

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/16/2012 4:39 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/16/2012	Time: 4:39 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	234,716	64,519	1,338,692	343,494
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	0	0	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	234,716	64,519	1,338,692	343,494

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150097		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/16/2012 4:36 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 150 WEST WASHINGTON ST		PO Box:						1.00			
2.00	City: SHELBYVILLE		State: IN		Zip Code: 46176-		County: IN		2.00			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		MAJOR HOSPITAL		150097	99915	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF								N	N	N	7.00
8.00	Swing Beds - NF								N	N	N	8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA		MAJOR HOSPITAL		157418	99915		03/22/1995	N	P	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC								N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC								N	N	N	16.00
17.00	Hospital-Based (CMHC) 1											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011		12/31/2011		20.00		
21.00	Type of Control (see instructions)							2		21.00		
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00		
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3		N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	706	847	0	0	282	0		24.00			
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00			
						Urban/Rural S	Date of Geogr					
						1.00	2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1			26.00			
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).					1			27.00			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00			
						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			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/16/2012 4:36 pm		
		Beginning:	Ending:			
		1.00	2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
<u>Prospective Payment System (PPS)-Capital</u>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<u>Teaching Hospitals</u>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
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	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
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		
<u>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.</u>						
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150097

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

Worksheet S-2
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/16/2012 4:36 pm	
			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)(i)? Enter "Y" for yes and "N" for no.		N		86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		Y	Y	Y
					N
			1.00		2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		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	5,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y				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:	Contractor's Name:		Contractor's Number:			141.00
142.00	Street:	PO Box:		Zip Code:			142.00
143.00	City:	State:					143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N				145.00
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
				Part A	Part B		
				1.00	2.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital		N		N		155.00
156.00	Subprovider - IPF		N		N		156.00
157.00	Subprovider - IRF		N		N		157.00
158.00	SUBPROVIDER		N		N		158.00
159.00	SNF		N		N		159.00
160.00	HOME HEALTH AGENCY		N		N		160.00
161.00	CMHC				N		161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/16/2012 4:36 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/19/2012	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00		2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/09/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/16/2012 4:36 pm
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150097

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

Worksheet S-2
Part II
Date/Time Prepared:
5/16/2012 4:36 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/09/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150097

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	58	21,170	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)		58	21,170	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	9	3,285	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		67	24,455	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						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.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		67				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150097

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	4,532	698	9,156		1.00
2.00 HMO		565	1,100			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	4,532	698	9,156		7.00
8.00 INTENSIVE CARE UNIT	0	456	0	754		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	4,988	698	9,910		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	5,719	200	8,019		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		298	1,338		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		6,951				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			37	59		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150097

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,195	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	505.19	0.00	0	1,195	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	10.01	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	515.20	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150097

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	223	2,670		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)	223	2,670		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/16/2012 4:36 pm
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati 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 II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	29,959,543	0	29,959,543	1,067,708.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		249,380	0	249,380	1,386.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		997,521	0	997,521	5,543.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		2,072,672	127,964	2,200,636	52,574.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		380,272	0	380,272	4,066.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		206,922	0	206,922	1,937.00 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		8,403,191	0	8,403,191	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		516,916	0	516,916	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
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	476,166	0	476,166	9,609.00 26.00
27.00	Administrative & General	5.00	4,853,668	-127,964	4,725,704	173,034.00 27.00
28.00	Administrative & General under contract (see inst.)		319,887	0	319,887	2,233.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	529,390	0	529,390	27,776.00 30.00
31.00	Laundry & Linen Service	8.00	31,232	0	31,232	2,799.00 31.00
32.00	Housekeeping	9.00	714,741	0	714,741	59,113.00 32.00
33.00	Housekeeping under contract (see instructions)		170,155	0	170,155	2,080.00 33.00
34.00	Dietary	10.00	601,997	-404,072	197,925	12,757.00 34.00
35.00	Dietary under contract (see instructions)		232,547	0	232,547	6,032.00 35.00
36.00	Cafeteria	11.00	0	404,072	404,072	27,042.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	772,324	0	772,324	17,757.00 38.00
39.00	Central Services and Supply	14.00	124,912	-124,912	0	0.00 39.00
40.00	Pharmacy	15.00	737,408	0	737,408	19,877.00 40.00
41.00	Medical Records & Medical Records Library	16.00	526,644	0	526,644	28,191.00 41.00
42.00	Social Service	17.00	0	0	0	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/16/2012 4:36 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	28.06	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	179.93	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	179.96	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)	41.86	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	93.52	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	106.83	13.00
14.00	Home office salaries & wage-related costs	0.00	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/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	49.55	26.00
27.00	Administrative & General	27.31	27.00
28.00	Administrative & General under contract (see inst.)	143.25	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	19.06	30.00
31.00	Laundry & Linen Service	11.16	31.00
32.00	Housekeeping	12.09	32.00
33.00	Housekeeping under contract (see instructions)	81.81	33.00
34.00	Dietary	15.52	34.00
35.00	Dietary under contract (see instructions)	38.55	35.00
36.00	Cafeteria	14.94	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	43.49	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	37.10	40.00
41.00	Medical Records & Medical Records Library	18.68	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150097

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

Worksheet S-3
Part III
Date/Time Prepared:
5/16/2012 4:36 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati 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)	29,684,611	0	29,684,611	1,072,510.00	1.00
2.00	Excluded area salaries (see instructions)	2,072,672	127,964	2,200,636	52,574.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27,611,939	-127,964	27,483,975	1,019,936.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	587,194	0	587,194	6,003.00	4.00
5.00	Subtotal wage-related costs (see inst.)	8,403,191	0	8,403,191	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	36,602,324	-127,964	36,474,360	1,025,939.00	6.00
7.00	Total overhead cost (see instructions)	10,091,071	-252,876	9,838,195	388,300.00	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/16/2012 4:36 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	27.68	1.00
2.00	Excluded area salaries (see instructions)	41.86	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26.95	3.00
4.00	Subtotal other wages & related costs (see inst.)	97.82	4.00
5.00	Subtotal wage-related costs (see inst.)	30.57	5.00
6.00	Total (sum of lines 3 thru 5)	35.55	6.00
7.00	Total overhead cost (see instructions)	25.34	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150097

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/16/2012 4:36 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,291,048	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,979,305	8.00
9.00	Prescription Drug Plan	19,682	9.00
10.00	Dental, Hearing and Vision Plan	73,224	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	44,009	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)	120,011	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	210,252	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	2,071,774	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	111,258	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	-456	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,920,107	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: 150097

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

Worksheet S-3
Part V
Date/Time Prepared:
5/16/2012 4:36 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150097 Component CCN: 157418		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 5/16/2012 4:36 pm		
				Home Health Agency I		PPS		
							1.00	
0.00	County							0.00
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	0	0	0	0	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	250.00	0.00	0.00	0.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	0.00					3.00	
4.00	Director(s) and Assistant Director(s)	0.00					4.00	
5.00	Other Administrative Personnel	0.00					5.00	
6.00	Direct Nursing Service	0.00					6.00	
7.00	Nursing Supervisor	0.00					7.00	
8.00	Physical Therapy Service	0.00					8.00	
9.00	Physical Therapy Supervisor	0.00					9.00	
10.00	Occupational Therapy Service	0.00					10.00	
11.00	Occupational Therapy Supervisor	0.00					11.00	
12.00	Speech Pathology Service	0.00					12.00	
13.00	Speech Pathology Supervisor	0.00					13.00	
14.00	Medical Social Service	0.00					14.00	
15.00	Medical Social Service Supervisor	0.00					15.00	
16.00	Home Health Aide	0.00					16.00	
17.00	Home Health Aide Supervisor	0.00					17.00	
18.00	Other (specify)	0.00					18.00	
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				1		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	99915					20.00	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	2,506	135	110	53	2,804	21.00	
22.00	Skilled Nursing Visit Charges	483,658	26,055	21,230	10,229	541,172	22.00	
23.00	Physical Therapy Visits	1,481	8	16	20	1,525	23.00	
24.00	Physical Therapy Visit Charges	297,681	1,608	3,216	4,020	306,525	24.00	
25.00	Occupational Therapy Visits	327	0	1	2	330	25.00	
26.00	Occupational Therapy Visit Charges	63,438	0	194	388	64,020	26.00	
27.00	Speech Pathology Visits	5	0	1	0	6	27.00	
28.00	Speech Pathology Visit Charges	985	0	197	0	1,182	28.00	
29.00	Medical Social Service Visits	0	0	0	0	0	29.00	
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00	
31.00	Home Health Aide Visits	972	62	3	17	1,054	31.00	
32.00	Home Health Aide Visit Charges	94,284	6,014	291	1,649	102,238	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,291	205	131	92	5,719	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	940,046	33,677	25,128	16,286	1,015,137	35.00	
36.00	Total Number of Episodes (standard/non outlier)	301		42	6	349	36.00	
37.00	Total Number of Outlier Episodes		5		0	5	37.00	
38.00	Total Non-Routine Medical Supply Charges	27,155	7,823	1,892	1,267	38,137	38.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/16/2012 4:36 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.322319	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,833,569	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		3,449,767	5.00	
6.00	Medicaid charges		18,483,879	6.00	
7.00	Medicaid cost (line 1 times line 6)		5,957,705	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
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)		0	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,799,007	0	6,799,007	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,191,449	0	2,191,449	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,191,449	0	2,191,449	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		7,068,186	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		308,000	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		6,760,186	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,178,936	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,370,385	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,370,385	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150097

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

Worksheet A
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		2,248,756	2,248,756	0	2,248,756	1.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	476,166	7,045,277	7,521,443	0	7,521,443	4.00
5.01 COMMUNICATIONS	0	0	0	96,193	96,193	5.01
5.02 DATA PROCESSING	807,042	1,874,134	2,681,176	0	2,681,176	5.02
5.03 PURCHASING, RECEIVING AND STORES	168,632	96,544	265,176	0	265,176	5.03
5.04 ADMITTING	739,186	76,949	816,135	-96,193	719,942	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	484,601	686,886	1,171,487	0	1,171,487	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	2,654,207	2,760,521	5,414,728	-315,467	5,099,261	5.06
7.00 OPERATION OF PLANT	529,390	929,252	1,458,642	0	1,458,642	7.00
8.00 LAUNDRY & LINEN SERVICE	31,232	182,001	213,233	0	213,233	8.00
9.00 HOUSEKEEPING	714,741	407,197	1,121,938	0	1,121,938	9.00
10.00 DIETARY	601,997	802,816	1,404,813	-966,352	438,461	10.00
11.00 CAFETERIA	0	0	0	966,352	966,352	11.00
13.00 NURSING ADMINISTRATION	772,324	155,688	928,012	0	928,012	13.00
14.00 CENTRAL SERVICES & SUPPLY	124,912	154,151	279,063	-276,997	2,066	14.00
15.00 PHARMACY	737,408	3,920,465	4,657,873	0	4,657,873	15.00
16.00 MEDICAL RECORDS & LIBRARY	526,644	317,282	843,926	0	843,926	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	4,797,426	854,712	5,652,138	20,320	5,672,458	30.00
31.00 INTENSIVE CARE UNIT	1,091,260	259,708	1,350,968	0	1,350,968	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,150,464	1,385,237	3,535,701	110,362	3,646,063	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	1,462,995	876,808	2,339,803	0	2,339,803	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,641,731	1,713,048	3,354,779	0	3,354,779	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ONCOLOGY	779,070	1,494,952	2,274,022	0	2,274,022	56.01
57.00 CT SCAN	331,138	625,173	956,311	0	956,311	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	259,646	618,222	877,868	0	877,868	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,566,544	2,397,374	3,963,918	0	3,963,918	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	673,110	110,845	783,955	0	783,955	65.00
65.01 SLEEP LAB	207,282	124,338	331,620	0	331,620	65.01
66.00 PHYSICAL THERAPY	969,169	547,596	1,516,765	0	1,516,765	66.00
69.00 ELECTROCARDIOLOGY	492,347	167,939	660,286	0	660,286	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	77,797	3,277,137	3,354,934	-1,697,638	1,657,296	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,697,638	1,697,638	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	133,337	158,725	292,062	0	292,062	90.00
91.00 EMERGENCY	1,885,073	3,150,694	5,035,767	146,315	5,182,082	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	964,035	964,035	0	964,035	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	593,691	381,378	975,069	0	975,069	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	28,480,562	40,765,840	69,246,402	-315,467	68,930,935	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0	190.01
190.02 SICK CHILD CARE	0	0	0	0	0	190.02
190.03 PRIVATE DUTY	0	0	0	0	0	190.03
190.04 ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05 MARKETING	0	0	0	315,467	315,467	190.05
190.06 MH LIGHTBOUND	0	0	0	0	0	190.06
190.07 I-74 CAMPUS	126,257	370,263	496,520	0	496,520	190.07
190.08 SOUTHEAST OB	0	0	0	0	0	190.08
190.09 INTELLI PLEX DEVELOPMENT	2,813	75,248	78,061	0	78,061	190.09
190.10 MS&M	0	0	0	0	0	190.10
190.11 OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	0	190.11
190.12 BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13 SSA	0	19	19	0	19	190.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150097

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

Worksheet A
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
190.14 SPORTSWORKS	0	0	0	0	0	190.14
190.15 SHELBY PEDS	0	0	0	0	0	190.15
190.16 RENOVO	929	37,622	38,551	0	38,551	190.16
190.17 IMA	0	0	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	0	0	190.18
190.19 MHCD	0	842,795	842,795	0	842,795	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPITALIST	1,243,680	89,204	1,332,884	0	1,332,884	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	105,302	11,411	116,713	0	116,713	194.00
200.00 TOTAL (SUM OF LINES 118-199)	29,959,543	42,192,402	72,151,945	0	72,151,945	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150097

