0	64.00
65.00 RESPIRATORY THERAPY	0	58,213	0	43,097	0	65.00
66.00 PHYSICAL THERAPY	0	46,520	0	17,680	0	66.00
67.00 OCCUPATIONAL THERAPY	0	15,946	0	6,489	0	67.00
68.00 SPEECH PATHOLOGY	0	12,837	0	5,265	0	68.00
69.00 ELECTROCARDIOLOGY	0	23,013	0	31,885	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	18,824	0	18,879	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	77,510	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	127,297	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	56,439	0	137,107	0	73.00
74.00 RENAL DIALYSIS	0	0	0	2,713	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	0	12,191	0	9,889	0	76.00
76.97 CARDIAC REHABILITATION	0	5,739	0	1,477	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 HEALTHY HEARTS	0	9,091	0	3,526	0	90.02
90.03 PALLIATIVE CARE	0	0	0	0	0	90.03
90.04 SPINE CENTER	0	10,468	0	495	0	90.04
91.00 EMERGENCY	0	156,637	235,770	172,345	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,161,767	1,575,942	1,303,826	1,577,329	1,890,632	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		10.00	11.00	13.00	16.00	17.00	
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	26,682	0	0	0	0 194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	1,161,767	1,602,624	1,303,826	1,577,329	1,890,632	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	EMS SCHOOL	RADIOLOGY SCHOOL	PHARMACY SCHOOL	Subtotal	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS	205,211					19.00
23.00 EMS SCHOOL	0	110,581				23.00
23.01 RADIOLOGY SCHOOL	0	0	73,379			23.01
23.02 PHARMACY SCHOOL	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	22,287,337	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	10,919,157	31.00
43.00 NURSERY	0	0	0	0	2,338,239	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	205,211	0	0	0	8,971,020	50.00
51.00 RECOVERY ROOM	0	0	0	0	4,187,981	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,604,376	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	73,379	0	7,065,436	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	1,350,444	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	2,348,183	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	873,639	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	2,309,781	59.00
60.00 LABORATORY	0	0	0	0	4,835,936	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	3	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	2,352,204	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	1,721,996	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	575,412	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	468,914	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	1,746,574	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,250,072	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,814,906	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,775,433	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	8,191,817	73.00
74.00 RENAL DIALYSIS	0	0	0	0	370,939	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	0	0	0	0	896,225	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	208,756	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 HEALTHY HEARTS	0	0	0	0	351,005	90.02
90.03 PALLIATIVE CARE	0	0	0	0	0	90.03
90.04 SPINE CENTER	0	0	0	0	578,370	90.04
91.00 EMERGENCY	0	110,581	0	0	8,314,908	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	205,211	110,581	73,379	0	120,709,063	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	22,250	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,425,534	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	EMS SCHOOL	RADIOLOGY SCHOOL	PHARMACY SCHOOL	Subtotal	
	19.00	23.00	23.01	23.02	24.00	
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments	0	0	0	0	0	1,197,710
201.00 Negative Cost Centers	0	0	0	0	0	200.00
202.00 TOTAL (sum lines 118-201)	205,211	110,581	73,379	0	127,354,557	202.00

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
GENERAL SERVICE COST CENTERS			
	25.00	26.00	
1.00 CAP REL COSTS-BLDG & FIXT			1.00
2.00 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
13.00 NURSING ADMINISTRATION			13.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
19.00 NONPHYSICIAN ANESTHETISTS			19.00
23.00 EMS SCHOOL			23.00
23.01 RADIOLOGY SCHOOL			23.01
23.02 PHARMACY SCHOOL			23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	22,287,337	30.00
31.00 INTENSIVE CARE UNIT	0	10,919,157	31.00
43.00 NURSERY	0	2,338,239	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	8,971,020	50.00
51.00 RECOVERY ROOM	0	4,187,981	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,604,376	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	7,065,436	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	1,350,444	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	2,348,183	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	873,639	58.00
59.00 CARDIAC CATHETERIZATION	0	2,309,781	59.00
60.00 LABORATORY	0	4,835,936	60.00
64.00 INTRAVENOUS THERAPY	0	3	64.00
65.00 RESPIRATORY THERAPY	0	2,352,204	65.00
66.00 PHYSICAL THERAPY	0	1,721,996	66.00
67.00 OCCUPATIONAL THERAPY	0	575,412	67.00
68.00 SPEECH PATHOLOGY	0	468,914	68.00
69.00 ELECTROCARDIOLOGY	0	1,746,574	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,250,072	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,814,906	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	14,775,433	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	8,191,817	73.00
74.00 RENAL DIALYSIS	0	370,939	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 ENDOSCOPY	0	896,225	76.00
76.97 CARDIAC REHABILITATION	0	208,756	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0	0	90.00
90.01 DIABETIC CARE CENTER	0	0	90.01
90.02 HEALTHY HEARTS	0	351,005	90.02
90.03 PALLIATIVE CARE	0	0	90.03
90.04 SPINE CENTER	0	578,370	90.04
91.00 EMERGENCY	0	8,314,908	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00 CMHC	0	0	99.00
99.10 CORF	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE			113.00
114.00 UTILIZATION REVIEW-SNF			114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00 HOSPICE	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	120,709,063	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 RESEARCH	0	22,250	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	5,425,534	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