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

Worksheet A
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	-354,911	1,893,845	1.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-5,406	7,516,037	4.00
5.01	COMMUNICATIONS	-4,314	91,879	5.01
5.02	DATA PROCESSING	-88,612	2,592,564	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	265,176	5.03
5.04	ADMINISTRATIVE	-6,293	713,649	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	-48,648	1,122,839	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-1,041,995	4,057,266	5.06
7.00	OPERATION OF PLANT	0	1,458,642	7.00
8.00	LAUNDRY & LINEN SERVICE	0	213,233	8.00
9.00	HOUSEKEEPING	-304	1,121,634	9.00
10.00	DIETARY	-247,489	190,972	10.00
11.00	CAFETERIA	-458,154	508,198	11.00
13.00	NURSING ADMINISTRATION	-134,629	793,383	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,066	14.00
15.00	PHARMACY	-14,242	4,643,631	15.00
16.00	MEDICAL RECORDS & LIBRARY	-32,444	811,482	16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-32,144	5,640,314	30.00
31.00	INTENSIVE CARE UNIT	-7,100	1,343,868	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-177,356	3,468,707	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	-1,787,445	552,358	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-139,748	3,215,031	54.00
56.00	RADIOISOTOPE	0	0	56.00
56.01	ONCOLOGY	-354,954	1,919,068	56.01
57.00	CT SCAN	0	956,311	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	877,868	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	3,963,918	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	-4,008	779,947	65.00
65.01	SLEEP LAB	0	331,620	65.01
66.00	PHYSICAL THERAPY	-8,383	1,508,382	66.00
69.00	ELECTROCARDIOLOGY	-3,014	657,272	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-43,222	1,614,074	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,697,638	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-129,551	162,511	90.00
91.00	EMERGENCY	-2,633,819	2,548,263	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	803,410	1,767,445	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	975,069	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-6,954,775	61,976,160	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	SHELBY COUNTY MEDICAL CENTER	0	0	190.01
190.02	SICK CHILD CARE	0	0	190.02
190.03	PRIVATE DUTY	0	0	190.03
190.04	ST. VINCENT'S STRESS	0	0	190.04
190.05	MARKETING	0	315,467	190.05
190.06	MH LIGHTBOUND	0	0	190.06
190.07	I-74 CAMPUS	0	496,520	190.07
190.08	SOUTHEAST OB	0	0	190.08
190.09	INTELLI PLEX DEVELOPMENT	0	78,061	190.09
190.10	MS&M	0	0	190.10
190.11	OTHER NON-REIMBURSEABLE CENTERS	0	0	190.11
190.12	BARTLEY ORTHOPEDICS	0	0	190.12
190.13	SSA	0	19	190.13
190.14	SPORTSWORKS	0	0	190.14
190.15	SHELBY PEDS	0	0	190.15

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150097

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

Worksheet A
Date/Time Prepared:
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Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6.00	7.00		
190.16 RENOVO	0	38,551		190.16
190.17 IMA	0	0		190.17
190.18 MD SOLUTIONS	0	0		190.18
190.19 MHCD	0	842,795		190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0		192.00
192.01 HOSPITALIST	0	1,332,884		192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	116,713		194.00
200.00 TOTAL (SUM OF LINES 118-199)	-6,954,775	65,197,170		200.00

RECLASSIFICATIONS

Provider CCN: 150097

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

Worksheet A-6

Date/Time Prepared:
5/16/2012 4:36 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	404,072	562,280	1.00
	TOTALS		404,072	562,280	
B - COMMUNICATIONS RECLASS					
1.00	COMMUNICATIONS	5.01	96,193	0	1.00
	TOTALS		96,193	0	
C - CSR RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	9,163	11,157	1.00
2.00	OPERATING ROOM	50.00	49,768	60,594	2.00
3.00	EMERGENCY	91.00	65,981	80,334	3.00
	TOTALS		124,912	152,085	
D - MARKETING					
1.00	MARKETING	190.05	127,964	187,503	1.00
	TOTALS		127,964	187,503	
E - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	29,196	1,668,442	1.00
	TOTALS		29,196	1,668,442	
500.00	Grand Total: Increases		782,337	2,570,310	500.00

RECLASSIFICATIONS

Provider CCN: 150097

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	404,072	562,280	0		1.00
	TOTALS		404,072	562,280			
B - COMMUNICATIONS RECLASS							
1.00	ADMINISTRATIVE	5.04	96,193	0	0		1.00
	TOTALS		96,193	0			
C - CSR RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	124,912	152,085	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		124,912	152,085			
D - MARKETING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	127,964	187,503	0		1.00
	TOTALS		127,964	187,503			
E - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	29,196	1,668,442	0		1.00
	TOTALS		29,196	1,668,442			
500.00	Grand Total: Decreases		782,337	2,570,310			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150097

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/16/2012 4:36 pm

	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	1,737,322	0	0	0	1.00
2.00	Land Improvements	4,961,997	843,696	0	843,696	2.00
3.00	Buildings and Fixtures	31,259,592	1,360	0	1,360	3.00
4.00	Building Improvements	1,441,311	176,298	0	176,298	4.00
5.00	Fixed Equipment	3,291,520	1,790,007	0	1,790,007	5.00
6.00	Movable Equipment	27,824,719	2,088,098	0	2,088,098	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	70,516,461	4,899,459	0	4,899,459	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	70,516,461	4,899,459	0	4,899,459	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	1,457,743	0	791,013	0	1.00
3.00	Total (sum of lines 1-2)	1,457,743	0	791,013	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150097

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	1,737,322	0					1.00
2.00	Land Improvements	5,805,693	0					2.00
3.00	Buildings and Fixtures	31,254,352	0					3.00
4.00	Building Improvements	1,617,609	0					4.00
5.00	Fixed Equipment	3,304,546	0					5.00
6.00	Movable Equipment	29,404,901	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	73,124,423	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	73,124,423	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	2,248,756					1.00
3.00	Total (sum of lines 1-2)	0	2,248,756					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	1,437,191	0	1.00	
3.00	Total (sum of lines 1-2)	0	0	0	1,437,191	0	3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150097

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	456,654	0	0	0	1,893,845	1.00
3.00	Total (sum of lines 1-2)	456,654	0	0	0	1,893,845	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150097

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

Worksheet A-8

Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-334,359	CAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***		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	-4,314	COMMUNICATIONS		5.01	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,306,848				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	803,410				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	A	-233,675	CAFETERIA		11.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		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	*** Cost Center Deleted ***		2.00	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00	32.00
33.00 FOOD AND NUTRITION	B	-41,957	DIETARY		10.00	33.00
34.00 DIABETIC ED	B	-134,122	NURSING ADMINISTRATION		13.00	34.00
35.00 CAFETERIA - EMP	A	-224,479	CAFETERIA		11.00	35.00
36.00 MH OTHER REVENUES RENTAL INCOME	B	-17,784	CAP REL COSTS-BLDG & FIXT		1.00	36.00
37.00 MH INFO. SYSTEMS CONTRACT LABOR	A	-88,612	DATA PROCESSING		5.02	37.00
38.00 MH REGISTRATION CONTRACT LABOR	A	-6,293	ADMINISTRATION		5.04	38.00
39.00 MH PT FINANCE SVCS CONTRACT LABOR	A	-48,648	CASHIERING/ACCOUNTS RECEIVABLE		5.05	39.00
40.00 MH ACCOUNTING CONTRACT LABOR	A	-167,100	OTHER ADMINISTRATIVE AND GENERAL		5.06	40.00
41.00 MH ADMINISTRATION CONTRACT LABOR	A	-204,648	OTHER ADMINISTRATIVE AND GENERAL		5.06	41.00
42.00 MH OTHER REVENUES PURCHASE DISCOUNTS	B	-11,468	OTHER ADMINISTRATIVE AND GENERAL		5.06	42.00
43.00 MH OTHER REVENUES REAPPOINTMENT FEES	B	-6,050	OTHER ADMINISTRATIVE AND GENERAL		5.06	43.00
44.00 MH EDUCATION CLASS REVENUE	B	-9,408	OTHER ADMINISTRATIVE AND GENERAL		5.06	44.00
45.00 MH MDSOLUTIONS-ADM RENTAL INCOME	B	-31,608	OTHER ADMINISTRATIVE AND GENERAL		5.06	45.00
45.01 MH OTHER REVENUES MISCELLANEOUS INCO	B	-7,341	OTHER ADMINISTRATIVE AND GENERAL		5.06	45.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150097

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

Worksheet A-8

Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
45.02 MH ACCOUNTING VENDOR REBATES	B	-30,369	OTHER ADMIN STRATIVE AND GENERAL	5.06	45.02	
45.03 MH PHARMACY VENDOR REBATES	B	-14,242	PHARMACY	15.00	45.03	
45.04 MH OTHER REVENUES XEROX AND COPYING	B	-32,444	MEDICAL RECORDS & LIBRARY	16.00	45.04	
45.05 MH COMM. OUTREACH CONTRACT LABOR	A	-30,000	ADULTS & PEDIATRICS	30.00	45.05	
45.06 MH OTHER REVENUES BABY PHOTO INCOME	B	-551	ADULTS & PEDIATRICS	30.00	45.06	
45.07 MH ICU OTHER INCOME	B	-7,100	INTENSIVE CARE UNIT	31.00	45.07	
45.08 MH RADIOLOGY VENDOR REBATES	B	-12,313	RADIOLOGY-DIAGNOSTIC	54.00	45.08	
45.09 MH RESP. THERAPY CONTRACT LABOR	A	-4,008	RESPIRATORY THERAPY	65.00	45.09	
45.10 MH CENTRAL SUPPLY VENDOR REBATES	B	-43,222	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	45.10	
45.11 INVEST. INC - OLD CAP - B&F	B	-2,822	OPERATING ROOM	50.00	45.11	
45.12 MEALS ON WHEELS	A	-205,532	DIETARY	10.00	45.12	
45.13 DEPR - OLD B&F	A	-2,768	CAP REL COSTS-BLDG & FIXT	1.00	45.13	
45.14 IHHA/AHA DUES	A	-5,526	OTHER ADMIN STRATIVE AND GENERAL	5.06	45.14	
45.15 PROMOTIONAL GIFTS	A	-127	EMPLOYEE BENEFITS	4.00	45.15	
45.16 PROMOTIONAL GIFTS	A	-6,492	OTHER ADMIN STRATIVE AND GENERAL	5.06	45.16	
45.17 PROMOTIONAL GIFTS	A	-304	HOUSEKEEPING	9.00	45.17	
45.18 PROMOTIONAL GIFTS	A	-507	NURSING ADMIN STRATION	13.00	45.18	
45.19 PROMOTIONAL GIFTS	A	-1,170	ADULTS & PEDIATRICS	30.00	45.19	
45.20 PROMOTIONAL GIFTS	A	-534	OPERATING ROOM	50.00	45.20	
45.21 PROMOTIONAL GIFTS	A	-885	RADIOLOGY-DIAGNOSTIC	54.00	45.21	
45.22 PROMOTIONAL GIFTS	A	-2,009	ONCOLOGY	56.01	45.22	
45.23 PROMOTIONAL GIFTS	A	-7,666	PHYSICAL THERAPY	66.00	45.23	
45.24 PROMOTIONAL GIFTS	A	-2,880	ELECTROCARDIOLOGY	69.00	45.24	
45.25 ADVERTISING EXPENSE	A	-3,111	OTHER ADMIN STRATIVE AND GENERAL	5.06	45.25	
45.26 ADVERTISING EXPENSE	A	-717	PHYSICAL THERAPY	66.00	45.26	
45.27 ADVERTISING EXPENSE	A	-134	ELECTROCARDIOLOGY	69.00	45.27	
45.28 COMMUNITY OUTREACH	A	-554,035	OTHER ADMIN STRATIVE AND GENERAL	5.06	45.28	
45.29 NURSE PRACTITIONER EXPENSE	A	-908,003	EMERGENCY	91.00	45.29	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,954,775			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150097

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

Worksheet A-8

Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	FOOD AND NUTRITION	0	33.00
34.00	DIABETIC ED	0	34.00
35.00	CAFETERIA - EMP	0	35.00
36.00	MH OTHER REVENUES RENTAL INCOME	9	36.00
37.00	MH INFO. SYSTEMS CONTRACT LABOR	0	37.00
38.00	MH REGISTRATION CONTRACT LABOR	0	38.00
39.00	MH PT FINANCE SVCS CONTRACT LABOR	0	39.00
40.00	MH ACCOUNTING CONTRACT LABOR	0	40.00
41.00	MH ADMINISTRATION CONTRACT LABOR	0	41.00
42.00	MH OTHER REVENUES PURCHASE DISCOUNTS	0	42.00
43.00	MH OTHER REVENUES REAPPOINTMENT FEES	0	43.00
44.00	MH EDUCATION CLASS REVENUE	0	44.00
45.00	MH MDSOLUTIONS-ADM RENTAL INCOME	0	45.00
45.01	MH OTHER REVENUES MISCELLANEOUS INCO	0	45.01
45.02	MH ACCOUNTING VENDOR REBATES	0	45.02
45.03	MH PHARMACY VENDOR REBATES	0	45.03
45.04	MH OTHER REVENUES XEROX AND COPYING	0	45.04
45.05	MH COMM. OUTREACH CONTRACT LABOR	0	45.05
45.06	MH OTHER REVENUES BABY PHOTO INCOME	0	45.06
45.07	MH ICU OTHER INCOME	0	45.07
45.08	MH RADIOLOGY VENDOR REBATES	0	45.08
45.09	MH RESP. THERAPY CONTRACT LABOR	0	45.09
45.10	MH CENTRAL SUPPLY VENDOR REBATES	0	45.10
45.11	INVEST. INC - OLD CAP - B&F	0	45.11
45.12	MEALS ON WHEELS	0	45.12
45.13	DEPR - OLD B&F	9	45.13
45.14	IHHA/AHA DUES	0	45.14
45.15	PROMOTIONAL GIFTS	0	45.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 150097

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

Worksheet A-8

Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.16	PROMOTIONAL GIFTS	0	45.16
45.17	PROMOTIONAL GIFTS	0	45.17
45.18	PROMOTIONAL GIFTS	0	45.18
45.19	PROMOTIONAL GIFTS	0	45.19
45.20	PROMOTIONAL GIFTS	0	45.20
45.21	PROMOTIONAL GIFTS	0	45.21
45.22	PROMOTIONAL GIFTS	0	45.22
45.23	PROMOTIONAL GIFTS	0	45.23
45.24	PROMOTIONAL GIFTS	0	45.24
45.25	ADVERTISING EXPENSE	0	45.25
45.26	ADVERTISING EXPENSE	0	45.26
45.27	ADVERTISING EXPENSE	0	45.27
45.28	COMMUNITY OUTREACH	0	45.28
45.29	NURSE PRACTITIONER EXPENSE	0	45.29
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: 150097

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

Worksheet A-8-1

Date/Time Prepared:
5/16/2012 4:36 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	95.00	AMBULANCE SERVICES	AMBULANCE SERVICES	1.00
2.00	0.00			2.00
3.00	0.00			3.00
4.00	0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

6.00	G	SHELBY COUNTY A	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:			100.00
		AMBULANCE		

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

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

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

Provider CCN: 150097

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

Worksheet A-8-1

Date/Time Prepared: 5/16/2012 4:36 pm

	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	1,736,356	932,946	803,410	0	1.00
2.00	0	0	0	0	2.00
3.00	0	0	0	0	3.00
4.00	0	0	0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150097

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2012 4:36 pm

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		4.00	EMPLOYEE BENEFITS	30,000	0	1.00
2.00		5.06	OTHER ADMINISTRATIVE AND GENERAL	27,500	0	2.00
3.00		30.00	ADULTS & PEDIATRICS	20,833	0	3.00
4.00		50.00	OPERATING ROOM	174,000	174,000	4.00
5.00		53.00	ANESTHESIOLOGY	1,926,210	1,667,123	5.00
6.00		54.00	RADIOLOGY-DIAGNOSTIC	126,550	126,550	6.00
7.00		56.01	ONCOLOGY	352,945	352,945	7.00
8.00		60.00	LABORATORY	48,620	0	8.00
9.00		90.00	CLINIC	129,551	129,551	9.00
10.00		91.00	EMERGENCY	1,756,553	1,686,291	10.00
200.00				4,592,762	4,136,460	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150097

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2012 4:36 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	30,000	171,400	300	24,721	1,236	1.00
2.00	27,500	171,400	275	22,661	1,133	2.00
3.00	20,833	204,100	208	20,410	1,021	3.00
4.00	0	0	0	0	0	4.00
5.00	259,087	200,300	1,441	138,765	6,938	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	48,620	219,500	726	76,614	3,831	8.00
9.00	0	0	0	0	0	9.00
10.00	70,262	171,400	373	30,737	1,537	10.00
200.00	456,302		3,323	313,908	15,696	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150097

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2012 4:36 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	24,721	1.00
2.00	0	0	0	0	22,661	2.00
3.00	0	0	0	0	20,410	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	138,765	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	76,614	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	30,737	10.00
200.00	0	0	0	0	313,908	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150097

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2012 4:36 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	5,279	5,279	1.00
2.00	4,839	4,839	2.00
3.00	423	423	3.00
4.00	0	174,000	4.00
5.00	120,322	1,787,445	5.00
6.00	0	126,550	6.00
7.00	0	352,945	7.00
8.00	0	0	8.00
9.00	0	129,551	9.00
10.00	39,525	1,725,816	10.00
200.00	170,388	4,306,848	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150097

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT					
	0	1.00		4.00		5.01	5.02
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,893,845	1,893,845				1.00
4.00	EMPLOYEE BENEFITS	7,516,037	6,627	7,522,664			4.00
5.01	COMMUNICATIONS	91,879	3,571	24,544	119,994		5.01
5.02	DATA PROCESSING	2,592,564	27,453	205,916	2,980	2,828,913	5.02
5.03	PURCHASING, RECEIVING AND STORES	265,176	8,947	43,026	1,083	62,556	5.03
5.04	ADMINISTRATIVE	713,649	19,857	164,059	1,896	48,655	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	1,122,839	0	123,645	0	118,161	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	4,057,266	124,492	644,568	7,855	166,816	5.06
7.00	OPERATION OF PLANT	1,458,642	140,679	135,073	1,354	62,556	7.00
8.00	LAUNDRY & LINEN SERVICE	213,233	6,811	7,969	271	0	8.00
9.00	HOUSEKEEPING	1,121,634	3,154	182,365	813	48,655	9.00
10.00	DIETARY	190,972	30,215	50,500	1,354	27,803	10.00
11.00	CAFETERIA	508,198	47,850	103,099	0	0	11.00
13.00	NURSING ADMINISTRATION	793,383	23,735	197,058	6,501	187,667	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,066	39,039	0	813	13,901	14.00
15.00	PHARMACY	4,643,631	18,310	188,149	1,625	69,506	15.00
16.00	MEDICAL RECORDS & LIBRARY	811,482	27,036	134,373	2,709	139,013	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,640,314	298,271	1,226,406	6,501	284,977	30.00
31.00	INTENSIVE CARE UNIT	1,343,868	91,221	278,434	3,521	97,309	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,468,707	114,919	561,387	3,521	236,322	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	552,358	5,780	373,282	0	34,753	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,215,031	116,416	418,886	5,417	229,371	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ONCOLOGY	1,919,068	245,866	198,779	7,584	284,976	56.01
57.00	CT SCAN	956,311	4,909	84,490	271	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	877,868	0	66,248	271	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	3,963,918	30,006	399,702	1,354	180,717	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	779,947	106,451	171,743	1,625	62,556	65.00
65.01	SLEEP LAB	331,620	0	52,888	813	20,852	65.01
66.00	PHYSICAL THERAPY	1,508,382	11,671	247,283	3,792	34,753	66.00
69.00	ELECTROCARDIOLOGY	657,272	3,731	125,622	3,792	6,951	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,614,074	0	12,400	542	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,697,638	0	7,449	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	162,511	61,325	34,021	3,792	69,506	90.00
91.00	EMERGENCY	2,548,263	65,056	497,809	4,605	229,371	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,767,445	0	0	0	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	975,069	0	151,480	2,980	76,457	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	61,976,160	1,683,398	7,112,653	79,635	2,794,160	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,565	0	271	0	190.00
190.01	SHELBY COUNTY MEDICAL CENTER	0	0	0	8,938	0	190.01
190.02	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	MARKETING	315,467	2,356	32,650	0	20,852	190.05
190.06	MH LIGHTBOUND	0	0	0	0	0	190.06
190.07	I-74 CAMPUS	496,520	0	32,214	0	0	190.07
190.08	SOUTHEAST OB	0	67,498	0	4,605	0	190.08
190.09	INTELLI PLEX DEVELOPMENT	78,061	0	718	0	0	190.09
190.10	MS&M	0	0	0	1,083	0	190.10
190.11	OTHER NON-REIMBURSEABLE CENTERS	0	94,817	0	8,397	0	190.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150097

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
190.12 BARTLEY ORTHOPEDICS	0	0	0	0	0	0	190.12
190.13 SSA	19	0	0	0	0	0	190.13
190.14 SPORTSWORKS	0	0	0	0	0	0	190.14
190.15 SHELBY PEDS	0	0	0	0	6,230	0	190.15
190.16 RENOVO	38,551	0	0	237	0	0	190.16
190.17 IMA	0	0	0	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	0	8,668	0	190.18
190.19 MHCD	842,795	5,584	0	0	271	0	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 HOSPITALIST	1,332,884	0	0	317,324	271	13,901	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	116,713	35,627	0	26,868	1,625	0	194.00
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)	65,197,170	1,893,845	0	7,522,664	119,994	2,828,913	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150097

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES	380,788					5.03
5.04 ADMINISTRATION	3,060	951,176				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,376	0	1,366,021			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	5,732	0	0	5,006,729	5,006,729	5.06
7.00 OPERATION OF PLANT	296	0	0	1,798,600	149,609	7.00
8.00 LAUNDRY & LINEN SERVICE	15	0	0	228,299	18,990	8.00
9.00 HOUSEKEEPING	4,120	0	0	1,360,741	113,188	9.00
10.00 DIETARY	2,580	0	0	303,424	25,239	10.00
11.00 CAFETERIA	0	0	0	659,147	54,829	11.00
13.00 NURSING ADMINISTRATION	5,011	0	0	1,213,355	100,928	13.00
14.00 CENTRAL SERVICES & SUPPLY	11,863	0	0	67,682	5,630	14.00
15.00 PHARMACY	4,114	0	0	4,925,335	409,694	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,260	0	0	1,117,873	92,986	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	56,164	76,343	109,654	7,698,630	640,409	30.00
31.00 INTENSIVE CARE UNIT	22,343	9,497	13,641	1,859,834	154,703	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	94,231	122,354	175,741	4,777,182	397,371	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	20,977	5,226	7,506	999,882	83,171	53.00
54.00 RADIOLOGY-DIAGNOSTIC	9,749	89,808	128,993	4,213,671	350,497	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ONCOLOGY	13,484	35,160	50,501	2,755,418	229,198	56.01
57.00 CT SCAN	4,794	81,880	117,606	1,250,261	103,998	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,436	45,520	65,381	1,057,724	87,983	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	38,282	166,596	239,108	5,019,683	417,542	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	3,603	18,212	26,158	1,170,295	97,346	65.00
65.01 SLEEP LAB	1,989	8,754	12,574	429,490	35,725	65.01
66.00 PHYSICAL THERAPY	6,512	21,688	31,152	1,865,233	155,152	66.00
69.00 ELECTROCARDIOLOGY	12,387	23,602	33,900	867,257	72,139	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,957	0	0	1,628,973	135,500	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,705,087	141,831	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	77,521	111,345	188,866	15,710	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,236	2,107	3,026	337,524	28,076	90.00
91.00 EMERGENCY	35,119	152,114	218,486	3,750,823	311,997	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	6,950	7,241	10,401	1,792,037	149,063	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	7,038	7,553	10,848	1,231,425	102,431	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	380,678	951,176	1,366,021	61,280,480	4,680,935	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,836	402	190.00
190.01 SHELBY COUNTY MEDICAL CENTER	0	0	0	8,938	743	190.01
190.02 SICK CHILD CARE	0	0	0	0	0	190.02
190.03 PRIVATE DUTY	0	0	0	0	0	190.03
190.04 ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05 MARKETING	0	0	0	371,325	30,887	190.05
190.06 MHLIGHTBOUND	0	0	0	0	0	190.06
190.07 I-74 CAMPUS	0	0	0	528,734	43,981	190.07
190.08 SOUTHEAST OB	0	0	0	72,103	5,998	190.08
190.09 INTELLI PLEX DEVELOPMENT	0	0	0	78,779	6,553	190.09
190.10 MS&M	0	0	0	1,083	90	190.10
190.11 OTHER NON-REIMBURSEABLE CENTERS	0	0	0	103,214	8,585	190.11
190.12 BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13 SSA	0	0	0	19	2	190.13
190.14 SPORTSWORKS	0	0	0	0	0	190.14
190.15 SHELBY PEDS	0	0	0	6,230	518	190.15

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.03	5.04	5.05	5A.05	5.06	
190.16 RENOVO	0	0	0	38,788	3,226	190.16
190.17 IMA	0	0	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	8,668	721	190.18
190.19 MHCD	0	0	0	848,650	70,592	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPITALIST	0	0	0	1,664,380	138,445	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	110	0	0	180,943	15,051	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	380,788	951,176	1,366,021	65,197,170	5,006,729	202.00

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Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	COMMUNICATIONS					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING, RECEIVING AND STORES					5.03
5.04	ADMINISTRATIVE					5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	OPERATION OF PLANT	1,948,209				7.00
8.00	LAUNDRY & LINEN SERVICE	8,494	255,783			8.00
9.00	HOUSEKEEPING	3,933	4,856	1,482,718		9.00
10.00	DIETARY	37,680	0	28,861	395,204	10.00
11.00	CAFETERIA	59,673	0	45,707	0	11.00
13.00	NURSING ADMINISTRATION	29,599	0	22,672	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	48,684	0	37,290	0	14.00
15.00	PHARMACY	22,835	0	17,490	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	33,716	0	25,825	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	371,965	99,057	284,907	365,337	30.00
31.00	INTENSIVE CARE UNIT	113,760	12,785	87,135	29,867	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	143,313	30,148	109,771	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	7,209	0	5,521	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	145,180	28,083	111,201	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	56.00
56.01	ONCOLOGY	306,614	0	234,852	0	56.01
57.00	CT SCAN	6,122	0	4,689	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	37,420	2,013	28,662	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	132,753	0	101,682	0	65.00
65.01	SLEEP LAB	0	3,454	0	0	65.01
66.00	PHYSICAL THERAPY	14,555	30	11,148	0	66.00
69.00	ELECTROCARDIOLOGY	4,653	0	3,564	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	76,477	1,020	58,578	0	90.00
91.00	EMERGENCY	81,130	63,682	62,142	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,685,765	245,128	1,281,697	395,204	782,345
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,693	0	4,361	0	190.00
190.01	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	190.01
190.02	SICK CHILD CARE	0	0	0	0	190.02
190.03	PRIVATE DUTY	0	0	0	0	190.03
190.04	ST. VINCENT'S STRESS	0	0	0	0	190.04
190.05	MARKETING	2,938	0	2,251	0	190.05
190.06	MH LIGHTBOUND	0	0	0	0	190.06
190.07	I-74 CAMPUS	0	0	0	0	190.07
190.08	SOUTHEAST OB	84,176	0	64,475	0	190.08
190.09	INTELLI PLEX DEVELOPMENT	0	0	0	0	190.09
190.10	MS&M	0	0	0	0	190.10
190.11	OTHER NON-REIMBURSEABLE CENTERS	118,244	0	90,569	0	190.11
190.12	BARTLEY ORTHOPEDICS	0	0	0	0	190.12
190.13	SSA	0	0	0	0	190.13
190.14	SPORTSWORKS	0	7,888	0	0	190.14
190.15	SHELBY PEDS	0	0	0	0	190.15
190.16	RENOVO	0	0	0	0	190.16