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Part I
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
193.00 NONPAID WORKERS	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	1,197,710	194.08
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	127,354,557	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	20,825	0	20,825	20,825
5.00	ADMINISTRATIVE & GENERAL	0	813,263	5,339,811	6,153,074	366
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	806,575	67,426	874,001	622
8.00	LAUNDRY & LINEN SERVICE	0	15,868	0	15,868	23
9.00	HOUSEKEEPING	0	40,776	24,072	64,848	388
10.00	DIETARY	0	60,770	31,592	92,362	167
11.00	CAFETERIA	0	128,525	66,823	195,348	352
13.00	NURSING ADMINISTRATION	0	65,023	0	65,023	0
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	59
17.00	SOCIAL SERVICE	0	8,969	1,857	10,826	422
19.00	NONPHYSICIAN ANESTHETISTS	0	4,548	7,314	11,862	373
23.00	EMS SCHOOL	0	7,125	3,946	11,071	28
23.01	RADIOLOGY SCHOOL	0	0	0	0	23
23.02	PHARMACY SCHOOL	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,090,589	153,712	1,244,301	4,457
31.00	INTENSIVE CARE UNIT	0	453,427	246,769	700,196	2,348
43.00	NURSERY	0	119,851	31,461	151,312	476
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	493,809	1,299,555	1,793,364	1,033
51.00	RECOVERY ROOM	0	125,934	65,326	191,260	1,097
52.00	DELIVERY ROOM & LABOR ROOM	0	207,079	54,358	261,437	822
54.00	RADIOLOGY-DIAGNOSTIC	0	179,580	665,288	844,868	970
55.00	RADIOLOGY-THERAPEUTIC	0	28,273	262,605	290,878	200
56.00	RADIOISOTOPE	0	0	0	0	0
57.00	CT SCAN	0	21,824	268,503	290,327	408
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	28,569	108,450	137,019	152
59.00	CARDIAC CATHETERIZATION	0	70,007	338,008	408,015	326
60.00	LABORATORY	0	74,710	324	75,034	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	37,059	55,123	92,182	645
66.00	PHYSICAL THERAPY	0	10,025	27,377	37,402	481
67.00	OCCUPATIONAL THERAPY	0	3,407	9,315	12,722	164
68.00	SPEECH PATHOLOGY	0	2,746	7,499	10,245	134
69.00	ELECTROCARDIOLOGY	0	75,146	7,804	82,950	145
70.00	ELECTROENCEPHALOGRAPHY	0	36,313	125,919	162,232	217
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	33,861	33,861	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	14,757	14,757	0
73.00	DRUGS CHARGED TO PATIENTS	0	21,191	26,961	48,152	792
74.00	RENAL DIALYSIS	0	18,248	0	18,248	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	ENDOSCOPY	0	0	134,666	134,666	173
76.97	CARDIAC REHABILITATION	0	0	300	300	66
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0
90.01	DIABETIC CARE CENTER	0	0	0	0	0
90.02	HEALTHY HEARTS	0	0	0	0	92
90.03	PALLIATIVE CARE	0	0	0	0	0
90.04	SPINE CENTER	0	0	22,833	22,833	159
91.00	EMERGENCY	0	405,991	139,617	545,608	1,766
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00	CMHC	0	0	0	0	0
99.10	CORF	0	0	0	0	0
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	HOSPICE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,476,045	9,643,232	15,119,277	19,946
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00	RESEARCH	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	220,735	220,735	696	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	18,361	420	18,781	183	194.08
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	0	5,494,406	9,864,387	15,358,793	20,825	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	6,153,440					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	286,030		1,160,653			7.00
8.00	LAUNDRY & LINEN SERVICE	31,154		4,779	51,824		8.00
9.00	HOUSEKEEPING	85,957		12,281	0	163,474	9.00
10.00	DIETARY	50,199		18,303	0	2,616	10.00
11.00	CAFETERIA	64,883		38,709	0	5,533	11.00
13.00	NURSING ADMINISTRATION	56,647		19,583	0	2,799	13.00
16.00	MEDICAL RECORDS & LIBRARY	75,954		0	0	0	16.00
17.00	SOCIAL SERVICE	88,674		2,701	0	386	17.00
19.00	NONPHYSICIAN ANESTHETISTS	8,796		1,370	0	196	19.00
23.00	EMS SCHOOL	4,551		2,146	0	307	23.00
23.01	RADIOLOGY SCHOOL	3,430		0	0	0	23.01
23.02	PHARMACY SCHOOL	0		0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	798,920	0	328,460	25,534	46,954	30.00
31.00	INTENSIVE CARE UNIT	412,198	0	136,561	3,092	19,521	31.00
43.00	NURSERY	85,089	0	36,096	1,635	5,160	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	361,654	0	148,723	3,239	21,260	50.00
51.00	RECOVERY ROOM	182,984	0	37,928	0	5,422	51.00
52.00	DELIVERY ROOM & LABOR ROOM	147,012	0	62,367	2,824	8,915	52.00
54.00	RADIOLOGY-DIAGNOSTIC	311,289	0	54,085	1,479	7,731	54.00
55.00	RADIOLOGY-THERAPEUTIC	59,195	0	8,515	763	1,217	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	105,066	0	6,573	0	940	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	35,782	0	8,604	2,629	1,230	58.00
59.00	CARDIAC CATHETERIZATION	97,101	0	21,084	1,096	3,014	59.00
60.00	LABORATORY	220,006	0	22,501	0	3,216	60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	105,138	0	11,161	0	1,595	65.00
66.00	PHYSICAL THERAPY	79,121	0	3,019	0	432	66.00
67.00	OCCUPATIONAL THERAPY	26,386	0	1,026	0	147	67.00
68.00	SPEECH PATHOLOGY	21,514	0	827	0	118	68.00
69.00	ELECTROCARDIOLOGY	74,399	0	22,632	0	3,235	69.00
70.00	ELECTROENCEPHALOGRAPHY	55,032	0	10,937	0	1,563	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	373,849	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	707,757	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	384,385	0	6,382	0	912	73.00
74.00	RENAL DIALYSIS	16,010	0	5,496	0	786	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	42,236	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	9,738	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.01	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	HEALTHY HEARTS	16,350	0	0	0	0	90.02
90.03	PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	SPINE CENTER	27,416	0	0	0	0	90.04
91.00	EMERGENCY	323,528	0	122,274	9,533	17,479	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,835,430	0	1,155,123	51,824	162,684	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	1,075	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	262,147	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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Cost Center Description	ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	54,788	0	5,530	0	790	194.08
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)	6,153,440	0	1,160,653	51,824	163,474	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10.00	11.00	13.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	163,647					10.00
11.00 CAFETERIA	0	304,825				11.00
13.00 NURSING ADMINISTRATION	0	0	144,052			13.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,016	0	77,029		16.00
17.00 SOCIAL SERVICE	0	7,087	0	0	110,096	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	2,659	0	0	0	19.00
23.00 EMS SCHOOL	0	380	0	0	0	23.00
23.01 RADIOLOGY SCHOOL	0	454	0	0	0	23.01
23.02 PHARMACY SCHOOL	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	117,475	77,791	72,668	4,751	71,106	30.00
31.00 INTENSIVE CARE UNIT	46,172	41,145	38,436	2,925	27,947	31.00
43.00 NURSERY	0	7,385	6,899	1,122	11,043	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	17,715	0	7,229	0	50.00
51.00 RECOVERY ROOM	0	17,886	0	2,557	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	12,759	0	1,939	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	12,537	0	4,964	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	3,803	0	1,875	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	8,034	0	4,271	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	2,915	0	1,275	0	58.00
59.00 CARDIAC CATHETERIZATION	0	5,173	0	5,736	0	59.00
60.00 LABORATORY	0	0	0	6,436	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	11,072	0	2,108	0	65.00
66.00 PHYSICAL THERAPY	0	8,848	0	865	0	66.00
67.00 OCCUPATIONAL THERAPY	0	3,033	0	317	0	67.00
68.00 SPEECH PATHOLOGY	0	2,442	0	258	0	68.00
69.00 ELECTROCARDIOLOGY	0	4,377	0	1,560	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	3,580	0	923	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,791	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,226	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	10,735	0	6,706	0	73.00
74.00 RENAL DIALYSIS	0	0	0	133	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	0	2,319	0	484	0	76.00
76.97 CARDIAC REHABILITATION	0	1,092	0	72	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 HEALTHY HEARTS	0	1,729	0	172	0	90.02
90.03 PALLIATIVE CARE	0	0	0	0	0	90.03
90.04 SPINE CENTER	0	1,991	0	24	0	90.04
91.00 EMERGENCY	0	29,793	26,049	8,310	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	163,647	299,750	144,052	77,029	110,096	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10.00	11.00	13.00	16.00	17.00	
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments	0	5,075	0	0	0	194.08
201.00 Negative Cost Centers	0	0	0	0	0	200.00
202.00 TOTAL (sum lines 118-201)	163,647	304,825	144,052	77,029	110,096	201.00 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		NONPHYSICIAN ANESTHETISTS	EMS SCHOOL	RADIOLOGY SCHOOL	PHARMACY SCHOOL	Subtotal	
GENERAL SERVICE COST CENTERS		19.00	23.00	23.01	23.02	24.00	
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
19.00	NONPHYSICIAN ANESTHETISTS	25,256					19.00
23.00	EMS SCHOOL		18,483				23.00
23.01	RADIOLOGY SCHOOL			3,907			23.01
23.02	PHARMACY SCHOOL				0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS					2,792,417	30.00
31.00	INTENSIVE CARE UNIT					1,430,541	31.00
43.00	NURSERY					306,217	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM					2,354,217	50.00
51.00	RECOVERY ROOM					439,134	51.00
52.00	DELIVERY ROOM & LABOR ROOM					498,075	52.00
54.00	RADIOLOGY-DIAGNOSTIC					1,237,923	54.00
55.00	RADIOLOGY-THERAPEUTIC					366,446	55.00
56.00	RADIOISOTOPE					0	56.00
57.00	CT SCAN					415,619	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)					189,606	58.00
59.00	CARDIAC CATHETERIZATION					541,545	59.00
60.00	LABORATORY					327,193	60.00
64.00	INTRAVENOUS THERAPY					0	64.00
65.00	RESPIRATORY THERAPY					223,901	65.00
66.00	PHYSICAL THERAPY					130,168	66.00
67.00	OCCUPATIONAL THERAPY					43,795	67.00
68.00	SPEECH PATHOLOGY					35,538	68.00
69.00	ELECTROCARDIOLOGY					189,298	69.00
70.00	ELECTROENCEPHALOGRAPHY					234,484	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS					411,501	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS					728,740	72.00
73.00	DRUGS CHARGED TO PATIENTS					458,064	73.00
74.00	RENAL DIALYSIS					40,673	74.00
75.00	ASC (NON-DISTINCT PART)					0	75.00
76.00	ENDOSCOPY					179,878	76.00
76.97	CARDIAC REHABILITATION					11,268	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC					0	90.00
90.01	DIABETIC CARE CENTER					0	90.01
90.02	HEALTHY HEARTS					18,343	90.02
90.03	PALLIATIVE CARE					0	90.03
90.04	SPINE CENTER					52,423	90.04
91.00	EMERGENCY					1,084,340	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00	CMHC					0	99.00
99.10	CORF					0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE					0	113.00
114.00	UTILIZATION REVIEW-SNF					0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	HOSPICE					0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	14,741,347	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00
191.00	RESEARCH					1,075	191.00
192.00	PHYSICIANS' PRIVATE OFFICES					483,578	192.00
193.00	NONPAID WORKERS					0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS					0	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS					0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	EMS SCHOOL	RADIOLOGY SCHOOL	PHARMACY SCHOOL	Subtotal	
	19.00	23.00	23.01	23.02	24.00	
194.02 OTHER NONREIMBURSABLE COST CENTERS					0	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS					0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS					0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS					0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS					0	194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS					0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS					85,147	194.08
200.00 Cross Foot Adjustments	25,256	18,483	3,907	0	47,646	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	25,256	18,483	3,907	0	15,358,793	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
GENERAL SERVICE COST CENTERS	25.00	26.00	
1.00 CAP REL COSTS-BLDG & FIXT			1.00
2.00 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
13.00 NURSING ADMINISTRATION			13.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
19.00 NONPHYSICIAN ANESTHETISTS			19.00
23.00 EMS SCHOOL			23.00
23.01 RADIOLOGY SCHOOL			23.01
23.02 PHARMACY SCHOOL			23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	2,792,417	30.00
31.00 INTENSIVE CARE UNIT	0	1,430,541	31.00
43.00 NURSERY	0	306,217	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	2,354,217	50.00
51.00 RECOVERY ROOM	0	439,134	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	498,075	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,237,923	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	366,446	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	415,619	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	189,606	58.00
59.00 CARDIAC CATHETERIZATION	0	541,545	59.00
60.00 LABORATORY	0	327,193	60.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	223,901	65.00
66.00 PHYSICAL THERAPY	0	130,168	66.00
67.00 OCCUPATIONAL THERAPY	0	43,795	67.00
68.00 SPEECH PATHOLOGY	0	35,538	68.00
69.00 ELECTROCARDIOLOGY	0	189,298	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	234,484	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	411,501	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	728,740	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	458,064	73.00
74.00 RENAL DIALYSIS	0	40,673	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 ENDOSCOPY	0	179,878	76.00
76.97 CARDIAC REHABILITATION	0	11,268	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0	0	90.00
90.01 DIABETIC CARE CENTER	0	0	90.01
90.02 HEALTHY HEARTS	0	18,343	90.02
90.03 PALLIATIVE CARE	0	0	90.03
90.04 SPINE CENTER	0	52,423	90.04
91.00 EMERGENCY	0	1,084,340	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00 CMHC	0	0	99.00
99.10 CORF	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE			113.00
114.00 UTILIZATION REVIEW-SNF			114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00 HOSPICE	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	14,741,347	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 RESEARCH	0	1,075	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	483,578	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
193.00 NONPAID WORKERS	25.00	26.00	
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	193.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.04
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.06
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.07
200.00 Cross Foot Adjustments	0	85,147	194.08
201.00 Negative Cost Centers	0	47,646	200.00
202.00 TOTAL (sum lines 118-201)	0	0	201.00
		15,358,793	202.00