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	7.00	8.00	9.00	10.00	11.00	
190.17 IMA	0	0	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	0	0	190.18
190.19 MHCD	6,964	0	5,334	0	0	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPITALIST	0	0	0	0	12,880	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	44,429	2,767	34,031	0	7,310	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,948,209	255,783	1,482,718	395,204	819,356	202.00

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		13.00	14.00	15.00	16.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,386,696					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	159,286				14.00
15.00	PHARMACY	0	0	5,397,748			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	1,302,446		16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	478,398	0	0	108,453	10,240,866	30.00
31.00	INTENSIVE CARE UNIT	108,469	0	0	12,106	2,422,580	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	214,707	0	0	155,967	5,915,398	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	33,741	0	0	6,662	1,149,849	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	114,479	5,024,822	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ONCOLOGY	77,107	0	0	44,819	3,679,230	56.01
57.00	CT SCAN	0	0	0	104,374	1,482,112	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58,025	1,212,953	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	212,313	5,798,909	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	69,369	0	0	23,215	1,622,749	65.00
65.01	SLEEP LAB	20,500	0	0	11,159	500,328	65.01
66.00	PHYSICAL THERAPY	0	0	0	27,647	2,113,055	66.00
69.00	ELECTROCARDIOLOGY	47,814	0	0	30,086	1,044,874	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	98,757	0	49,277	1,916,433	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	60,529	0	29,602	1,939,341	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	5,397,748	98,817	5,701,141	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	23,597	0	0	2,685	537,512	90.00
91.00	EMERGENCY	175,142	0	0	193,902	4,709,737	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	9,230	1,950,330	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	57,934	0	0	9,628	1,401,418	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,306,778	159,286	5,397,748	1,302,446	60,363,637	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	15,292	190.00
190.01	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	9,681	190.01
190.02	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	MARKETING	0	0	0	0	412,051	190.05
190.06	MHLIGHTBOUND	0	0	0	0	0	190.06
190.07	I-74 CAMPUS	29,515	0	0	0	614,181	190.07
190.08	SOUTHEAST OB	0	0	0	0	226,752	190.08
190.09	INTELLI PLEX DEVELOPMENT	543	0	0	0	86,095	190.09
190.10	MS&M	0	0	0	0	1,173	190.10
190.11	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	320,612	190.11
190.12	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	SSA	0	0	0	0	21	190.13
190.14	SPORTSWORKS	0	0	0	0	7,888	190.14
190.15	SHELBY PEDS	0	0	0	0	6,748	190.15

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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	Subtotal	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
	13.00	14.00	15.00	16.00	24.00	
190.16 RENOVO	0	0	0	0	42,014	190.16
190.17 IMA	0	0	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	0	9,389	190.18
190.19 MHCD	0	0	0	0	931,540	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPITALIST	31,808	0	0	0	1,847,513	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	18,052	0	0	0	302,583	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,386,696	159,286	5,397,748	1,302,446	65,197,170	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	COMMUNICATIONS			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING, RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	10,240,866	30.00
31.00	INTENSIVE CARE UNIT	0	2,422,580	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	5,915,398	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,149,849	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,024,822	54.00
56.00	RADIOISOTOPE	0	0	56.00
56.01	ONCOLOGY	0	3,679,230	56.01
57.00	CT SCAN	0	1,482,112	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,212,953	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	5,798,909	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	1,622,749	65.00
65.01	SLEEP LAB	0	500,328	65.01
66.00	PHYSICAL THERAPY	0	2,113,055	66.00
69.00	ELECTROCARDIOLOGY	0	1,044,874	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,916,433	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,939,341	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,701,141	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	537,512	90.00
91.00	EMERGENCY	0	4,709,737	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	1,950,330	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	1,401,418	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	60,363,637	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,292	190.00
190.01	SHELBY COUNTY MEDICAL CENTER	0	9,681	190.01
190.02	SICK CHILD CARE	0	0	190.02
190.03	PRIVATE DUTY	0	0	190.03
190.04	ST. VINCENT'S STRESS	0	0	190.04
190.05	MARKETING	0	412,051	190.05
190.06	MH LIGHTBOUND	0	0	190.06
190.07	I-74 CAMPUS	0	614,181	190.07
190.08	SOUTHEAST OB	0	226,752	190.08
190.09	INTELLI PLEX DEVELOPMENT	0	86,095	190.09
190.10	MS&M	0	1,173	190.10
190.11	OTHER NON-REIMBURSEABLE CENTERS	0	320,612	190.11
190.12	BARTLEY ORTHOPEDICS	0	0	190.12
190.13	SSA	0	21	190.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150097

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

Worksheet B
Part I
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
190.14 SPORTSWORKS	0	7,888	190.14
190.15 SHELBY PEDS	0	6,748	190.15
190.16 RENOVO	0	42,014	190.16
190.17 IMA	0	0	190.17
190.18 MD SOLUTIONS	0	9,389	190.18
190.19 MHCD	0	931,540	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 HOSPITALIST	0	1,847,513	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	302,583	194.00
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	65,197,170	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	
		BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS	0	6,627	6,627	6,627		4.00
5.01	COMMUNICATIONS	0	3,571	3,571	22	3,593	5.01
5.02	DATA PROCESSING	0	27,453	27,453	182	89	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	8,947	8,947	38	32	5.03
5.04	ADMITTING	0	19,857	19,857	145	57	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	109	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	124,492	124,492	568	235	5.06
7.00	OPERATION OF PLANT	0	140,679	140,679	119	41	7.00
8.00	LAUNDRY & LINEN SERVICE	0	6,811	6,811	7	8	8.00
9.00	HOUSEKEEPING	0	3,154	3,154	161	24	9.00
10.00	DIETARY	0	30,215	30,215	45	41	10.00
11.00	CAFETERIA	0	47,850	47,850	91	0	11.00
13.00	NURSING ADMINISTRATION	0	23,735	23,735	174	195	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	39,039	39,039	0	24	14.00
15.00	PHARMACY	0	18,310	18,310	166	49	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	27,036	27,036	118	81	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	298,271	298,271	1,073	195	30.00
31.00	INTENSIVE CARE UNIT	0	91,221	91,221	246	105	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	114,919	114,919	495	105	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	5,780	5,780	329	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	116,416	116,416	369	162	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ONCOLOGY	0	245,866	245,866	175	227	56.01
57.00	CT SCAN	0	4,909	4,909	75	8	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58	8	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	30,006	30,006	352	41	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	106,451	106,451	151	49	65.00
65.01	SLEEP LAB	0	0	0	47	24	65.01
66.00	PHYSICAL THERAPY	0	11,671	11,671	218	114	66.00
69.00	ELECTROCARDIOLOGY	0	3,731	3,731	111	114	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11	16	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	61,325	61,325	30	114	90.00
91.00	EMERGENCY	0	65,056	65,056	439	138	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	134	89	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,683,398	1,683,398	6,265	2,385	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,565	4,565	0	8	190.00
190.01	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	267	190.01
190.02	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	MARKETING	0	2,356	2,356	29	0	190.05
190.06	MH LIGHTBOUND	0	0	0	0	0	190.06
190.07	I-74 CAMPUS	0	0	0	28	0	190.07
190.08	SOUTHEAST OB	0	67,498	67,498	0	138	190.08
190.09	INTELLI PLEX DEVELOPMENT	0	0	0	1	0	190.09
190.10	MS&M	0	0	0	0	32	190.10
190.11	OTHER NON-REIMBURSEABLE CENTERS	0	94,817	94,817	0	251	190.11
190.12	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	
			BLDG & FIXT				
	0	1.00		2A	4.00	5.01	
190.13 SSA	0	0	0	0	0	0	190.13
190.14 SPORTSWORKS	0	0	0	0	0	0	190.14
190.15 SHELBY PEDS	0	0	0	0	0	187	190.15
190.16 RENOVO	0	0	0	0	0	0	190.16
190.17 IMA	0	0	0	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	0	0	260	190.18
190.19 MHCD	0	5,584		5,584	0	8	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 HOSPITALIST	0	0	0	0	280	8	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	35,627		35,627	24	49	194.00
200.00 Cross Foot Adjustments				0			200.00
201.00 Negative Cost Centers				0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,893,845		1,893,845	6,627	3,593	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

Period:
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Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING	27,724					5.02
5.03 PURCHASING, RECEIVING AND STORES	613	9,630				5.03
5.04 ADMITTING	477	77	20,613			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,158	35	0	1,302		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	1,635	145	0	0	127,075	5.06
7.00 OPERATION OF PLANT	613	7	0	0	3,797	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	482	8.00
9.00 HOUSEKEEPING	477	104	0	0	2,873	9.00
10.00 DIETARY	272	65	0	0	641	10.00
11.00 CAFETERIA	0	0	0	0	1,391	11.00
13.00 NURSING ADMINISTRATION	1,839	127	0	0	2,561	13.00
14.00 CENTRAL SERVICES & SUPPLY	136	300	0	0	143	14.00
15.00 PHARMACY	681	104	0	0	10,397	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,362	82	0	0	2,360	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,794	1,420	1,658	100	16,262	30.00
31.00 INTENSIVE CARE UNIT	954	565	206	12	3,926	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,316	2,386	2,658	160	10,085	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	341	530	114	7	2,111	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,248	247	1,951	118	8,895	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ONCOLOGY	2,793	341	764	46	5,817	56.01
57.00 CT SCAN	0	121	1,779	107	2,639	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	62	989	60	2,233	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,771	968	3,569	275	10,597	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	613	91	396	24	2,470	65.00
65.01 SLEEP LAB	204	50	190	11	907	65.01
66.00 PHYSICAL THERAPY	341	165	471	28	3,938	66.00
69.00 ELECTROCARDIOLOGY	68	313	513	31	1,831	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49	0	0	3,439	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,599	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	1,684	102	399	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	681	31	46	3	713	90.00
91.00 EMERGENCY	2,248	888	3,304	199	7,918	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	176	157	9	3,783	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	749	178	164	10	2,600	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	27,384	9,627	20,613	1,302	118,807	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	10	190.00
190.01 SHELBY COUNTY MEDICAL CENTER	0	0	0	0	19	190.01
190.02 SICK CHILD CARE	0	0	0	0	0	190.02
190.03 PRIVATE DUTY	0	0	0	0	0	190.03
190.04 ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05 MARKETING	204	0	0	0	784	190.05
190.06 MH LIGHTBOUND	0	0	0	0	0	190.06
190.07 I-74 CAMPUS	0	0	0	0	1,116	190.07
190.08 SOUTHEAST OB	0	0	0	0	152	190.08
190.09 INTELLI PLEX DEVELOPMENT	0	0	0	0	166	190.09
190.10 MS&M	0	0	0	0	2	190.10
190.11 OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	218	190.11
190.12 BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13 SSA	0	0	0	0	0	190.13
190.14 SPORTSWORKS	0	0	0	0	0	190.14
190.15 SHELBY PEDS	0	0	0	0	13	190.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

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Part II
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Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5.05	5.06	
190.16 RENOV	0	0	0	0	82	190.16
190.17 IMA	0	0	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	0	18	190.18
190.19 MHCD	0	0	0	0	1,792	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPITALIST	136	0	0	0	3,514	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	3	0	0	382	194.00
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)	27,724	9,630	20,613	1,302	127,075	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

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Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	COMMUNICATIONS					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING, RECEIVING AND STORES					5.03
5.04	ADMINISTRATIVE					5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	OPERATION OF PLANT	145,256				7.00
8.00	LAUNDRY & LINEN SERVICE	633	7,941			8.00
9.00	HOUSEKEEPING	293	151	7,237		9.00
10.00	DIETARY	2,809	0	141	34,229	10.00
11.00	CAFETERIA	4,449	0	223	0	54,004
13.00	NURSING ADMINISTRATION	2,207	0	111	0	1,328
14.00	CENTRAL SERVICES & SUPPLY	3,630	0	182	0	0
15.00	PHARMACY	1,703	0	85	0	1,476
16.00	MEDICAL RECORDS & LIBRARY	2,514	0	126	0	2,112
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,735	3,075	1,392	31,642	12,767
31.00	INTENSIVE CARE UNIT	8,482	397	425	2,587	2,895
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	10,685	936	536	0	5,730
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	537	0	27	0	901
54.00	RADIOLOGY-DIAGNOSTIC	10,824	872	543	0	4,067
56.00	RADIOISOTOPE	0	0	0	0	0
56.01	ONCOLOGY	22,861	0	1,146	0	2,058
57.00	CT SCAN	456	0	23	0	835
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	608
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	2,790	62	140	0	5,357
60.01	BLOOD LABORATORY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	9,898	0	496	0	1,851
65.01	SLEEP LAB	0	107	0	0	0
66.00	PHYSICAL THERAPY	1,085	1	54	0	2,590
69.00	ELECTROCARDIOLOGY	347	0	17	0	1,276
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	259
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	151
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	5,702	32	286	0	630
91.00	EMERGENCY	6,049	1,977	303	0	4,674
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	0
97.00	DURABLE MEDICAL EQUIP-SOLD	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
118.00	SUBTOTALS (SUM OF LINES 1-117)	125,689	7,610	6,256	34,229	51,565
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	424	0	21	0	0
190.01	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0
190.02	SICK CHILD CARE	0	0	0	0	0
190.03	PRIVATE DUTY	0	0	0	0	0
190.04	ST. VINCENT'S STRESS	0	0	0	0	0
190.05	MARKETING	219	0	11	0	306
190.06	MH LIGHTBOUND	0	0	0	0	0
190.07	I-74 CAMPUS	0	0	0	0	788
190.08	SOUTHEAST OB	6,276	0	315	0	0
190.09	INTELLI PLEX DEVELOPMENT	0	0	0	0	14
190.10	MS&M	0	0	0	0	0
190.11	OTHER NON-REIMBURSEABLE CENTERS	8,816	0	442	0	0
190.12	BARTLEY ORTHOPEDICS	0	0	0	0	0
190.13	SSA	0	0	0	0	0
190.14	SPORTSWORKS	0	245	0	0	0
190.15	SHELBY PEDS	0	0	0	0	0
190.16	RENOVO	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