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00	390,220						1.00
2.00		9,856,711					2.00
4.00	1,479	0	41,959,311				4.00
5.00	57,759	5,335,655	738,442	-22,887,614	104,466,943		5.00
6.00	0	0	0	0	0		6.00
7.00	57,284	67,374	1,254,562	0	4,855,947		7.00
8.00	1,127	0	46,513	0	528,901		8.00
9.00	2,896	24,053	781,330	0	1,459,297		9.00
10.00	4,316	31,567	335,900	0	852,227		10.00
11.00	9,128	66,771	710,518	0	1,101,524		11.00
13.00	4,618	0	0	0	961,706		13.00
16.00	0	0	117,984	0	1,289,475		16.00
17.00	637	1,856	851,470	0	1,505,420		17.00
19.00	323	7,308	752,123	0	149,325		19.00
23.00	506	3,943	56,734	0	77,257		23.00
23.01	0	0	46,243	0	58,233		23.01
23.02	0	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	77,455	153,592	8,957,384	0	13,563,031		30.00
31.00	32,203	246,577	4,733,472	0	6,997,907		31.00
43.00	8,512	31,437	959,373	0	1,444,560		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	35,071	1,298,543	2,082,137	0	6,139,816		50.00
51.00	8,944	65,275	2,212,583	0	3,106,525		51.00
52.00	14,707	54,316	1,657,551	0	2,495,838		52.00
54.00	12,754	664,770	1,955,608	0	5,284,765		54.00
55.00	2,008	262,401	403,793	0	1,004,949		55.00
56.00	0	0	0	0	0		56.00
57.00	1,550	268,294	822,155	0	1,783,713		57.00
58.00	2,029	108,366	306,391	0	607,470		58.00
59.00	4,972	337,745	656,630	0	1,648,489		59.00
60.00	5,306	324	0	0	3,735,049		60.00
64.00	0	0	0	0	0		64.00
65.00	2,632	55,080	1,300,081	0	1,784,931		65.00
66.00	712	27,356	970,377	0	1,343,243		66.00
67.00	242	9,308	331,532	0	447,949		67.00
68.00	195	7,493	270,821	0	365,241		68.00
69.00	5,337	7,798	292,215	0	1,263,069		69.00
70.00	2,579	125,821	437,836	0	934,284		70.00
71.00	0	33,835	0	0	6,346,862		71.00
72.00	0	14,746	0	0	12,015,631		72.00
73.00	1,505	26,940	1,597,641	0	6,525,721		73.00
74.00	1,296	0	0	0	271,796		74.00
75.00	0	0	0	0	0		75.00
76.00	0	134,561	348,062	0	717,047		76.00
76.97	0	300	133,588	0	165,320		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	0	0	0	0	0		90.00
90.01	0	0	0	0	0		90.01
90.02	0	0	186,044	0	277,574		90.02
90.03	0	0	0	0	0		90.03
90.04	0	22,815	319,834	0	465,435		90.04
91.00	28,834	139,508	3,560,722	0	5,492,550		91.00
92.00	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	0	0	0	0	0		98.00
99.00	0	0	0	0	0		99.00
99.10	0	0	0	0	0		99.10
100.00	0	0	0	0	0		100.00
101.00	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	0	0	0	0	0		113.00
114.00	0	0	0	0	0		114.00
115.00	0	0	0	0	0		115.00
116.00	0	0	0	0	0		116.00
118.00	388,916	9,635,728	40,187,649	-22,887,614	99,068,077		118.00
NONREIMBURSABLE COST CENTERS							
190.00	0	0	0	0	0		190.00
191.00	0	0	0	0	18,251		191.00

Cost Center Description	CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)			
	1.00	2.00	4.00			
192.00 PHYSICIANS' PRIVATE OFFICES	0	220,563	1,403,451	0	4,450,479	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	1,304	420	368,211	0	930,136	194.08
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)	5,494,406	9,864,387	7,668,753		22,887,614	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	14.080278	1.000779	0.182766		0.219090	203.00
204.00 Cost to be allocated (per wkst. B, Part II)			20,825		6,153,440	204.00
205.00 Unit cost multiplier (wkst. B, Part II)			0.000496		0.058903	205.00

Cost Center Description	MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	DIETARY (PATIENT DAYS)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00	330,982					6.00
7.00	57,284	273,698				7.00
8.00	1,127	1,127	529,037			8.00
9.00	2,896	2,896	0	269,675		9.00
10.00	4,316	4,316	0	4,316	29,251	10.00
11.00	9,128	9,128	0	9,128	0	11.00
13.00	4,618	4,618	0	4,618	0	13.00
16.00	0	0	0	0	0	16.00
17.00	637	637	0	637	0	17.00
19.00	323	323	0	323	0	19.00
23.00	506	506	0	506	0	23.00
23.01	0	0	0	0	0	23.01
23.02	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	77,455	77,455	260,657	77,455	20,998	30.00
31.00	32,203	32,203	31,561	32,203	8,253	31.00
43.00	8,512	8,512	16,688	8,512	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	35,071	35,071	33,061	35,071	0	50.00
51.00	8,944	8,944	0	8,944	0	51.00
52.00	14,707	14,707	28,833	14,707	0	52.00
54.00	12,754	12,754	15,099	12,754	0	54.00
55.00	2,008	2,008	7,787	2,008	0	55.00
56.00	0	0	0	0	0	56.00
57.00	1,550	1,550	0	1,550	0	57.00
58.00	2,029	2,029	26,837	2,029	0	58.00
59.00	4,972	4,972	11,193	4,972	0	59.00
60.00	5,306	5,306	0	5,306	0	60.00
64.00	0	0	0	0	0	64.00
65.00	2,632	2,632	0	2,632	0	65.00
66.00	712	712	0	712	0	66.00
67.00	242	242	0	242	0	67.00
68.00	195	195	0	195	0	68.00
69.00	5,337	5,337	0	5,337	0	69.00
70.00	2,579	2,579	0	2,579	0	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	1,505	1,505	0	1,505	0	73.00
74.00	1,296	1,296	0	1,296	0	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.97	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	0	0	0	0	0	90.00
90.01	0	0	0	0	0	90.01
90.02	0	0	0	0	0	90.02
90.03	0	0	0	0	0	90.03
90.04	0	0	0	0	0	90.04
91.00	28,834	28,834	97,321	28,834	0	91.00
92.00	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	0	0	0	0	0	98.00
99.00	0	0	0	0	0	99.00
99.10	0	0	0	0	0	99.10
100.00	0	0	0	0	0	100.00
101.00	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	0	0	0	0	0	113.00
114.00	0	0	0	0	0	114.00
115.00	0	0	0	0	0	115.00
116.00	0	0	0	0	0	116.00
118.00	329,678	272,394	529,037	268,371	29,251	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
191.00	0	0	0	0	0	191.00
192.00	0	0	0	0	0	192.00
193.00	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	DIETARY (PATIENT DAYS)	
	6.00	7.00	8.00	9.00	10.00	
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	1,304	1,304	0	1,304	0	0 194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	0	5,919,836	669,154	1,841,652	1,161,767	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.000000	21.629080	1.264853	6.829154	39.717172	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	0	1,160,653	51,824	163,474	163,647	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000000	4.240634	0.097959	0.606189	5.594578	205.00

Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00	1,122,934					11.00
13.00	0	568,071				13.00
16.00	3,744	0	445,950,435			16.00
17.00	26,109	0	0	32,512		17.00
19.00	9,794	0	0	0	100	19.00
23.00	1,400	0	0	0		23.00
23.01	1,673	0	0	0		23.01
23.02	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	286,570	286,570	27,461,177	20,998		30.00
31.00	151,572	151,572	16,907,177	8,253		31.00
43.00	27,205	27,205	6,487,530	3,261		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	65,261	0	41,788,801	0	100	50.00
51.00	65,889	0	14,781,555	0	0	51.00
52.00	47,002	0	11,207,133	0	0	52.00
54.00	46,183	0	28,693,158	0	0	54.00
55.00	14,010	0	10,837,705	0	0	55.00
56.00	0	0	0	0	0	56.00
57.00	29,598	0	24,688,700	0	0	57.00
58.00	10,737	0	7,370,126	0	0	58.00
59.00	19,056	0	33,157,226	0	0	59.00
60.00	0	0	37,199,866	0	0	60.00
64.00	0	0	805	0	0	64.00
65.00	40,789	0	12,184,512	0	0	65.00
66.00	32,596	0	4,998,689	0	0	66.00
67.00	11,173	0	1,834,513	0	0	67.00
68.00	8,995	0	1,488,648	0	0	68.00
69.00	16,125	0	9,014,731	0	0	69.00
70.00	13,190	0	5,337,491	0	0	70.00
71.00	0	0	21,913,969	0	0	71.00
72.00	0	0	35,990,170	0	0	72.00
73.00	39,546	0	38,763,781	0	0	73.00
74.00	0	0	767,112	0	0	74.00
75.00	0	0	0	0	0	75.00
76.00	8,542	0	2,795,742	0	0	76.00
76.97	4,021	0	417,620	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	0	0	0	0	0	90.00
90.01	0	0	0	0	0	90.01
90.02	6,370	0	996,967	0	0	90.02
90.03	0	0	0	0	0	90.03
90.04	7,335	0	139,860	0	0	90.04
91.00	109,753	102,724	48,725,671	0	0	91.00
92.00	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	0	0	0	0	0	98.00
99.00	0	0	0	0	0	99.00
99.10	0	0	0	0	0	99.10
100.00	0	0	0	0	0	100.00
101.00	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	0	0	0	0	0	113.00
114.00	0	0	0	0	0	114.00
115.00	0	0	0	0	0	115.00
116.00	0	0	0	0	0	116.00
118.00	1,104,238	568,071	445,950,435	32,512	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
191.00	0	0	0	0	0	191.00
192.00	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	11.00	13.00	16.00	17.00	19.00	
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	18,696	0	0	0	0	0 194.08
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers						0 201.00
202.00 Cost to be allocated (per wkst. B, Part I)	1,602,624	1,303,826	1,577,329	1,890,632	205,211	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	1.427176	2.295181	0.003537	58.151821	2,052.110000	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	304,825	144,052	77,029	110,096	25,256	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.271454	0.253581	0.000173	3.386319	252.560000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	EMS SCHOOL (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	PHARMACY SCHOOL (ASSIGNED TIME)	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT				1.00
2.00 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.00 ADMINISTRATIVE & GENERAL				5.00
6.00 MAINTENANCE & REPAIRS				6.00
7.00 OPERATION OF PLANT				7.00
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
13.00 NURSING ADMINISTRATION				13.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
17.00 SOCIAL SERVICE				17.00
19.00 NONPHYSICIAN ANESTHETISTS				19.00
23.00 EMS SCHOOL	100			23.00
23.01 RADIOLOGY SCHOOL	0	100		23.01
23.02 PHARMACY SCHOOL	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	31.00
43.00 NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	100	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 ENDOSCOPY	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 DIABETIC CARE CENTER	0	0	0	90.01
90.02 HEALTHY HEARTS	0	0	0	90.02
90.03 PALLIATIVE CARE	0	0	0	90.03
90.04 SPINE CENTER	0	0	0	90.04
91.00 EMERGENCY	100	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00 CMHC	0	0	0	99.00
99.10 CORF	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00 INTEREST EXPENSE				113.00
114.00 UTILIZATION REVIEW-SNF				114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00 HOSPICE	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	100	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00 RESEARCH	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	EMS SCHOOL (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	PHARMACY SCHOOL (ASSIGNED TIME)		
	23.00	23.01	23.02		
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.06
194.07 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.08
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)	110,581	73,379	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,105.810000	733.790000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	18,483	3,907	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	184.830000	39.070000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Total Cost (From Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		Total Costs
			Total Costs	RCE Disallowance	Costs		
					PPS		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	22,287,337		22,287,337	4,200		22,291,537	30.00
31.00 INTENSIVE CARE UNIT	10,919,157		10,919,157	0		10,919,157	31.00
43.00 NURSERY	2,338,239		2,338,239	0		2,338,239	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	8,971,020		8,971,020	0		8,971,020	50.00
51.00 RECOVERY ROOM	4,187,981		4,187,981	0		4,187,981	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,604,376		3,604,376	0		3,604,376	52.00
54.00 RADIOLOGY-DIAGNOSTIC	7,065,436		7,065,436	0		7,065,436	54.00
55.00 RADIOLOGY-THERAPEUTIC	1,350,444		1,350,444	0		1,350,444	55.00
56.00 RADIOISOTOPE	0		0	0		0	56.00
57.00 CT SCAN	2,348,183		2,348,183	0		2,348,183	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	873,639		873,639	0		873,639	58.00
59.00 CARDIAC CATHETERIZATION	2,309,781		2,309,781	90,751		2,400,532	59.00
60.00 LABORATORY	4,835,936		4,835,936	25,223		4,861,159	60.00
64.00 INTRAVENOUS THERAPY	3		3	0		3	64.00
65.00 RESPIRATORY THERAPY	2,352,204	0	2,352,204	0		2,352,204	65.00
66.00 PHYSICAL THERAPY	1,721,996	0	1,721,996	0		1,721,996	66.00
67.00 OCCUPATIONAL THERAPY	575,412	0	575,412	0		575,412	67.00
68.00 SPEECH PATHOLOGY	468,914	0	468,914	0		468,914	68.00
69.00 ELECTROCARDIOLOGY	1,746,574		1,746,574	0		1,746,574	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,250,072		1,250,072	1,540		1,251,612	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,814,906		7,814,906	0		7,814,906	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	14,775,433		14,775,433	0		14,775,433	72.00
73.00 DRUGS CHARGED TO PATIENTS	8,191,817		8,191,817	0		8,191,817	73.00
74.00 RENAL DIALYSIS	370,939		370,939	0		370,939	74.00
75.00 ASC (NON-DISTINCT PART)	0		0	0		0	75.00
76.00 ENDOSCOPY	896,225		896,225	0		896,225	76.00
76.97 CARDIAC REHABILITATION	208,756		208,756	0		208,756	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0		0	0		0	90.00
90.01 DIABETIC CARE CENTER	0		0	0		0	90.01
90.02 HEALTHY HEARTS	351,005		351,005	0		351,005	90.02
90.03 PALLIATIVE CARE	0		0	0		0	90.03
90.04 SPINE CENTER	578,370		578,370	0		578,370	90.04
91.00 EMERGENCY	8,314,908		8,314,908	148,308		8,463,216	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2,010,879		2,010,879	0		2,010,879	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00 OTHER REIMBURSABLE COST CENTERS	0		0	0		0	98.00
99.00 CMHC	0		0	0		0	99.00
99.10 CORF	0		0	0		0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0		0	0		0	100.00
101.00 HOME HEALTH AGENCY	0		0	0		0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 INTEREST EXPENSE	0		0	0		0	113.00
114.00 UTILIZATION REVIEW-SNF	0		0	0		0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0		0	115.00
116.00 HOSPICE	0		0	0		0	116.00
200.00 Subtotal (see instructions)	122,719,942	0	122,719,942	270,022		122,989,964	200.00
201.00 Less Observation Beds	2,010,879		2,010,879	0		2,010,879	201.00
202.00 Total (see instructions)	120,709,063	0	120,709,063	270,022		120,979,085	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Title XVIII Charges			Hospital Cost or Other Ratio	PPS TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,479,781		19,479,781			30.00
31.00 INTENSIVE CARE UNIT	16,907,177		16,907,177			31.00
43.00 NURSERY	6,487,530		6,487,530			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	31,625,485	10,163,316	41,788,801	0.214675	0.000000	50.00
51.00 RECOVERY ROOM	8,333,207	6,448,348	14,781,555	0.283325	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	11,207,133	0	11,207,133	0.321614	0.000000	52.00
54.00 RADIOLOGY-DIAGNOSTIC	4,413,669	24,279,489	28,693,158	0.246241	0.000000	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,956,448	7,881,257	10,837,705	0.124606	0.000000	55.00
56.00 RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00 CT SCAN	6,694,972	17,993,728	24,688,700	0.095112	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,473,615	5,896,511	7,370,126	0.118538	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	11,647,627	21,509,599	33,157,226	0.069661	0.000000	59.00
60.00 LABORATORY	21,458,709	15,741,157	37,199,866	0.129999	0.000000	60.00
64.00 INTRAVENOUS THERAPY	706	99	805	0.003727	0.000000	64.00
65.00 RESPIRATORY THERAPY	11,168,465	1,016,047	12,184,512	0.193049	0.000000	65.00
66.00 PHYSICAL THERAPY	1,861,566	3,137,123	4,998,689	0.344490	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	1,060,471	774,042	1,834,513	0.313659	0.000000	67.00
68.00 SPEECH PATHOLOGY	275,356	1,213,292	1,488,648	0.314993	0.000000	68.00
69.00 ELECTROCARDIOLOGY	5,407,548	3,607,183	9,014,731	0.193747	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	223,673	5,113,818	5,337,491	0.234206	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,649,875	8,264,094	21,913,969	0.356618	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	27,562,505	8,427,665	35,990,170	0.410541	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	30,278,152	8,485,629	38,763,781	0.211327	0.000000	73.00
74.00 RENAL DIALYSIS	746,792	20,320	767,112	0.483553	0.000000	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00 ENDOSCOPY	970,888	1,824,854	2,795,742	0.320568	0.000000	76.00
76.97 CARDIAC REHABILITATION	5,490	412,130	417,620	0.499871	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0.000000	0.000000	90.00
90.01 DIABETIC CARE CENTER	0	0	0	0.000000	0.000000	90.01
90.02 HEALTHY HEARTS	0	996,967	996,967	0.352073	0.000000	90.02
90.03 PALLIATIVE CARE	0	0	0	0.000000	0.000000	90.03
90.04 SPINE CENTER	0	139,860	139,860	4.135350	0.000000	90.04
91.00 EMERGENCY	13,061,567	35,664,104	48,725,671	0.170647	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	522,422	7,458,974	7,981,396	0.251946	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00 CMHC	0	0	0			99.00
99.10 CORF	0	0	0			99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	249,480,829	196,469,606	445,950,435			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	249,480,829	196,469,606	445,950,435			202.00

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.214675			50.00
51.00	RECOVERY ROOM	0.283325			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.321614			52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.246241			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.124606			55.00
56.00	RADIOISOTOPE	0.000000			56.00
57.00	CT SCAN	0.095112			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.118538			58.00
59.00	CARDIAC CATHETERIZATION	0.072398			59.00
60.00	LABORATORY	0.130677			60.00
64.00	INTRAVENOUS THERAPY	0.003727			64.00
65.00	RESPIRATORY THERAPY	0.193049			65.00
66.00	PHYSICAL THERAPY	0.344490			66.00
67.00	OCCUPATIONAL THERAPY	0.313659			67.00
68.00	SPEECH PATHOLOGY	0.314993			68.00
69.00	ELECTROCARDIOLOGY	0.193747			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.234494			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356618			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.410541			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211327			73.00
74.00	RENAL DIALYSIS	0.483553			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	ENDOSCOPY	0.320568			76.00
76.97	CARDIAC REHABILITATION	0.499871			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000			90.00
90.01	DIABETIC CARE CENTER	0.000000			90.01
90.02	HEALTHY HEARTS	0.352073			90.02
90.03	PALLIATIVE CARE	0.000000			90.03
90.04	SPINE CENTER	4.135350			90.04
91.00	EMERGENCY	0.173691			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.251946			92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Total Costs
			Total Costs	RCE Disallowance	Costs		
					Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	22,287,337		22,287,337	0		0	30.00
31.00 INTENSIVE CARE UNIT	10,919,157		10,919,157	0		0	31.00
43.00 NURSERY	2,338,239		2,338,239	0		0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	8,971,020		8,971,020	0		0	50.00
51.00 RECOVERY ROOM	4,187,981		4,187,981	0		0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,604,376		3,604,376	0		0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	7,065,436		7,065,436	0		0	54.00
55.00 RADIOLOGY-THERAPEUTIC	1,350,444		1,350,444	0		0	55.00
56.00 RADIOISOTOPE	0		0	0		0	56.00
57.00 CT SCAN	2,348,183		2,348,183	0		0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	873,639		873,639	0		0	58.00
59.00 CARDIAC CATHETERIZATION	2,309,781		2,309,781	0		0	59.00
60.00 LABORATORY	4,835,936		4,835,936	0		0	60.00
64.00 INTRAVENOUS THERAPY	3		3	0		0	64.00
65.00 RESPIRATORY THERAPY	2,352,204	0	2,352,204	0		0	65.00
66.00 PHYSICAL THERAPY	1,721,996	0	1,721,996	0		0	66.00
67.00 OCCUPATIONAL THERAPY	575,412	0	575,412	0		0	67.00
68.00 SPEECH PATHOLOGY	468,914	0	468,914	0		0	68.00
69.00 ELECTROCARDIOLOGY	1,746,574		1,746,574	0		0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,250,072		1,250,072	0		0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,814,906		7,814,906	0		0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	14,775,433		14,775,433	0		0	72.00
73.00 DRUGS CHARGED TO PATIENTS	8,191,817		8,191,817	0		0	73.00
74.00 RENAL DIALYSIS	370,939		370,939	0		0	74.00
75.00 ASC (NON-DISTINCT PART)	0		0	0		0	75.00
76.00 ENDOSCOPY	896,225		896,225	0		0	76.00
76.97 CARDIAC REHABILITATION	208,756		208,756	0		0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0		0	0		0	90.00
90.01 DIABETIC CARE CENTER	0		0	0		0	90.01
90.02 HEALTHY HEARTS	351,005		351,005	0		0	90.02
90.03 PALLIATIVE CARE	0		0	0		0	90.03
90.04 SPINE CENTER	578,370		578,370	0		0	90.04
91.00 EMERGENCY	8,314,908		8,314,908	0		0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2,010,879		2,010,879	0		0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00 OTHER REIMBURSABLE COST CENTERS	0		0	0		0	98.00
99.00 CMHC	0		0	0		0	99.00
99.10 CORF	0		0	0		0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0		0	0		0	100.00
101.00 HOME HEALTH AGENCY	0		0	0		0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0		0	115.00
116.00 HOSPICE	0		0	0		0	116.00
200.00 Subtotal (see instructions)	122,719,942	0	122,719,942	0		0	200.00
201.00 Less observation Beds	2,010,879		2,010,879	0		0	201.00
202.00 Total (see instructions)	120,709,063	0	120,709,063	0		0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,479,781		19,479,781			30.00
31.00 INTENSIVE CARE UNIT	16,907,177		16,907,177			31.00
43.00 NURSERY	6,487,530		6,487,530			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	31,625,485	10,163,316	41,788,801	0.214675	0.000000	50.00
51.00 RECOVERY ROOM	8,333,207	6,448,348	14,781,555	0.283325	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	11,207,133	0	11,207,133	0.321614	0.000000	52.00
54.00 RADIOLOGY-DIAGNOSTIC	4,413,669	24,279,489	28,693,158	0.246241	0.000000	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,956,448	7,881,257	10,837,705	0.124606	0.000000	55.00
56.00 RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00 CT SCAN	6,694,972	17,993,728	24,688,700	0.095112	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,473,615	5,896,511	7,370,126	0.118538	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	11,647,627	21,509,599	33,157,226	0.069661	0.000000	59.00
60.00 LABORATORY	21,458,709	15,741,157	37,199,866	0.129999	0.000000	60.00
64.00 INTRAVENOUS THERAPY	706	99	805	0.003727	0.000000	64.00
65.00 RESPIRATORY THERAPY	11,168,465	1,016,047	12,184,512	0.193049	0.000000	65.00
66.00 PHYSICAL THERAPY	1,861,566	3,137,123	4,998,689	0.344490	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	1,060,471	774,042	1,834,513	0.313659	0.000000	67.00
68.00 SPEECH PATHOLOGY	275,356	1,213,292	1,488,648	0.314993	0.000000	68.00
69.00 ELECTROCARDIOLOGY	5,407,548	3,607,183	9,014,731	0.193747	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	223,673	5,113,818	5,337,491	0.234206	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,649,875	8,264,094	21,913,969	0.356618	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	27,562,505	8,427,665	35,990,170	0.410541	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	30,278,152	8,485,629	38,763,781	0.211327	0.000000	73.00
74.00 RENAL DIALYSIS	746,792	20,320	767,112	0.483553	0.000000	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00 ENDOSCOPY	970,888	1,824,854	2,795,742	0.320568	0.000000	76.00
76.97 CARDIAC REHABILITATION	5,490	412,130	417,620	0.499871	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0.000000	0.000000	90.00
90.01 DIABETIC CARE CENTER	0	0	0	0.000000	0.000000	90.01
90.02 HEALTHY HEARTS	0	996,967	996,967	0.352073	0.000000	90.02
90.03 PALLIATIVE CARE	0	0	0	0.000000	0.000000	90.03
90.04 SPINE CENTER	0	139,860	139,860	4.135350	0.000000	90.04
91.00 EMERGENCY	13,061,567	35,664,104	48,725,671	0.170647	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	522,422	7,458,974	7,981,396	0.251946	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00 CMHC	0	0	0			99.00
99.10 CORF	0	0	0			99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	249,480,829	196,469,606	445,950,435			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	249,480,829	196,469,606	445,950,435			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	ENDOSCOPY	0.000000			76.00
76.97	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000			90.00
90.01	DIABETIC CARE CENTER	0.000000			90.01
90.02	HEALTHY HEARTS	0.000000			90.02
90.03	PALLIATIVE CARE	0.000000			90.03
90.04	SPINE CENTER	0.000000			90.04
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150128

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

Worksheet D
Part 1
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,792,417	0	2,792,417	23,080	120.99	30.00
31.00	INTENSIVE CARE UNIT	1,430,541		1,430,541	8,253	173.34	31.00
43.00	NURSERY	306,217		306,217	3,261	93.90	43.00
200.00	Total (lines 30-199)	4,529,175		4,529,175	34,594		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150128	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 8:21 am
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 & col. 6)	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	9,134	1,105,123	30.00
31.00 INTENSIVE CARE UNIT	4,294	744,322	31.00
43.00 NURSERY	0	0	43.00
200.00 Total (lines 30-199)	13,428	1,849,445	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150128

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,354,217	41,788,801	0.056336	12,446,769	701,201	50.00
51.00 RECOVERY ROOM	439,134	14,781,555	0.029708	3,381,101	100,446	51.00
52.00 DELIVERY ROOM & LABOR ROOM	498,075	11,207,133	0.044443	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,237,923	28,693,158	0.043143	2,545,474	109,819	54.00
55.00 RADIOLOGY-THERAPEUTIC	366,446	10,837,705	0.033812	1,572,210	53,160	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00 CT SCAN	415,619	24,688,700	0.016834	3,502,428	58,960	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	189,606	7,370,126	0.025726	774,003	19,912	58.00
59.00 CARDIAC CATHETERIZATION	541,545	33,157,226	0.016333	5,591,246	91,322	59.00
60.00 LABORATORY	327,193	37,199,866	0.008796	10,826,280	95,228	60.00
64.00 INTRAVENOUS THERAPY	0	805	0.000000	0	0	64.00
65.00 RESPIRATORY THERAPY	223,901	12,184,512	0.018376	5,818,931	106,929	65.00
66.00 PHYSICAL THERAPY	130,168	4,998,689	0.026040	1,049,975	27,341	66.00
67.00 OCCUPATIONAL THERAPY	43,795	1,834,513	0.023873	626,369	14,953	67.00
68.00 SPEECH PATHOLOGY	35,538	1,488,648	0.023873	192,202	4,588	68.00
69.00 ELECTROCARDIOLOGY	189,298	9,014,731	0.020999	3,133,454	65,799	69.00
70.00 ELECTROENCEPHALOGRAPHY	234,484	5,337,491	0.043932	97,562	4,286	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	411,501	21,913,969	0.018778	5,891,616	110,633	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	728,740	35,990,170	0.020248	12,147,442	245,961	72.00
73.00 DRUGS CHARGED TO PATIENTS	458,064	38,763,781	0.011817	13,831,785	163,450	73.00
74.00 RENAL DIALYSIS	40,673	767,112	0.053021	522,279	27,692	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00 ENDOSCOPY	179,878	2,795,742	0.064340	464,465	29,884	76.00
76.97 CARDIAC REHABILITATION	11,268	417,620	0.026981	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0.000000	0	0	90.00
90.01 DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02 HEALTHY HEARTS	18,343	996,967	0.018399	0	0	90.02
90.03 PALLIATIVE CARE	0	0	0.000000	0	0	90.03
90.04 SPINE CENTER	52,423	139,860	0.374825	0	0	90.04
91.00 EMERGENCY	1,084,340	48,725,671	0.022254	7,451,754	165,831	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	251,899	7,981,396	0.031561	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00 Total (lines 50-199)	10,464,071	403,075,947		91,867,345	2,197,395	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150128

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

Worksheet D
Part III
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Title XVIII				Hospital	Total Costs (sum of cols 1 through 3, minus col. 4)	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00		
30.00 ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
43.00 NURSERY	0	0	0	0	0	0	43.00
200.00 Total (lines 30-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Provider CCN: 150128 Period: From 01/01/2011 To 12/31/2011 Worksheet D Part III Date/Time Prepared: 5/29/2012 8:21 am

Cost Center Description	Total Patient Days	Title XVIII		Hospital		PPS
		Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	23,080	0.00	9,134	0	0	30.00
31.00 INTENSIVE CARE UNIT	8,253	0.00	4,294	0	0	31.00
43.00 NURSERY	3,261	0.00	0	0	0	43.00
200.00 Total (lines 30-199)	34,594		13,428	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150128	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/29/2012 8:21 am
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		12.00	13.00	
30.00	ADULTS & PEDIATRICS	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150128