Period:
From 01/01/2011
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Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	7.00	8.00	9.00	10.00	11.00	
190.17 IMA	0	0	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	0	0	190.18
190.19 MHCD	519	0	26	0	0	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPITALIST	0	0	0	0	849	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	3,313	86	166	0	482	194.00
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)	145,256	7,941	7,237	34,229	54,004	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

Period:
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		13.00	14.00	15.00	16.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	32,277					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	43,454				14.00
15.00	PHARMACY	0	0	32,971			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	35,791		16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,135	0	0	2,979	412,498	30.00
31.00	INTENSIVE CARE UNIT	2,525	0	0	333	114,879	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,998	0	0	4,285	160,294	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	785	0	0	183	11,645	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	3,145	149,857	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ONCOLOGY	1,795	0	0	1,231	285,120	56.01
57.00	CT SCAN	0	0	0	2,867	13,819	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,594	5,612	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	5,842	61,770	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	1,615	0	0	638	124,743	65.00
65.01	SLEEP LAB	477	0	0	307	2,324	65.01
66.00	PHYSICAL THERAPY	0	0	0	759	21,435	66.00
69.00	ELECTROCARDIOLOGY	1,113	0	0	827	10,292	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,941	0	1,354	32,069	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	16,513	0	813	21,083	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	32,971	2,715	37,871	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	549	0	0	74	70,216	90.00
91.00	EMERGENCY	4,077	0	0	5,327	102,597	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	254	4,379	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,348	0	0	264	5,536	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	30,417	43,454	32,971	35,791	1,648,039	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	5,028	190.00
190.01	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	286	190.01
190.02	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	MARKETING	0	0	0	0	3,909	190.05
190.06	MHLIGHTBOUND	0	0	0	0	0	190.06
190.07	I-74 CAMPUS	687	0	0	0	2,619	190.07
190.08	SOUTHEAST OB	0	0	0	0	74,379	190.08
190.09	INTELLI PLEX DEVELOPMENT	13	0	0	0	194	190.09
190.10	MS&M	0	0	0	0	34	190.10
190.11	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	104,544	190.11
190.12	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	SSA	0	0	0	0	0	190.13
190.14	SPORTSWORKS	0	0	0	0	245	190.14
190.15	SHELBY PEDS	0	0	0	0	200	190.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

Worksheet B
Part II
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
	13.00	14.00	15.00	16.00	24.00	
190.16 RENOVO	0	0	0	0	82	190.16
190.17 IMA	0	0	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	0	278	190.18
190.19 MHCD	0	0	0	0	7,929	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPITALIST	740	0	0	0	5,527	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	420	0	0	0	40,552	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	32,277	43,454	32,971	35,791	1,893,845	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

Worksheet B
Part II
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	COMMUNICATIONS			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING, RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	412,498	30.00
31.00	INTENSIVE CARE UNIT	0	114,879	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	160,294	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	11,645	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	149,857	54.00
56.00	RADIOISOTOPE	0	0	56.00
56.01	ONCOLOGY	0	285,120	56.01
57.00	CT SCAN	0	13,819	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,612	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	61,770	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	124,743	65.00
65.01	SLEEP LAB	0	2,324	65.01
66.00	PHYSICAL THERAPY	0	21,435	66.00
69.00	ELECTROCARDIOLOGY	0	10,292	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,069	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	21,083	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	37,871	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	70,216	90.00
91.00	EMERGENCY	0	102,597	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	4,379	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	5,536	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,648,039	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,028	190.00
190.01	SHELBY COUNTY MEDICAL CENTER	0	286	190.01
190.02	SICK CHILD CARE	0	0	190.02
190.03	PRIVATE DUTY	0	0	190.03
190.04	ST. VINCENT'S STRESS	0	0	190.04
190.05	MARKETING	0	3,909	190.05
190.06	MH LIGHTBOUND	0	0	190.06
190.07	I-74 CAMPUS	0	2,619	190.07
190.08	SOUTHEAST OB	0	74,379	190.08
190.09	INTELLI PLEX DEVELOPMENT	0	194	190.09
190.10	MS&M	0	34	190.10
190.11	OTHER NON-REIMBURSEABLE CENTERS	0	104,544	190.11
190.12	BARTLEY ORTHOPEDICS	0	0	190.12
190.13	SSA	0	0	190.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

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Part II
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
190.14 SPORTSWORKS	0	245	190.14
190.15 SHELBY PEDS	0	200	190.15
190.16 RENOVO	0	82	190.16
190.17 IMA	0	0	190.17
190.18 MD SOLUTIONS	0	278	190.18
190.19 MHCD	0	7,929	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 HOSPITALIST	0	5,527	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	40,552	194.00
200.00 Cross Foot Adjustments	0	0	200.00
201.00 Negative Cost Centers	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,893,845	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	CAPI TAL	EMPLOYEE	COMMUNI CATIONS	DATA	PURCHASING,					
	RELATED COSTS						BENEFITS	(TELEPHONES)	PROCESSING	RECEIVING AND
	(BLDG & FIXT SQUARE FEET)						(GROSS SALARIES)		(HARDWARE)	STORES (PURCHASING)
	1.00	4.00	5.01	5.02	5.03					
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS-BLDG & FIXT	154,317				1.00				
4.00	EMPLOYEE BENEFITS	540	29,483,377			4.00				
5.01	COMMUNI CATIONS	291	96,193	443		5.01				
5.02	DATA PROCESSING	2,237	807,042	11	407	5.02				
5.03	PURCHASING, RECEIVING AND STORES	729	168,632	4	9	1,706,126				
5.04	ADMITTING	1,618	642,993	7	7	13,711				
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	484,601	0	17	6,164				
5.06	OTHER ADMINISTRATIVE AND GENERAL	10,144	2,526,243	29	24	25,683				
7.00	OPERATION OF PLANT	11,463	529,390	5	9	1,325				
8.00	LAUNDRY & LINEN SERVICE	555	31,232	1	0	66				
9.00	HOUSEKEEPING	257	714,741	3	7	18,458				
10.00	DIETARY	2,462	197,925	5	4	11,561				
11.00	CAFETERIA	3,899	404,072	0	0	0				
13.00	NURSING ADMINISTRATION	1,934	772,324	24	27	22,452				
14.00	CENTRAL SERVICES & SUPPLY	3,181	0	3	2	53,154				
15.00	PHARMACY	1,492	737,408	6	10	18,433				
16.00	MEDICAL RECORDS & LIBRARY	2,203	526,644	10	20	14,605				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	ADULTS & PEDIATRICS	24,304	4,806,589	24	41	251,642				
31.00	INTENSIVE CARE UNIT	7,433	1,091,260	13	14	100,108				
41.00	SUBPROVIDER - IRF	0	0	0	0	0				
42.00	SUBPROVIDER	0	0	0	0	0				
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	9,364	2,200,232	13	34	422,213				
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0				
53.00	ANESTHESIOLOGY	471	1,462,995	0	5	93,989				
54.00	RADIOLOGY-DIAGNOSTIC	9,486	1,641,731	20	33	43,681				
56.00	RADIOISOTOPE	0	0	0	0	0				
56.01	ONCOLOGY	20,034	779,070	28	41	60,414				
57.00	CT SCAN	400	331,138	1	0	21,480				
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	259,646	1	0	10,914				
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0				
60.00	LABORATORY	2,445	1,566,544	5	26	171,524				
60.01	BLOOD LABORATORY	0	0	0	0	0				
65.00	RESPIRATORY THERAPY	8,674	673,110	6	9	16,144				
65.01	SLEEP LAB	0	207,282	3	3	8,910				
66.00	PHYSICAL THERAPY	951	969,169	14	5	29,175				
69.00	ELECTROCARDIOLOGY	304	492,347	14	1	55,498				
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48,601	2	0	8,769				
72.00	IMPL. DEV. CHARGED TO PATIENT	0	29,196	0	0	0				
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0				
OUTPATIENT SERVICE COST CENTERS										
88.00	RURAL HEALTH CLINIC	0	0	0	0	0				
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0				
90.00	CLINIC	4,997	133,337	14	10	5,536				
91.00	EMERGENCY	5,301	1,951,054	17	33	157,352				
92.00	OBSERVATION BEDS (NON-DISTINCT PART)									
OTHER REIMBURSABLE COST CENTERS										
95.00	AMBULANCE SERVICES	0	0	0	0	31,139				
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0				
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0				
101.00	HOME HEALTH AGENCY	0	593,691	11	11	31,535				
SPECIAL PURPOSE COST CENTERS										
113.00	INTEREST EXPENSE									
118.00	SUBTOTALS (SUM OF LINES 1-117)	137,169	27,876,432	294	402	1,705,635				
NONREIMBURSABLE COST CENTERS										
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	372	0	1	0	0				
190.01	SHELBY COUNTY MEDICAL CENTER	0	0	33	0	0				
190.02	SICK CHILD CARE	0	0	0	0	0				
190.03	PRIVATE DUTY	0	0	0	0	0				
190.04	ST. VINCENT'S STRESS	0	0	0	0	0				
190.05	MARKETING	192	127,964	0	3	0				
190.06	MH LIGHTBOUND	0	0	0	0	0				
190.07	I-74 CAMPUS	0	126,257	0	0	0				
190.08	SOUTHEAST OB	5,500	0	17	0	0				
190.09	INTELLI PLEX DEVELOPMENT	0	2,813	0	0	0				
190.10	MS&M	0	0	4	0	0				
190.11	OTHER NON-REIMBURSEABLE CENTERS	7,726	0	31	0	0				
190.12	BARTLEY ORTHOPEDICS	0	0	0	0	0				

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (HARDWARE)	PURCHASING, RECEIVING AND STORES (PURCHASING)	
	BLDG & FIXT (SQUARE FEET)						
	1.00	4.00					
190.13 SSA	0	0	0	0	0	0	190.13
190.14 SPORTSWORKS	0	0	0	0	0	0	190.14
190.15 SHELBY PEDS	0	0	0	23	0	0	190.15
190.16 RENOVO	0	929	0	0	0	0	190.16
190.17 IMA	0	0	0	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	32	0	0	190.18
190.19 MHCD	455	0	0	1	0	0	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 HOSPITALIST	0	1,243,680	1	1	2	0	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	2,903	105,302	6	0	0	491	194.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,893,845	7,522,664	119,994	2,828,913	380,788		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.272433	0.255149	270.866817	6,950.646192	0.223189		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		6,627	3,593	27,724	9,630		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.000225	8.110609	68.117936	0.005644		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMINISTRATION	178,106,311					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	178,106,311				5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	0	0	-5,006,729	60,190,441		5.06
7.00 OPERATION OF PLANT	0	0	0	1,798,600	127,295	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	228,299	555	8.00
9.00 HOUSEKEEPING	0	0	0	1,360,741	257	9.00
10.00 DIETARY	0	0	0	303,424	2,462	10.00
11.00 CAFETERIA	0	0	0	659,147	3,899	11.00
13.00 NURSING ADMINISTRATION	0	0	0	1,213,355	1,934	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	67,682	3,181	14.00
15.00 PHARMACY	0	0	0	4,925,335	1,492	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	1,117,873	2,203	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	14,296,525	14,296,525	0	7,698,630	24,304	30.00
31.00 INTENSIVE CARE UNIT	1,778,475	1,778,475	0	1,859,834	7,433	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	22,912,714	22,912,714	0	4,777,182	9,364	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	978,682	978,682	0	999,882	471	53.00
54.00 RADIOLOGY-DIAGNOSTIC	16,817,893	16,817,893	0	4,213,671	9,486	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ONCOLOGY	6,584,278	6,584,278	0	2,755,418	20,034	56.01
57.00 CT SCAN	15,333,292	15,333,292	0	1,250,261	400	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	8,524,309	8,524,309	0	1,057,724	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	31,181,483	31,181,483	0	5,019,683	2,445	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	3,410,434	3,410,434	0	1,170,295	8,674	65.00
65.01 SLEEP LAB	1,639,327	1,639,327	0	429,490	0	65.01
66.00 PHYSICAL THERAPY	4,061,497	4,061,497	0	1,865,233	951	66.00
69.00 ELECTROCARDIOLOGY	4,419,817	4,419,817	0	867,257	304	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,628,973	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,705,087	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	14,516,961	14,516,961	0	188,866	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	394,513	394,513	0	337,524	4,997	90.00
91.00 EMERGENCY	28,485,730	28,485,730	0	3,750,823	5,301	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,356,026	1,356,026	0	1,792,037	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	1,414,355	1,414,355	0	1,231,425	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	178,106,311	178,106,311	-5,006,729	56,273,751	110,147	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,836	372	190.00
190.01 SHELBY COUNTY MEDICAL CENTER	0	0	0	8,938	0	190.01
190.02 SICK CHILD CARE	0	0	0	0	0	190.02
190.03 PRIVATE DUTY	0	0	0	0	0	190.03
190.04 ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05 MARKETING	0	0	0	371,325	192	190.05
190.06 MH LIGHTBOUND	0	0	0	0	0	190.06
190.07 I-74 CAMPUS	0	0	0	528,734	0	190.07
190.08 SOUTHEAST OB	0	0	0	72,103	5,500	190.08
190.09 INTELLI PLEX DEVELOPMENT	0	0	0	78,779	0	190.09
190.10 MS&M	0	0	0	1,083	0	190.10
190.11 OTHER NON-REIMBURSEABLE CENTERS	0	0	0	103,214	7,726	190.11
190.12 BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13 SSA	0	0	0	19	0	190.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1

Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	7.00	
190.14 SPORTSWORKS	0	0	0	0	0	0 190.14
190.15 SHELBY PEDS	0	0	0	6,230	0	0 190.15
190.16 RENOV0	0	0	0	38,788	0	0 190.16
190.17 IMA	0	0	0	0	0	0 190.17
190.18 MD SOLUTIONS	0	0	0	8,668	0	0 190.18
190.19 MHCD	0	0	0	848,650	455	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01 HOSPITALIST	0	0	0	1,664,380	0	0 192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	180,943	2,903	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	951,176	1,366,021		5,006,729	1,948,209	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.005340	0.007670		0.083181	15.304678	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	20,613	1,302		127,075	145,256	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000116	0.000007		0.002111	1.141097	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	
	8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMINISTRATION						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE	382,583					8.00
9.00 HOUSEKEEPING	7,264	126,483				9.00
10.00 DIETARY	0	2,462	9,977			10.00
11.00 CAFETERIA	0	3,899	0	727,268		11.00
13.00 NURSING ADMINISTRATION	0	1,934	0	17,878	498,394	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	3,181	0	0	0	14.00
15.00 PHARMACY	0	1,492	0	19,877	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	2,203	0	28,444	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	148,162	24,304	9,223	171,942	171,942	30.00
31.00 INTENSIVE CARE UNIT	19,123	7,433	754	38,985	38,985	31.00
41.00 SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	45,094	9,364	0	77,168	77,168	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	471	0	12,127	12,127	53.00
54.00 RADIOLOGY-DIAGNOSTIC	42,004	9,486	0	54,775	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ONCOLOGY	0	20,034	0	27,713	27,713	56.01
57.00 CT SCAN	0	400	0	11,244	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,185	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	3,011	2,445	0	72,141	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	8,674	0	24,932	24,932	65.00
65.01 SLEEP LAB	5,167	0	0	0	7,368	65.01
66.00 PHYSICAL THERAPY	45	951	0	34,874	0	66.00
69.00 ELECTROCARDIOLOGY	0	304	0	17,185	17,185	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,485	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,034	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,526	4,997	0	8,481	8,481	90.00
91.00 EMERGENCY	95,251	5,301	0	62,948	62,948	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	20,822	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	366,647	109,335	9,977	694,418	469,671	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	372	0	0	0	190.00
190.01 SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0	190.01
190.02 SICK CHILD CARE	0	0	0	0	0	190.02
190.03 PRIVATE DUTY	0	0	0	0	0	190.03
190.04 ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05 MARKETING	0	192	0	4,127	0	190.05
190.06 MH LIGHTBOUND	0	0	0	0	0	190.06
190.07 I-74 CAMPUS	0	0	0	10,608	10,608	190.07
190.08 SOUTHEAST OB	0	5,500	0	0	0	190.08
190.09 INTELLI PLEX DEVELOPMENT	0	0	0	195	195	190.09
190.10 MS&M	0	0	0	0	0	190.10
190.11 OTHER NON-REIMBURSEABLE CENTERS	0	7,726	0	0	0	190.11
190.12 BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13 SSA	0	0	0	0	0	190.13
190.14 SPORTSWORKS	11,798	0	0	0	0	190.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1

Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	
	8.00	9.00	10.00	11.00	13.00	
190.15 SHELBY PEDS	0	0	0	0	0	190.15
190.16 RENOVO	0	0	0	0	0	190.16
190.17 IMA	0	0	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	0	0	190.18
190.19 MHCD	0	455	0	0	0	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPITALIST	0	0	0	11,432	11,432	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	4,138	2,903	0	6,488	6,488	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	255,783	1,482,718	395,204	819,356	1,386,696	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.668569	11.722666	39.611506	1.126622	2.782329	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	7,941	7,237	34,229	54,004	32,277	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.020756	0.057217	3.430791	0.074256	0.064762	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% SUPPLIES)	PHARMACY (100% DRUGS TO PATIENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
4.00	EMPLOYEE BENEFITS				4.00
5.01	COMMUNICATIONS				5.01
5.02	DATA PROCESSING				5.02
5.03	PURCHASING, RECEIVING AND STORES				5.03
5.04	ADMITTING				5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY	100			14.00
15.00	PHARMACY	0	100		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	191,330,257	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	0	0	15,932,551	30.00
31.00	INTENSIVE CARE UNIT	0	0	1,778,475	31.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0	22,912,714	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	978,682	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	16,817,894	54.00
56.00	RADIOISOTOPE	0	0	0	56.00
56.01	ONCOLOGY	0	0	6,584,278	56.01
57.00	CT SCAN	0	0	15,333,292	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	8,524,309	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	0	31,181,484	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	0	3,410,434	65.00
65.01	SLEEP LAB	0	0	1,639,327	65.01
66.00	PHYSICAL THERAPY	0	0	4,061,497	66.00
69.00	ELECTROCARDIOLOGY	0	0	4,419,817	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	62	0	7,239,226	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	38	0	4,348,692	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	100	14,516,961	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	0	394,513	90.00
91.00	EMERGENCY	0	0	28,485,730	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0	0	1,356,026	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	1,414,355	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	191,330,257	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	SHELBY COUNTY MEDICAL CENTER	0	0	0	190.01
190.02	SICK CHILD CARE	0	0	0	190.02
190.03	PRIVATE DUTY	0	0	0	190.03
190.04	ST. VINCENT'S STRESS	0	0	0	190.04
190.05	MARKETING	0	0	0	190.05
190.06	MH LIGHTBOUND	0	0	0	190.06
190.07	I-74 CAMPUS	0	0	0	190.07
190.08	SOUTHEAST OB	0	0	0	190.08
190.09	INTELLI PLEX DEVELOPMENT	0	0	0	190.09
190.10	MS&M	0	0	0	190.10
190.11	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	190.11
190.12	BARTLEY ORTHOPEDICS	0	0	0	190.12
190.13	SSA	0	0	0	190.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (100% SUPPLIES)	PHARMACY (100% DRUGS TO PATIENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	14.00	15.00	16.00	
190.14 SPORTSWORKS	0	0	0	190.14
190.15 SHELBY PEDS	0	0	0	190.15
190.16 RENOVO	0	0	0	190.16
190.17 IMA	0	0	0	190.17
190.18 MD SOLUTIONS	0	0	0	190.18
190.19 MHCD	0	0	0	190.19
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01 HOSPITALIST	0	0	0	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	159,286	5,397,748	1,302,446	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,592.860000	53,977.480000	0.006807	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	43,454	32,971	35,791	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	434.540000	329.710000	0.000187	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150097

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,240,866		10,240,866	423	10,241,289	30.00
31.00	INTENSIVE CARE UNIT	2,422,580		2,422,580	0	2,422,580	31.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	5,915,398		5,915,398	0	5,915,398	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	ANESTHESIOLOGY	1,149,849		1,149,849	120,322	1,270,171	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,024,822		5,024,822	0	5,024,822	54.00
56.00	RADIOISOTOPE	0		0	0	0	56.00
56.01	ONCOLOGY	3,679,230		3,679,230	0	3,679,230	56.01
57.00	CT SCAN	1,482,112		1,482,112	0	1,482,112	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,212,953		1,212,953	0	1,212,953	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	LABORATORY	5,798,909		5,798,909	0	5,798,909	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
65.00	RESPIRATORY THERAPY	1,622,749	0	1,622,749	0	1,622,749	65.00
65.01	SLEEP LAB	500,328	0	500,328	0	500,328	65.01
66.00	PHYSICAL THERAPY	2,113,055	0	2,113,055	0	2,113,055	66.00
69.00	ELECTROCARDIOLOGY	1,044,874		1,044,874	0	1,044,874	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,916,433		1,916,433	0	1,916,433	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,939,341		1,939,341	0	1,939,341	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,701,141		5,701,141	0	5,701,141	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	537,512		537,512	0	537,512	90.00
91.00	EMERGENCY	4,709,737		4,709,737	39,525	4,749,262	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,305,781		1,305,781	0	1,305,781	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,950,330		1,950,330	0	1,950,330	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,401,418		1,401,418	0	1,401,418	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	61,669,418	0	61,669,418	160,270	61,829,688	200.00
201.00	Less Observation Beds	1,305,781		1,305,781		1,305,781	201.00
202.00	Total (see instructions)	60,363,637	0	60,363,637	160,270	60,523,907	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150097

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,296,525		14,296,525			30.00
31.00	INTENSIVE CARE UNIT	1,778,475		1,778,475			31.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	6,504,263	16,408,451	22,912,714	0.258171	0.000000	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	300,826	677,856	978,682	1.174895	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,860,352	14,957,542	16,817,894	0.298778	0.000000	54.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	ONCOLOGY	57,678	6,526,600	6,584,278	0.558790	0.000000	56.01
57.00	CT SCAN	2,595,789	12,737,503	15,333,292	0.096660	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	804,523	7,719,786	8,524,309	0.142293	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	7,317,027	23,864,457	31,181,484	0.185973	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	2,943,419	467,015	3,410,434	0.475819	0.000000	65.00
65.01	SLEEP LAB	12,641	1,626,686	1,639,327	0.305203	0.000000	65.01
66.00	PHYSICAL THERAPY	654,260	3,407,237	4,061,497	0.520265	0.000000	66.00
69.00	ELECTROCARDIOLOGY	473,083	3,946,734	4,419,817	0.236407	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,362,565	4,876,661	7,239,226	0.264729	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,762,989	1,585,703	4,348,692	0.445960	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,447,743	10,069,218	14,516,961	0.392723	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	394,513	394,513	1.362470	0.000000	90.00
91.00	EMERGENCY	4,249,577	24,236,153	28,485,730	0.165337	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,636,026	1,636,026	0.798142	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	264,490	1,091,536	1,356,026	1.438269	0.000000	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	1,414,355	1,414,355			101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	53,686,225	137,644,032	191,330,257			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	53,686,225	137,644,032	191,330,257			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150097

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.258171			50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	1.297838			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.298778			54.00
56.00	RADIOISOTOPE	0.000000			56.00
56.01	ONCOLOGY	0.558790			56.01
57.00	CT SCAN	0.096660			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.142293			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.185973			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
65.00	RESPIRATORY THERAPY	0.475819			65.00
65.01	SLEEP LAB	0.305203			65.01
66.00	PHYSICAL THERAPY	0.520265			66.00
69.00	ELECTROCARDIOLOGY	0.236407			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.264729			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.445960			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.392723			73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	1.362470			90.00
91.00	EMERGENCY	0.166724			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.798142			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	1.438269			95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
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
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: 150097

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,240,866		10,240,866	0	0 30.00
31.00	INTENSIVE CARE UNIT	2,422,580		2,422,580	0	0 31.00
41.00	SUBPROVIDER - IRF	0		0	0	0 41.00
42.00	SUBPROVIDER	0		0	0	0 42.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	5,915,398		5,915,398	0	0 50.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0 52.00
53.00	ANESTHESIOLOGY	1,149,849		1,149,849	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,024,822		5,024,822	0	0 54.00
56.00	RADIOISOTOPE	0		0	0	0 56.00
56.01	ONCOLOGY	3,679,230		3,679,230	0	0 56.01
57.00	CT SCAN	1,482,112		1,482,112	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,212,953		1,212,953	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0 59.00
60.00	LABORATORY	5,798,909		5,798,909	0	0 60.00
60.01	BLOOD LABORATORY	0		0	0	0 60.01
65.00	RESPIRATORY THERAPY	1,622,749	0	1,622,749	0	0 65.00
65.01	SLEEP LAB	500,328	0	500,328	0	0 65.01
66.00	PHYSICAL THERAPY	2,113,055	0	2,113,055	0	0 66.00
69.00	ELECTROCARDIOLOGY	1,044,874		1,044,874	0	0 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,916,433		1,916,433	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,939,341		1,939,341	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	5,701,141		5,701,141	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0 89.00
90.00	CLINIC	537,512		537,512	0	0 90.00
91.00	EMERGENCY	4,709,737		4,709,737	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,305,781		1,305,781	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	1,950,330		1,950,330	0	0 95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0 97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0 100.00
101.00	HOME HEALTH AGENCY	1,401,418		1,401,418	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	61,669,418	0	61,669,418	0	0 200.00
201.00	Less Observation Beds	1,305,781		1,305,781		0 201.00
202.00	Total (see instructions)	60,363,637	0	60,363,637	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150097

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,296,525		14,296,525			30.00
31.00	INTENSIVE CARE UNIT	1,778,475		1,778,475			31.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	6,504,263	16,408,451	22,912,714	0.258171	0.000000	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	300,826	677,856	978,682	1.174895	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,860,352	14,957,542	16,817,894	0.298778	0.000000	54.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	ONCOLOGY	57,678	6,526,600	6,584,278	0.558790	0.000000	56.01
57.00	CT SCAN	2,595,789	12,737,503	15,333,292	0.096660	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	804,523	7,719,786	8,524,309	0.142293	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	7,317,027	23,864,457	31,181,484	0.185973	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	2,943,419	467,015	3,410,434	0.475819	0.000000	65.00
65.01	SLEEP LAB	12,641	1,626,686	1,639,327	0.305203	0.000000	65.01
66.00	PHYSICAL THERAPY	654,260	3,407,237	4,061,497	0.520265	0.000000	66.00
69.00	ELECTROCARDIOLOGY	473,083	3,946,734	4,419,817	0.236407	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,362,565	4,876,661	7,239,226	0.264729	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,762,989	1,585,703	4,348,692	0.445960	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,447,743	10,069,218	14,516,961	0.392723	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	0	394,513	394,513	1.362470	0.000000	90.00
91.00	EMERGENCY	4,249,577	24,236,153	28,485,730	0.165337	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,636,026	1,636,026	0.798142	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	264,490	1,091,536	1,356,026	1.438269	0.000000	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	1,414,355	1,414,355			101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	53,686,225	137,644,032	191,330,257			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	53,686,225	137,644,032	191,330,257			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150097

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	RADIOISOTOPE	0.000000			56.00
56.01	ONCOLOGY	0.000000			56.01
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
65.00	RESPIRATORY THERAPY	0.000000			65.00
65.01	SLEEP LAB	0.000000			65.01
66.00	PHYSICAL THERAPY	0.000000			66.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.000000			95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
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
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: 150097