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Title XVIII				Hospital All Other Medical Education cost	Total Cost (sum of col 1 through col: 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health				
	1.00	2.00	3.00	4.00		5.00	
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	52.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	73,379	0	0	73,379	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	0	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	58.00
60.00 LABORATORY	0	0	0	0	0	0	59.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	64.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	65.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	66.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	70.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	74.00
76.00 ENDOSCOPY	0	0	0	0	0	0	75.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	0	0	0	0	0	76.97
90.01 DIABETIC CARE CENTER	0	0	0	0	0	0	90.00
90.02 HEALTHY HEARTS	0	0	0	0	0	0	90.01
90.03 PALLIATIVE CARE	0	0	0	0	0	0	90.02
90.04 SPINE CENTER	0	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	0	0	0	0	90.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	110,581	0	0	110,581	91.00
OTHER REIMBURSABLE COST CENTERS							
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	183,960	0	0	183,960	98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150128

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	41,788,801	0.000000	0.000000	12,446,769	50.00
51.00 RECOVERY ROOM	0	14,781,555	0.000000	0.000000	3,381,101	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	11,207,133	0.000000	0.000000	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	73,379	28,693,158	0.002557	0.002557	2,545,474	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	10,837,705	0.000000	0.000000	1,572,210	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	24,688,700	0.000000	0.000000	3,502,428	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	7,370,126	0.000000	0.000000	774,003	58.00
59.00 CARDIAC CATHETERIZATION	0	33,157,226	0.000000	0.000000	5,591,246	59.00
60.00 LABORATORY	0	37,199,866	0.000000	0.000000	10,826,280	60.00
64.00 INTRAVENOUS THERAPY	0	805	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	12,184,512	0.000000	0.000000	5,818,931	65.00
66.00 PHYSICAL THERAPY	0	4,998,689	0.000000	0.000000	1,049,975	66.00
67.00 OCCUPATIONAL THERAPY	0	1,834,513	0.000000	0.000000	626,369	67.00
68.00 SPEECH PATHOLOGY	0	1,488,648	0.000000	0.000000	192,202	68.00
69.00 ELECTROCARDIOLOGY	0	9,014,731	0.000000	0.000000	3,133,454	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,337,491	0.000000	0.000000	97,562	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,913,969	0.000000	0.000000	5,891,616	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	35,990,170	0.000000	0.000000	12,147,442	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	38,763,781	0.000000	0.000000	13,831,785	73.00
74.00 RENAL DIALYSIS	0	767,112	0.000000	0.000000	522,279	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 ENDOSCOPY	0	2,795,742	0.000000	0.000000	464,465	76.00
76.97 CARDIAC REHABILITATION	0	417,620	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02 HEALTHY HEARTS	0	996,967	0.000000	0.000000	0	90.02
90.03 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.03
90.04 SPINE CENTER	0	139,860	0.000000	0.000000	0	90.04
91.00 EMERGENCY	110,581	48,725,671	0.002269	0.002269	7,451,754	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,981,396	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	183,960	403,075,947	0.000000	0.000000	91,867,345	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150128

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	1,596,371	0	0	0	50.00
51.00 RECOVERY ROOM	0	1,740,245	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	6,509	4,316,937	11,038	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	5,068,069	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	4,390,852	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,608,399	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	8,614,991	0	0	0	59.00
60.00 LABORATORY	0	707,217	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	14	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	206,131	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	1,010,962	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	997,971	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,442,115	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	2,869,678	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,247,910	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	0	719,651	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	161,741	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 HEALTHY HEARTS	0	262,359	0	0	0	90.02
90.03 PALLIATIVE CARE	0	0	0	0	0	90.03
90.04 SPINE CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	16,908	6,151,905	13,959	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,093,091	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	23,417	45,206,609	24,997	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150128

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Title XVIII		Hospital	PPS
	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRT)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 ENDOSCOPY	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0		90.00
90.01 DIABETIC CARE CENTER	0	0		90.01
90.02 HEALTHY HEARTS	0	0		90.02
90.03 PALLIATIVE CARE	0	0		90.03
90.04 SPINE CENTER	0	0		90.04
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150128

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

Worksheet D
Part V
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Cost to Charge Ratio From Worksheet G, Part I, col. 9	Title XVIII Hospital PPS			
		PPS Reimbursed Services (see instructions)	Charges		
			Cost Reimbursed Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	PPS
1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.214675	1,596,371	0	0	50.00
51.00 RECOVERY ROOM	0.283325	1,740,245	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.321614	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.246241	4,316,937	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.124606	5,068,069	0	0	55.00
56.00 RADIOISOTOPE	0.000000	0	0	0	56.00
57.00 CT SCAN	0.095112	4,390,852	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.118538	1,608,399	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.069661	8,614,991	0	0	59.00
60.00 LABORATORY	0.129999	707,217	0	0	60.00
64.00 INTRAVENOUS THERAPY	0.003727	14	0	0	64.00
65.00 RESPIRATORY THERAPY	0.193049	206,131	0	0	65.00
66.00 PHYSICAL THERAPY	0.344490	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.313659	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.314993	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.193747	1,010,962	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.234206	997,971	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356618	1,442,115	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.410541	2,869,678	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.211327	2,247,910	0	0	73.00
74.00 RENAL DIALYSIS	0.483553	0	0	27,755	74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00 ENDOSCOPY	0.320568	719,651	0	0	76.00
76.97 CARDIAC REHABILITATION	0.499871	161,741	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0.000000	0	0	0	90.00
90.01 DIABETIC CARE CENTER	0.000000	0	0	0	90.01
90.02 HEALTHY HEARTS	0.352073	262,359	0	0	90.02
90.03 PALLIATIVE CARE	0.000000	0	0	0	90.03
90.04 SPINE CENTER	4.135350	0	0	0	90.04
91.00 EMERGENCY	0.170647	6,151,905	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.251946	1,093,091	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00 Subtotal (see instructions)		45,206,609	0	27,755	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		45,206,609	0	27,755	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150128

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

Worksheet D
Part V
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Title XVIII			Hospital	PPS
	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	342,701	0	0		
51.00 RECOVERY ROOM	493,055	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		51.00
54.00 RADIOLOGY-DIAGNOSTIC	1,063,007	0	0		52.00
55.00 RADIOLOGY-THERAPEUTIC	631,512	0	0		54.00
56.00 RADIOISOTOPE	0	0	0		55.00
57.00 CT SCAN	417,623	0	0		56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	190,656	0	0		57.00
59.00 CARDIAC CATHETERIZATION	600,129	0	0		58.00
60.00 LABORATORY	91,938	0	0		59.00
64.00 INTRAVENOUS THERAPY	0	0	0		60.00
65.00 RESPIRATORY THERAPY	39,793	0	0		64.00
66.00 PHYSICAL THERAPY	0	0	0		65.00
67.00 OCCUPATIONAL THERAPY	0	0	0		66.00
68.00 SPEECH PATHOLOGY	0	0	0		67.00
69.00 ELECTROCARDIOLOGY	195,871	0	0		68.00
70.00 ELECTROENCEPHALOGRAPHY	233,731	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	514,284	0	0		70.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	1,178,120	0	0		71.00
73.00 DRUGS CHARGED TO PATIENTS	475,044	0	5,865		72.00
74.00 RENAL DIALYSIS	0	0	0		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		74.00
76.00 ENDOSCOPY	230,697	0	0		75.00
76.97 CARDIAC REHABILITATION	80,850	0	0		76.00
					76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		
90.01 DIABETIC CARE CENTER	0	0	0		90.00
90.02 HEALTHY HEARTS	92,370	0	0		90.01
90.03 PALLIATIVE CARE	0	0	0		90.02
90.04 SPINE CENTER	0	0	0		90.03
91.00 EMERGENCY	1,049,804	0	0		90.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	275,400	0	0		91.00
					92.00
OTHER REIMBURSABLE COST CENTERS					
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		
200.00 Subtotal (see instructions)	8,196,585	0	5,865		98.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		200.00
202.00 Net Charges (line 200 +/- line 201)	8,196,585	0	5,865		201.00
					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150128

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

Worksheet D
Part V
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Title XIX		Hospital		Cost
		PPS Reimbursed Services (see instructions)	Charges		Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.214675	0	0	468,003	50.00
51.00	RECOVERY ROOM	0.283325	0	0	339,998	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.321614	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.246241	0	0	1,619,083	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.124606	0	0	392,603	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.095112	0	0	1,515,886	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.118538	0	0	338,628	58.00
59.00	CARDIAC CATHETERIZATION	0.069661	0	0	1,011,943	59.00
60.00	LABORATORY	0.129999	0	0	1,674,357	60.00
64.00	INTRAVENOUS THERAPY	0.003727	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.193049	0	0	93,987	65.00
66.00	PHYSICAL THERAPY	0.344490	0	0	451,373	66.00
67.00	OCCUPATIONAL THERAPY	0.313659	0	0	161,268	67.00
68.00	SPEECH PATHOLOGY	0.314993	0	0	287,271	68.00
69.00	ELECTROCARDIOLOGY	0.193747	0	0	174,406	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.234206	0	0	271,313	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356618	0	0	549,874	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.410541	0	0	294,484	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211327	0	0	455,703	73.00
74.00	RENAL DIALYSIS	0.483553	0	0	3,906	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	ENDOSCOPY	0.320568	0	0	46,715	76.00
76.97	CARDIAC REHABILITATION	0.499871	0	0	9,352	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.000000	0	0	0	90.00
90.01	DIABETIC CARE CENTER	0.000000	0	0	0	90.01
90.02	HEALTHY HEARTS	0.352073	0	0	27,574	90.02
90.03	PALLIATIVE CARE	0.000000	0	0	0	90.03
90.04	SPINE CENTER	4.135350	0	0	3,315	90.04
91.00	EMERGENCY	0.170647	0	0	5,739,583	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.251946	0	0	904,628	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		0	0	16,835,253	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	16,835,253	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150128

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

Worksheet D
Part V
Date/Time Prepared:
5/29/2012 8:21 am

		Title XIX			Hospital	Cost
Cost Center Description	Costs					
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)			
	5.00	6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	100,469	50.00	
51.00	RECOVERY ROOM	0	0	96,330	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	0	398,685	54.00	
55.00	RADIOLOGY-THERAPEUTIC	0	0	48,921	55.00	
56.00	RADIOISOTOPE	0	0	0	56.00	
57.00	CT SCAN	0	0	144,179	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	40,140	58.00	
59.00	CARDIAC CATHETERIZATION	0	0	70,493	59.00	
60.00	LABORATORY	0	0	217,665	60.00	
64.00	INTRAVENOUS THERAPY	0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	0	18,144	65.00	
66.00	PHYSICAL THERAPY	0	0	155,493	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	50,583	67.00	
68.00	SPEECH PATHOLOGY	0	0	90,488	68.00	
69.00	ELECTROCARDIOLOGY	0	0	33,791	69.00	
70.00	ELECTROENCEPHALOGRAPHY	0	0	63,543	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	196,095	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	120,898	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	0	96,302	73.00	
74.00	RENAL DIALYSIS	0	0	1,889	74.00	
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00	
76.00	ENDOSCOPY	0	0	14,975	76.00	
76.97	CARDIAC REHABILITATION	0	0	4,675	76.97	
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	90.00	
90.01	DIABETIC CARE CENTER	0	0	0	90.01	
90.02	HEALTHY HEARTS	0	0	9,708	90.02	
90.03	PALLIATIVE CARE	0	0	0	90.03	
90.04	SPINE CENTER	0	0	13,709	90.04	
91.00	EMERGENCY	0	0	979,443	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	227,917	92.00	
OTHER REIMBURSABLE COST CENTERS						
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00	
200.00	Subtotal (see instructions)	0	0	3,194,535	200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	201.00	
202.00	Net Charges (line 200 +/- line 201)	0	0	3,194,535	202.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150128

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

Worksheet D-1

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Title XVIII	Hospital	PPS
PART I - ALL PROVIDER COMPONENTS			1.00
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	23,080	1.00
3.00	Private room days (excluding swing-bed and observation bed days)	23,080	2.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	0	3.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	23,080	4.00
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	5.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	6.00
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	7.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	9,134	8.00
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	9.00
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	10.00
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	11.00
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	12.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	13.00
15.00	Total nursery days (title V or XIX only)	0	14.00
16.00	Nursery days (title V or XIX only)	0	15.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	16.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	17.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	18.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	19.00
21.00	Total general inpatient routine service cost (see instructions)	0.00	20.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	22,291,537	21.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	22.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	23.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	24.00
26.00	Total swing-bed cost (see instructions)	0	25.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	0	26.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	22,291,537	27.00
29.00	Private room charges (excluding swing-bed charges)	37,905,010	28.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	29.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	37,905,010	30.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.588089	31.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	32.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	1,642.33	33.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	34.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0.00	35.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	0	36.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		
39.00	Program general inpatient routine service cost (line 9 x line 38)	965.84	38.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	8,821,983	39.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	0	40.00
		8,821,983	41.00

Cost Center Description	Title XVIII			Hospital Program Days	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)		Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	
Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00 INTENSIVE CARE UNIT						
44.00 CORONARY CARE UNIT	10,919,157	8,253	1,323.05	4,294	5,681,177	43.00
45.00 BURN INTENSIVE CARE UNIT						44.00
46.00 SURGICAL INTENSIVE CARE UNIT						45.00
47.00 OTHER SPECIAL CARE (SPECIFY)						46.00
Cost Center Description						47.00
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,775,963	48.00
PASS THROUGH COST ADJUSTMENTS					35,279,123	49.00
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					1,849,445	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					2,220,812	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,070,257	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					31,208,866	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						
55.00 Target amount per discharge					0	54.00
56.00 Target amount (line 54 x line 55)					0.00	55.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	56.00
58.00 Bonus payment (see instructions)					0	57.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0	58.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	59.00
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	60.00
62.00 Relief payment (see instructions)						61.00
63.00 Allowable inpatient cost plus incentive payment (see instructions)					0	62.00
PROGRAM INPATIENT ROUTINE SWING BED COST					0	63.00
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	65.00
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	66.00
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	67.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	68.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					0	69.00
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						70.00
72.00 Program routine service cost (line 9 x line 71)						71.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						72.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						73.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						74.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						75.00
77.00 Program capital-related costs (line 9 x line 76)						
78.00 Inpatient routine service cost (line 74 minus line 77)						76.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						77.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						78.00
81.00 Inpatient routine service cost per diem limitation						79.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						80.00
83.00 Reasonable inpatient routine service costs (see instructions)						81.00
84.00 Program inpatient ancillary services (see instructions)						82.00
85.00 utilization review - physician compensation (see instructions)						83.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						84.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						85.00
87.00 Total observation bed days (see instructions)					2,082	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					965.84	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,010,879	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150128

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

Worksheet D-1

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,792,417	22,291,537	0.125268	2,010,879	251,899	90.00
91.00 Nursing School cost	0	22,291,537	0.000000	2,010,879	0	91.00
92.00 Allied health cost	0	22,291,537	0.000000	2,010,879	0	92.00
93.00 All other Medical Education	0	22,291,537	0.000000	2,010,879	0	93.00

Provider CCN: 150128

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

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Title XIX	Hospital	Cost
PART I - ALL PROVIDER COMPONENTS			1.00
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,080 1.00
3.00	Private room days (excluding swing-bed and observation bed days)		23,080 2.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		0 3.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		23,080 4.00
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 5.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0 6.00
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 7.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0 8.00
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)		1,604 9.00
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 10.00
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 11.00
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 12.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0 13.00
15.00	Total nursery days (title V or XIX only)		0 14.00
16.00	Nursery days (title V or XIX only)		3,261 15.00
SWING BED ADJUSTMENT			382 16.00
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)		
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22,287,337 21.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0 22.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0 23.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0 24.00
26.00	Total swing-bed cost (see instructions)		0 25.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		0 26.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			22,287,337 27.00
28.00	General inpatient routine service charges (excluding swing-bed charges)		
29.00	Private room charges (excluding swing-bed charges)		37,905,010 28.00
30.00	Semi-private room charges (excluding swing-bed charges)		0 29.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		37,905,010 30.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.587979 31.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00 32.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		1,642.33 33.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00 34.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0.00 35.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		0 36.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			22,287,337 37.00
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		965.66 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,548,919 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,548,919 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150128

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

Worksheet D-1

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Title XIX		Average Per Diem (col. 1 + col. 2)	Hospital Program Days	Cost	
	Total Inpatient Cost	Total Inpatient Days			Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	2,338,239	3,261	717.03	4,00	5,00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	10,919,157	8,253	1,323.05	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,542,099	48.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					2,082	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					965.66	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,010,504	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150128

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

Worksheet D-1

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description	Cost	Title XIX		Hospital	
		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
91.00 Nursing School cost	0	0	0.000000	0	0
92.00 Allied health cost	0	0	0.000000	0	0
93.00 All other Medical Education	0	0	0.000000	0	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150128

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

Worksheet D-3

Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description		Title XVIII		Hospital		PPS
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
		1.00	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS					30.00
31.00	INTENSIVE CARE UNIT		9,609,202			31.00
43.00	NURSERY		8,737,254			43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.214675	12,446,769	2,672,010		50.00
51.00	RECOVERY ROOM	0.283325	3,381,101	957,950		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.321614	0	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.246241	2,545,474	626,800		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.124606	1,572,210	195,907		55.00
56.00	RADIOISOTOPE	0.000000	0	0		56.00
57.00	CT SCAN	0.095112	3,502,428	333,123		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.118538	774,003	91,749		58.00
59.00	CARDIAC CATHETERIZATION	0.072398	5,591,246	404,795		59.00
60.00	LABORATORY	0.130677	10,826,280	1,414,746		60.00
64.00	INTRAVENOUS THERAPY	0.003727	0	0		64.00
65.00	RESPIRATORY THERAPY	0.193049	5,818,931	1,123,339		65.00
66.00	PHYSICAL THERAPY	0.344490	1,049,975	361,706		66.00
67.00	OCCUPATIONAL THERAPY	0.313659	626,369	196,466		67.00
68.00	SPEECH PATHOLOGY	0.314993	192,202	60,542		68.00
69.00	ELECTROCARDIOLOGY	0.193747	3,133,454	607,097		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.234494	97,562	22,878		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356618	5,891,616	2,101,056		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.410541	12,147,442	4,987,023		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211327	13,831,785	2,923,030		73.00
74.00	RENAL DIALYSIS	0.483553	522,279	252,550		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0		75.00
76.00	ENDOSCOPY	0.320568	464,465	148,893		76.00
76.97	CARDIAC REHABILITATION	0.499871	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.000000	0	0		90.00
90.01	DIABETIC CARE CENTER	0.000000	0	0		90.01
90.02	HEALTHY HEARTS	0.352073	0	0		90.02
90.03	PALLIATIVE CARE	0.000000	0	0		90.03
90.04	SPINE CENTER	4.135350	0	0		90.04
91.00	EMERGENCY	0.173691	7,451,754	1,294,303		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.251946	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0		98.00
200.00	Total (sum of lines 50-94 and 96-98)		91,867,345	20,775,963		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)		91,867,345			202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150128	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
Cost Center Description		Title XIX	Hospital	Cost
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		2,086,261	30.00
31.00	INTENSIVE CARE UNIT		1,133,015	31.00
43.00	NURSERY		1,979,037	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.214675	1,339,182	287,489 50.00
51.00	RECOVERY ROOM	0.283325	416,220	117,926 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.321614	3,383,515	1,088,186 52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.246241	311,505	76,705 54.00
55.00	RADIOLOGY-THERAPEUTIC	0.124606	327,695	40,833 55.00
56.00	RADIOISOTOPE	0.000000	0	0 56.00
57.00	CT SCAN	0.095112	464,734	44,202 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.118538	56,027	6,641 58.00
59.00	CARDIAC CATHETERIZATION	0.069661	577,566	40,234 59.00
60.00	LABORATORY	0.129999	1,649,070	214,377 60.00
64.00	INTRAVENOUS THERAPY	0.003727	0	0 64.00
65.00	RESPIRATORY THERAPY	0.193049	690,142	133,231 65.00
66.00	PHYSICAL THERAPY	0.344490	69,552	23,960 66.00
67.00	OCCUPATIONAL THERAPY	0.313659	36,553	11,465 67.00
68.00	SPEECH PATHOLOGY	0.314993	14,290	4,501 68.00
69.00	ELECTROCARDIOLOGY	0.193747	270,739	52,455 69.00
70.00	ELECTROENCEPHALOGRAPHY	0.234206	37,106	8,690 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356618	911,431	325,033 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.410541	694,154	284,979 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211327	2,842,511	600,699 73.00
74.00	RENAL DIALYSIS	0.483553	26,277	12,706 74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	ENDOSCOPY	0.320568	68,902	22,088 76.00
76.97	CARDIAC REHABILITATION	0.499871	254	127 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000	0	0 90.00
90.01	DIABETIC CARE CENTER	0.000000	0	0 90.01
90.02	HEALTHY HEARTS	0.352073	0	0 90.02
90.03	PALLIATIVE CARE	0.000000	0	0 90.03
90.04	SPINE CENTER	4.135350	0	0 90.04
91.00	EMERGENCY	0.170647	853,061	145,572 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.251946	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00	Total (sum of lines 50-94 and 96-98)		15,040,486	3,542,099 200.00
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)		15,040,486	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150128