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

Worksheet D
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	412,498	0	412,498	10,494	39.31	30.00
31.00	INTENSIVE CARE UNIT	114,879		114,879	754	152.36	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30-199)	527,377		527,377	11,248		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/16/2012 4:36 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	4,532	178,153		30.00
31.00 INTENSIVE CARE UNIT	456	69,476		31.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
200.00 Total (lines 30-199)	4,988	247,629		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/16/2012 4:36 pm
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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	160,294	22,912,714	0.006996	3,858,975	26,997	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	11,645	978,682	0.011899	95,843	1,140	53.00
54.00	RADIOLOGY-DIAGNOSTIC	149,857	16,817,894	0.008911	1,189,698	10,601	54.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	ONCOLOGY	285,120	6,584,278	0.043303	42,449	1,838	56.01
57.00	CT SCAN	13,819	15,333,292	0.000901	1,396,741	1,258	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,612	8,524,309	0.000658	525,078	346	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	61,770	31,181,484	0.001981	4,591,479	9,096	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	124,743	3,410,434	0.036577	1,521,648	55,657	65.00
65.01	SLEEP LAB	2,324	1,639,327	0.001418	8,339	12	65.01
66.00	PHYSICAL THERAPY	21,435	4,061,497	0.005278	452,689	2,389	66.00
69.00	ELECTROCARDIOLOGY	10,292	4,419,817	0.002329	461,493	1,075	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,069	7,239,226	0.004430	1,478,114	6,548	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	21,083	4,348,692	0.004848	1,386,259	6,721	72.00
73.00	DRUGS CHARGED TO PATIENTS	37,871	14,516,961	0.002609	2,556,367	6,670	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	70,216	394,513	0.177981	0	0	90.00
91.00	EMERGENCY	102,597	28,485,730	0.003602	2,448,831	8,821	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	52,594	1,636,026	0.032147	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (Lines 50-199)	1,163,341	172,484,876		22,014,003	139,169	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150097		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/16/2012 4:36 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/16/2012 4:36 pm
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Cost Center Description	Title XVIII		Hospital		PPS
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	10,494	0.00	4,532	0	30.00
31.00 INTENSIVE CARE UNIT	754	0.00	456	0	31.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	42.00
200.00 Total (lines 30-199)	11,248		4,988	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/16/2012 4:36 pm
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Cost Center Description	Title XVIII					Total Cost (sum of col 1 through col. 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 ONCOLOGY	0	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES							95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150097

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

Worksheet D
Part IV
Date/Time Prepared:
5/16/2012 4:36 pm

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	22,912,714	0.000000	0.000000	3,858,975	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	978,682	0.000000	0.000000	95,843	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	16,817,894	0.000000	0.000000	1,189,698	54.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	ONCOLOGY	0	6,584,278	0.000000	0.000000	42,449	56.01
57.00	CT SCAN	0	15,333,292	0.000000	0.000000	1,396,741	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	8,524,309	0.000000	0.000000	525,078	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	31,181,484	0.000000	0.000000	4,591,479	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0	3,410,434	0.000000	0.000000	1,521,648	65.00
65.01	SLEEP LAB	0	1,639,327	0.000000	0.000000	8,339	65.01
66.00	PHYSICAL THERAPY	0	4,061,497	0.000000	0.000000	452,689	66.00
69.00	ELECTROCARDIOLOGY	0	4,419,817	0.000000	0.000000	461,493	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,239,226	0.000000	0.000000	1,478,114	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	4,348,692	0.000000	0.000000	1,386,259	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	14,516,961	0.000000	0.000000	2,556,367	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	394,513	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	28,485,730	0.000000	0.000000	2,448,831	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,636,026	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (Lines 50-199)	0	172,484,876			22,014,003	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150097

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

Worksheet D
Part IV
Date/Time Prepared:
5/16/2012 4:36 pm

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)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	5,531,757	0		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	292,732	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,196,884	0		54.00
56.00	RADIOISOTOPE	0	0	0		56.00
56.01	ONCOLOGY	0	2,509,077	0		56.01
57.00	CT SCAN	0	3,537,210	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,036,017	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	0	743,372	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
65.00	RESPIRATORY THERAPY	0	363,413	0		65.00
65.01	SLEEP LAB	0	452,981	0		65.01
66.00	PHYSICAL THERAPY	0	0	0		66.00
69.00	ELECTROCARDIOLOGY	0	1,663,014	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,328,191	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	795,587	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,380,797	0		73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	0	5,431,035	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	516,193	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES					95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (Lines 50-199)	0	33,778,260	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 4:36 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.258171	5,531,757	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00 ANESTHESIOLOGY	1.174895	292,732	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.298778	4,196,884	0	0		54.00
56.00 RADIOISOTOPE	0.000000	0	0	0		56.00
56.01 ONCOLOGY	0.558790	2,509,077	0	0		56.01
57.00 CT SCAN	0.096660	3,537,210	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.142293	2,036,017	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.185973	743,372	-818	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0.475819	363,413	0	0		65.00
65.01 SLEEP LAB	0.305203	452,981	0	0		65.01
66.00 PHYSICAL THERAPY	0.520265	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	0.236407	1,663,014	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.264729	1,328,191	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.445960	795,587	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.392723	4,380,797	0	23,209		73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 CLINIC	1.362470	0	0	0		90.00
91.00 EMERGENCY	0.165337	5,431,035	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.798142	516,193	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1.438269		0			95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
200.00 Subtotal (see instructions)		33,778,260	-818	23,209		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		33,778,260	-818	23,209		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 4:36 pm
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Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	1,428,139	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	343,929	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,253,937	0	0		54.00
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 ONCOLOGY	1,402,047	0	0		56.01
57.00 CT SCAN	341,907	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	289,711	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	138,247	-152	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	172,919	0	0		65.00
65.01 SLEEP LAB	138,251	0	0		65.01
66.00 PHYSICAL THERAPY	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	393,148	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	351,611	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	354,800	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,720,440	0	9,115		73.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	897,951	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	411,995	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	9,639,032	-152	9,115		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	9,639,032	-152	9,115		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/16/2012 4:36 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,494	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,494	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,494	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,532	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,241,289	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,241,289	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		16,075,000	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		16,075,000	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.637094	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,531.83	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,241,289	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		975.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,422,869	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,422,869	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150097		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/16/2012 4:36 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	2,422,580	754	3,212.97	456	1,465,114		43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,056,386	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,944,369	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					247,629	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					139,169	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					386,798	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,557,571	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,338	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					975.92	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,305,781	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150097		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/16/2012 4:36 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	412,498	10,241,289	0.040278	1,305,781	52,594	90.00
91.00	Nursing School cost	0	10,241,289	0.000000	1,305,781	0	91.00
92.00	Allied health cost	0	10,241,289	0.000000	1,305,781	0	92.00
93.00	All other Medical Education	0	10,241,289	0.000000	1,305,781	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/16/2012 4:36 pm
Cost Center Description		Cost		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,494	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,494	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,494	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		698	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,240,866	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,240,866	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		16,075,000	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		16,075,000	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.637068	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,531.83	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,240,866	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		975.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		681,164	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)		681,164	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150097		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XIX		Hospital		Cost			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	2,422,580	754	3,212.97	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						
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				586,054		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,267,218		49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,338	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					975.88	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,305,727	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150097		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/16/2012 4:36 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/16/2012 4:36 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		4,061,940		30.00
31.00	INTENSIVE CARE UNIT		813,504		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.258171	3,858,975	996,275	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	1.297838	95,843	124,389	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.298778	1,189,698	355,456	54.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	ONCOLOGY	0.558790	42,449	23,720	56.01
57.00	CT SCAN	0.096660	1,396,741	135,009	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.142293	525,078	74,715	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.185973	4,591,479	853,891	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.475819	1,521,648	724,029	65.00
65.01	SLEEP LAB	0.305203	8,339	2,545	65.01
66.00	PHYSICAL THERAPY	0.520265	452,689	235,518	66.00
69.00	ELECTROCARDIOLOGY	0.236407	461,493	109,100	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.264729	1,478,114	391,300	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.445960	1,386,259	618,216	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.392723	2,556,367	1,003,944	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	1.362470	0	0	90.00
91.00	EMERGENCY	0.166724	2,448,831	408,279	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.798142	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		22,014,003	6,056,386	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)		22,014,003		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/16/2012 4:36 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,384,327		30.00
31.00	INTENSIVE CARE UNIT		126,082		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.258171	486,595	125,625	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	1.174895	39,533	46,447	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.298778	83,089	24,825	54.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	ONCOLOGY	0.558790	1,450	810	56.01
57.00	CT SCAN	0.096660	114,108	11,030	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.142293	29,854	4,248	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.185973	453,148	84,273	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.475819	171,594	81,648	65.00
65.01	SLEEP LAB	0.305203	0	0	65.01
66.00	PHYSICAL THERAPY	0.520265	13,337	6,939	66.00
69.00	ELECTROCARDIOLOGY	0.236407	11,590	2,740	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.264729	196,962	52,142	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.445960	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.392723	268,998	105,642	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	1.362470	0	0	90.00
91.00	EMERGENCY	0.165337	240,023	39,685	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.798142	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		2,110,281	586,054	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)		2,110,281		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/16/2012 4:36 pm
		Title XVII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		7,187,718	1.00
2.00	Outlier payments for discharges. (see instructions)		61,127	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		63.33	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.92	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.41	31.00
32.00	Sum of lines 30 and 31		22.33	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.63	33.00
34.00	Disproportionate share adjustment (see instructions)		548,423	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		7,797,268	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)		7,797,268	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		581,668	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: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/16/2012 4:36 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			8,378,936 59.00
60.00	Primary payer payments			1,750 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			8,377,186 61.00
62.00	Deductibles billed to program beneficiaries			960,716 62.00
63.00	Coinsurance billed to program beneficiaries			35,650 63.00
64.00	Allowable bad debts (see instructions)			215,000 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			150,500 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			215,000 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			7,531,320 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			365,071 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			7,896,391 71.00
72.00	Interim payments			7,661,675 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			234,716 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			100,000 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/16/2012 4:36 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			8,963 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			9,639,032 2.00
3.00	PPS payments			7,262,683 3.00
4.00	Outlier payment (see instructions)			12,385 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			8,963 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			22,391 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)			22,391 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)			22,391 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			13,428 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			8,963 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)			7,275,068 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)			1,705,736 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)			5,578,295 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)			5,578,295 30.00
31.00	Primary payer payments			710 31.00
32.00	Subtotal (line 30 minus line 31)			5,577,585 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)			225,000 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			157,500 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			225,000 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			5,735,085 37.00
38.00	MSP-LCC reconciliation amount from PS&R			-79 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)			5,735,164 40.00
41.00	Interim payments			5,670,645 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)			64,519 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150097

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

Worksheet E-1
Part I
Date/Time Prepared:
5/16/2012 4:36 pm

		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		7,606,282		5,575,322	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/30/2011	61,689	08/30/2011	86,957	3.01	
3.02			0	12/31/2011	8,366	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	12/31/2011	6,296		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)		55,393		95,323	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)		7,661,675		5,670,645	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		234,716		64,519	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		7,896,391		5,735,164	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/16/2012 4:36 pm
		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			2,670 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			4,988 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			565 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			9,910 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			191,330,257 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			6,799,007 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)			1,338,692 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)			1,338,692 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/16/2012 4:36 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		1,267,218	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,267,218	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)		1,267,218	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		1,510,410	8.00
9.00	Ancillary service charges		2,110,281	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)		3,620,691	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		3,620,691	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,353,473	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)		1,267,218	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.		1,267,218	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)		1,267,218	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)		1,267,218	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		1,267,218	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)		1,267,218	40.00
41.00	Interim payments		923,724	41.00
42.00	Balance due provider/program (line 40 minus 41)		343,494	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: 150097

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

Worksheet G
Date/Time Prepared:
5/16/2012 4:36 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	9,837,788	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	22,706,365	0	0	0	4.00
5.00	Other receivable	-13,006,880	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,360,860	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	788,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	24,686,133	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,737,322	0	0	0	12.00
13.00	Land improvements	5,805,693	0	0	0	13.00
14.00	Accumulated depreciation	-1,232,781	0	0	0	14.00
15.00	Buildings	32,390,318	0	0	0	15.00
16.00	Accumulated depreciation	-18,563,305	0	0	0	16.00
17.00	Leasehold improvements	480,628	0	0	0	17.00
18.00	Accumulated depreciation	-361,615	0	0	0	18.00
19.00	Fixed equipment	2,371,780	0	0	0	19.00
20.00	Accumulated depreciation	-2,271,958	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	30,106,928	0	0	0	23.00
24.00	Accumulated depreciation	-20,855,933	0	0	0	24.00
25.00	Minor equipment depreciable	230,739	0	0	0	25.00
26.00	Accumulated depreciation	-161,755	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)	29,676,061	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	58,854,507	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	58,854,507	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	113,216,701	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,665,632	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,853,493	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	2,176,148	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,695,273	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	27,401,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	587,852	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	27,988,852	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	37,684,125	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	75,532,576	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)	75,532,576	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	113,216,701	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150097

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

Worksheet G-1

Date/Time Prepared:
5/16/2012 4:36 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		72,473,593		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		3,058,980			2.00
3.00	Total (sum of line 1 and line 2)		75,532,573		0	3.00
4.00	Additions (credit adjustments) (specify)	3		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3		0	10.00
11.00	Subtotal (line 3 plus line 10)		75,532,576		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		75,532,576		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150097

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

Worksheet G-1

Date/Time Prepared:
5/16/2012 4:36 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150097

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

Worksheet G-2 Parts

Date/Time Prepared:
5/16/2012 4:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,296,525		14,296,525	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	14,296,525		14,296,525	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,778,475		1,778,475	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)	1,778,475		1,778,475	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,075,000		16,075,000	17.00
18.00	Ancillary services	42,063,762	144,443,999	186,507,761	18.00
19.00	Outpatient services	687,546	2,213,025	2,900,571	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		1,414,355	1,414,355	22.00
23.00	AMBULANCE SERVICES	264,490	1,091,536	1,356,026	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	59,090,798	149,162,915	208,253,713	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		72,151,945		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)		72,151,945		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150097