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

Worksheet E
Part A
Date/Time Prepared:
5/29/2012 8:21 am

Title XVIII

Hospital

PPS

1.00

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1.00	DRG Amounts Other than Outlier Payments		
2.00	Outlier payments for discharges. (see instructions)	26,295,439	1.00
3.00	Managed Care Simulated Payments	950,185	2.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	0	3.00
	Indirect Medical Education Adjustment	128.30	4.00
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment. (see instructions)	0.000000	27.00
28.00	IME Adjustment (see instructions)	0	28.00
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.19	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)	13.44	31.00
32.00	Sum of lines 30 and 31	15.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)	2.91	33.00
34.00	Disproportionate share adjustment (see instructions)	765,197	34.00
	Additional payment for high percentage of ESRD beneficiary discharges		
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0	46.00
47.00	Subtotal (see instructions)	28,010,821	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)	28,010,821	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)	2,256,500	50.00
51.00	Exception payment for inpatient program capital (worksheet L, Part III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	0	54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)	0	55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)	0	56.00
57.00	Routine service other pass through costs	0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150128

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

Worksheet E
Part A
Date/Time Prepared:
5/29/2012 8:21 am

Title XVIII

Hospital

PPS

58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)		1.00	
59.00	Total (sum of amounts on lines 49 through 58)			
60.00	Primary payer payments	23,417		58.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	30,290,738		59.00
62.00	Deductibles billed to program beneficiaries	19,843		60.00
63.00	Coinsurance billed to program beneficiaries	30,270,895		61.00
64.00	Allowable bad debts (see instructions)	2,743,136		62.00
65.00	Adjusted reimbursable bad debts (see instructions)	78,391		63.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	441,547		64.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	309,083		65.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	305,953		66.00
69.00	Outlier payments reconciliation	27,758,451		67.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		68.00
70.95	Recovery of Accelerated Depreciation	0		69.00
70.96	Low Volume Payment-1	0		70.00
70.97	Low Volume Payment-2	0		70.95
70.98	Low Volume Payment-3	0		70.96
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	0		70.97
72.00	Interim payments	0		70.98
73.00	Tentative settlement (for contractor use only)	27,758,451		71.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	26,908,786		72.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		73.00
	TO BE COMPLETED BY CONTRACTOR	849,665		74.00
		3,427,717		75.00
90.00	Operating outlier amount from worksheet E, Part A line 2			
91.00	Capital outlier from worksheet L, Part I, line 2	0		90.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		91.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		92.00
94.00	The rate used to calculate the Time Value of Money	0		93.00
95.00	Time value of Money for operating expenses(see instructions)	0.00		94.00
96.00	Time value of Money for capital related expenses (see instructions)	0		95.00
		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:21 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,865	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,171,588	2.00
3.00	PPS payments		8,182,087	3.00
4.00	Outlier payment (see instructions)		305,942	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		24,997	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,865	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		27,755	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		27,755	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		27,755	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21,890	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)		5,865	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		8,513,026	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)		1,749,807	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		6,769,084	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)		6,769,084	30.00
31.00	Primary payer payments		2,530	31.00
32.00	Subtotal (line 30 minus line 31)		6,766,554	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		358,371	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		250,860	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		256,776	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,017,414	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)		7,017,414	40.00
41.00	Interim payments		6,992,921	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)		24,493	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		25,043	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150128

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

Worksheet E
Part B
Date/Time Prepared:
5/29/2012 8:21 am

Title XVIII

Hospital

PPS

Overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00 override of Ancillary service charges (line 12)

0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150128

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 8:21 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		26,908,786		6,992,921	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		26,908,786		6,992,921	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		849,665		24,493	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		27,758,451		7,017,414	7.00
			0	Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150128

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2012 8:21 am

		Title XVIII	Hospital	PPS	
				1.00	
DATA COLLECTION NEEDED FOR THE HIT CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14			8,206	1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12			13,428	2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2			3,330	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			29,251	4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200			445,950,435	5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20			10,602,114	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology worksheet s-2, Part I line 168			0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,001,970	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH					
30.00	Initial/interim HIT payment(s)			0	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			2,001,970	32.00
				Overrides	
				1.00	
CONTRACTOR OVERRIDES					
108.00	override of HIT payment				0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150128

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

Worksheet E-3
Part VII
Date/Time Prepared:
5/29/2012 8:21 am

	Title XIX	Hospital	Cost	
			1.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		5,364,923	1.00
2.00	Medical and other services		3,194,535	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		8,559,458	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		8,559,458	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		31,875,739	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		31,875,739	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		31,875,739	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		23,316,281	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		8,559,458	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		8,559,458	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		8,559,458	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		8,559,458	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		8,559,458	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		8,559,458	40.00
41.00	Interim payments		4,870,488	41.00
42.00	Balance due provider/program (line 40 minus 41)		3,688,970	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 150128

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

Worksheet G

Date/Time Prepared:
5/29/2012 8:21 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	2,425	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	3.00
3.00 Notes receivable	0	0	0	0	4.00
4.00 Accounts receivable	131,914,760	0	0	0	5.00
5.00 Other receivable	0	0	0	0	6.00
6.00 Allowances for uncollectible notes and accounts receivable	-107,514,955	0	0	0	7.00
7.00 Inventory	2,632,225	0	0	0	8.00
8.00 Prepaid expenses	0	0	0	0	9.00
9.00 Other current assets	126,114	0	0	0	10.00
10.00 Due from other funds	0	0	0	0	11.00
11.00 Total current assets (sum of lines 1-10)	27,160,569	0	0	0	
FIXED ASSETS					
12.00 Land	497,000	0	0	0	12.00
13.00 Land improvements	2,645,221	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	156,167,107	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	1,521,995	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	880,245	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	54,298,980	0	0	0	23.00
24.00 Accumulated depreciation	-85,377,379	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)	130,633,169	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	48,866,309	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	48,866,309	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	206,660,047	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	0	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	-25,986	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	-25,986	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	5,148,369	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	5,148,369	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	5,122,383	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	201,537,664	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	201,537,664	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	206,660,047	0	0	0	60.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150128

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

Worksheet G-2 Parts
Date/Time Prepared:
5/29/2012 8:21 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	37,905,010		37,905,010	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	37,905,010		37,905,010	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,051,515		17,051,515	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)	17,051,515		17,051,515	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	54,956,525		54,956,525	17.00
18.00	Ancillary services	198,969,074	0	198,969,074	18.00
19.00	Outpatient services	0	203,539,737	203,539,737	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	253,925,599	203,539,737	457,465,336	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		147,756,838		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		147,756,838		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150128

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

worksheet G-3

Date/Time Prepared:
5/29/2012 8:21 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	457,465,336	1.00
2.00	Less contractual allowances and discounts on patients' accounts	293,228,756	2.00
3.00	Net patient revenues (line 1 minus line 2)	164,236,580	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	147,756,838	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,479,742	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	33,740	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	8,224	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	6,521,666	24.00
25.00	Total other income (sum of lines 6-24)	6,563,630	25.00
26.00	Total (line 5 plus line 25)	23,043,372	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,043,372	29.00

Provider CCN: 150128	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 8:21 am
Title XVIII	Hospital	PPS

PART I - FULLY PROSPECTIVE METHOD		1.00	
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier		
2.00	Capital DRG outlier payments	2,127,676	1.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	60,313	2.00
4.00	Number of interns & residents (see instructions)	81.24	3.00
5.00	Indirect medical education percentage (see instructions)	0.00	4.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0.00	5.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)	0	6.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)	2.19	7.00
9.00	Sum of lines 7 and 8	13.44	8.00
10.00	Allowable disproportionate share percentage (see instructions)	15.63	9.00
11.00	Disproportionate share adjustment (line 1 times line 10)	3.22	10.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	68,511	11.00
		2,256,500	12.00
PART II - PAYMENT UNDER REASONABLE COST		1.00	
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
PART III - COMPUTATION OF EXCEPTION PAYMENTS		1.00	
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	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0.00	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0.00	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