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

Worksheet G-3

Date/Time Prepared:
5/16/2012 4:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	208,253,713	1.00
2.00	Less contractual allowances and discounts on patients' accounts	122,726,672	2.00
3.00	Net patient revenues (line 1 minus line 2)	85,527,041	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	72,151,945	4.00
5.00	Net income from service to patients (line 3 minus line 4)	13,375,096	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	2,977,451	24.00
24.01	INVESTMENT INCOME	1,630,075	24.01
24.02	OTHER NONOPERATING & MISC REVENUE	114,944	24.02
25.00	Total other income (sum of lines 6-24)	4,722,470	25.00
26.00	Total (line 5 plus line 25)	18,097,566	26.00
27.00	BAD DEBTS	7,798,564	27.00
27.01	TRANSFER TO AFFILIATES	7,240,022	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	15,038,586	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,058,980	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150097

Period: From 01/01/2011

Worksheet H

HHA CCN: 157418

To 12/31/2011

Date/Time Prepared: 5/16/2012 4:36 pm

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	179,918	0	0	0	152,689	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	331,684	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	202,081	7.00
8.00	Occupational Therapy	30,125	0	0	0	0	8.00
9.00	Speech Pathology	734	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	51,230	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	26,608	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	593,691	0	0	0	381,378	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150097

Period: From 01/01/2011

Worksheet H

HHA CCN: 157418

To 12/31/2011

Date/Time Prepared: 5/16/2012 4:36 pm

Home Health Agency I

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		Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	332,607	0	332,607	0	332,607	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	331,684	0	331,684	0	331,684	6.00
7.00	Physical Therapy	202,081	0	202,081	0	202,081	7.00
8.00	Occupational Therapy	30,125	0	30,125	0	30,125	8.00
9.00	Speech Pathology	734	0	734	0	734	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	51,230	0	51,230	0	51,230	11.00
12.00	Supplies (see instructions)	26,608	0	26,608	0	26,608	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	975,069	0	975,069	0	975,069	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 150097	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/16/2012 4:36 pm
	HHA CCN: 157418	To 12/31/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	332,607	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	331,684	0	0	0	6.00
7.00	Physical Therapy	202,081	0	0	0	7.00
8.00	Occupational Therapy	30,125	0	0	0	8.00
9.00	Speech Pathology	734	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	51,230	0	0	0	11.00
12.00	Supplies (see instructions)	26,608	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	975,069	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150097	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/16/2012 4:36 pm
		HHA CCN: 157418	To 12/31/2011	
			Home Health Agency I	PPS

		Subtotal (col s. 0-4)	Administrative & General	Total (col s. 4A + 5)	
		4A.00	5.00	6.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0			1.00
2.00	Capital Related - Movable Equipment	0			2.00
3.00	Plant Operation & Maintenance	0			3.00
4.00	Transportation				4.00
5.00	Administrative and General	332,607	332,607		5.00
HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	331,684	171,715	503,399	6.00
7.00	Physical Therapy	202,081	104,619	306,700	7.00
8.00	Occupational Therapy	30,125	15,596	45,721	8.00
9.00	Speech Pathology	734	380	1,114	9.00
10.00	Medical Social Services	0	0	0	10.00
11.00	Home Health Aide	51,230	26,522	77,752	11.00
12.00	Supplies (see instructions)	26,608	13,775	40,383	12.00
13.00	Drugs	0	0	0	13.00
14.00	DME	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	17.00
18.00	Clinic	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	19.00
20.00	Day Care Program	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	21.00
22.00	Homemaker Service	0	0	0	22.00
23.00	All Others (specify)	0	0	0	23.00
24.00	Total (sum of lines 1-23)	642,462		975,069	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150097

Period: From 01/01/2011

Worksheet H-1

HHA CCN: 157418

To 12/31/2011

Part II
Date/Time Prepared:
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		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-332,607	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-332,607	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150097
HHA CCN: 157418

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

Worksheet H-1
Part II
Date/Time Prepared:
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		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	642,462	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	331,684	6.00
7.00	Physical Therapy	202,081	7.00
8.00	Occupational Therapy	30,125	8.00
9.00	Speech Pathology	734	9.00
10.00	Medical Social Services	0	10.00
11.00	Home Health Aide	51,230	11.00
12.00	Supplies (see instructions)	26,608	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	642,462	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	332,607	25.00
26.00	Unit Cost Multiplier	0.517707	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150097

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157418

To 12/31/2011

Part I
Date/Time Prepared:
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Home Health Agency I

PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	
		0	1.00				
1.00 Administrative and General	0	0	151,480	2,980	76,457	1.00	
2.00 Skilled Nursing Care	503,399	0	0	0	0	2.00	
3.00 Physical Therapy	306,700	0	0	0	0	3.00	
4.00 Occupational Therapy	45,721	0	0	0	0	4.00	
5.00 Speech Pathology	1,114	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	6.00	
7.00 Home Health Aide	77,752	0	0	0	0	7.00	
8.00 Supplies (see instructions)	40,383	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	975,069	0	151,480	2,980	76,457	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150097

Period:

Worksheet H-2

HHA CCN: 157418

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

Part I
Date/Time Prepared:
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Home Health
Agency I

PPS

	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.03	5.04	5.05	5A.05	5.06	
1.00 Administrative and General	7,038	7,553	10,848	256,356	21,324	1.00
2.00 Skilled Nursing Care	0	0	0	503,399	41,873	2.00
3.00 Physical Therapy	0	0	0	306,700	25,512	3.00
4.00 Occupational Therapy	0	0	0	45,721	3,803	4.00
5.00 Speech Pathology	0	0	0	1,114	93	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	77,752	6,467	7.00
8.00 Supplies (see instructions)	0	0	0	40,383	3,359	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	7,038	7,553	10,848	1,231,425	102,431	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150097

Period:

Worksheet H-2

HHA CCN: 157418

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

Part I
Date/Time Prepared:
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Home Health
Agency I

PPS

		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150097

Period:

Worksheet H-2

HHA CCN: 157418

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

Part I
Date/Time Prepared:
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PPS

		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		13.00	14.00	15.00	16.00	24.00	
1.00	Administrative and General	57,934	0	0	9,628	345,242	1.00
2.00	Skilled Nursing Care	0	0	0	0	545,272	2.00
3.00	Physical Therapy	0	0	0	0	332,212	3.00
4.00	Occupational Therapy	0	0	0	0	49,524	4.00
5.00	Speech Pathology	0	0	0	0	1,207	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	84,219	7.00
8.00	Supplies (see instructions)	0	0	0	0	43,742	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	57,934	0	0	9,628	1,401,418	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150097

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157418

To 12/31/2011

Part I
Date/Time Prepared:
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Home Health Agency I

PPS

	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	345,242		1.00
2.00	Skilled Nursing Care	0	545,272	178,239	2.00
3.00	Physical Therapy	0	332,212	108,593	3.00
4.00	Occupational Therapy	0	49,524	16,188	4.00
5.00	Speech Pathology	0	1,207	395	5.00
6.00	Medical Social Services	0	0	0	6.00
7.00	Home Health Aide	0	84,219	27,529	7.00
8.00	Supplies (see instructions)	0	43,742	14,298	8.00
9.00	Drugs	0	0	0	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	0	0	18.00
19.00	All Others (specify)	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	1,401,418	345,242	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.326879	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150097
HHA CCN: 157418

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

Worksheet H-2
Part II
Date/Time Prepared:
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Home Health Agency I

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	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (HARDWARE)	PURCHASING, RECEIVING AND STORES (PURCHASING)	
	1.00	BLDG & FIXT (SQUARE FEET)					
1.00	Administrative and General	0	593,691	11	11	31,535	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	593,691	11	11	31,535	20.00
21.00	Total cost to be allocated	0	151,480	2,980	76,457	7,038	21.00
22.00	Unit cost multiplier	0.000000	0.255150	270.909091	6,950.636364	0.223181	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150097
HHA CCN: 157418

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

Worksheet H-2
Part II
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				Home Health Agency I		PPS	
		ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	7.00	
1.00	Administrative and General	1,414,355	1,414,355	0	256,356	0	1.00
2.00	Skilled Nursing Care	0	0	0	503,399	0	2.00
3.00	Physical Therapy	0	0	0	306,700	0	3.00
4.00	Occupational Therapy	0	0	0	45,721	0	4.00
5.00	Speech Pathology	0	0	0	1,114	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	77,752	0	7.00
8.00	Supplies (see instructions)	0	0	0	40,383	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,414,355	1,414,355		1,231,425	0	20.00
21.00	Total cost to be allocated	7,553	10,848		102,431	0	21.00
22.00	Unit cost multiplier	0.005340	0.007670		0.083181	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150097 HHA CCN: 157418	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/16/2012 4:36 pm PPS
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	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	
	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	0	0	0	0	20,822	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	20,822	20.00
21.00 Total cost to be allocated	0	0	0	0	57,934	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	2.782346	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150097

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157418

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Part II
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	CENTRAL SERVICES & SUPPLY (100% SUPPLIES)	PHARMACY (100% DRUGS TO PATIENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	14.00	15.00	16.00	
1.00 Administrative and General	0	0	1,414,355	1.00
2.00 Skilled Nursing Care	0	0	0	2.00
3.00 Physical Therapy	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	4.00
5.00 Speech Pathology	0	0	0	5.00
6.00 Medical Social Services	0	0	0	6.00
7.00 Home Health Aide	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	8.00
9.00 Drugs	0	0	0	9.00
10.00 DME	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	13.00
14.00 Clinic	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	15.00
16.00 Day Care Program	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	17.00
18.00 Homemaker Service	0	0	0	18.00
19.00 All Others (specify)	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	1,414,355	20.00
21.00 Total cost to be allocated	0	0	9,628	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.006807	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150097 HHA CCN: 157418		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 5/16/2012 4:36 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	723,511		723,511	4,067	1.00
2.00	Physical Therapy	3.00	440,805	0	440,805	2,241	2.00
3.00	Occupational Therapy	4.00	65,712	0	65,712	437	3.00
4.00	Speech Pathology	5.00	1,602	0	1,602	20	4.00
5.00	Medical Social Services	6.00	0		0	0	5.00
6.00	Home Health Aide	7.00	111,748		111,748	1,254	6.00
7.00	Total (sum of lines 1-6)		1,343,378	0	1,343,378	8,019	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		99915	1,786	1,018		8.00
9.00	Physical Therapy		99915	953	572		9.00
10.00	Occupational Therapy		99915	181	149		10.00
11.00	Speech Pathology		99915	6	0		11.00
12.00	Medical Social Services		99915	0	0		12.00
13.00	Home Health Aide		99915	535	519		13.00
14.00	Total (sum of lines 8-13)			3,461	2,258		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	58,040	0	58,040	26,608	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.520265	0	0	1.00
2.00	Occupational Therapy						2.00
3.00	Speech Pathology						3.00
4.00	Cost of Medical Supplies		71.00	0.264729	0	0	4.00
5.00	Cost of Drugs		73.00	0.392723	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150097

Period: From 01/01/2011

Worksheet H-3

HHA CCN: 157418

To 12/31/2011

Parts I-III
Date/Time Prepared:
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Title XVIII

Home Health Agency I

PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	177.90	1,786	1,018		1.00
2.00	Physical Therapy	196.70	953	572		2.00
3.00	Occupational Therapy	150.37	181	149		3.00
4.00	Speech Pathology	80.10	6	0		4.00
5.00	Medical Social Services	0.00	0	0		5.00
6.00	Home Health Aide	89.11	535	519		6.00
7.00	Total (sum of lines 1-6)		3,461	2,258		7.00
Cost Center Description						
		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	2.181299	0	38,137	0	15.00
16.00	Cost of Drugs	0.000000	0	0	0	16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	col. 2, line 2.00				1.00
2.00	Occupational Therapy					2.00
3.00	Speech Pathology					3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00				4.00
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150097

Period: From 01/01/2011

Worksheet H-3

HHA CCN: 157418

To 12/31/2011

Parts I-III
Date/Time Prepared:
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Title XVIII

Home Health Agency I

PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)	
	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	317,729	181,102	498,831	1.00
2.00	Physical Therapy	187,455	112,512	299,967	2.00
3.00	Occupational Therapy	27,217	22,405	49,622	3.00
4.00	Speech Pathology	481	0	481	4.00
5.00	Medical Social Services	0	0	0	5.00
6.00	Home Health Aide	47,674	46,248	93,922	6.00
7.00	Total (sum of lines 1-6)	580,556	362,267	942,823	7.00
Cost Center Description					
		10.00	11.00	12.00	
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
Cost of Services					
Cost Center Description	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	9.00	10.00	11.00		
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0	83,188	0	15.00
16.00	Cost of Drugs	0	0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150097 HHA CCN: 157418	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/16/2012 4:36 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount 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(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		467,322	321,201
12.00	Total PPS Reimbursement - Full Episodes with Outliers		7,542	1,412
13.00	Total PPS Reimbursement - LUPA Episodes		11,235	5,178
14.00	Total PPS Reimbursement - PEP Episodes		5,415	1,734
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		1,897	129
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		493,411	329,654
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		493,411	329,654
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		493,411	329,654
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		493,411	329,654
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		493,411	329,654
32.00	Interim payments (see instructions)		493,411	329,654
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150097

Period: From 01/01/2011

Worksheet H-5

HHA CCN: 157418

To 12/31/2011

Date/Time Prepared: 5/16/2012 4:36 pm

Home Health Agency I

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		493,411		329,654	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			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			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. H-4, Part II, column as appropriate, line 32)		493,411		329,654	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		493,411		329,654	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150097	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/16/2012 4:36 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		581,668	1.00
2.00	Capital DRG outlier payments		0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		27.15	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		581,668	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00