

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: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 6:24 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" 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: 5/30/2012	Time: 6:24 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 MEMORIAL HOSPITAL LOGANSPOURT 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 V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	46,966	441,181	0	595,918	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	46,966	441,181	0	595,918	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150072			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 3:49 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1101 MICHIGAN AVENUE			PO Box:				1.00			
2.00	City: LOGANSPORT			State: IN		Zip Code: 46947-		County: CASS			
		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		MEMORIAL HOSPITAL LOGANSPORT	150072	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		SWING BED - SNF	15U072	99915		05/14/2008	N	P	P	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF							N	N	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)						9		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.			746	0	0	0	1,190	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.						1		35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 3:49 pm		
			Beginning: 1.00	Ending: 2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		01/01/2011	12/31/2011	36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.		0		37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
			V 1.00	XVIII 2.00	XIX 3.00	
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	N	N	
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	
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	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			
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.					
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			
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			
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			
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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: 150072

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/30/2012 3:49 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: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 3:49 pm	
			1.00	2.00	3.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		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		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	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	
<b>Title V or XIX Inpatient Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		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	N
			1.00		2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		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	7,500,000	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	Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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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
<b>All Providers</b>							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y				140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	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 1.00	Part B 2.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital		N			N	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
161.10	CORF					N	161.10
							1.00
<b>Multi campus</b>							
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
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 3:49 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
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/11/2012	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	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		03/09/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150072

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2012 3:49 pm

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150072

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2012 3:49 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150072

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 3:49 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	77	28,105	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)		77	28,105	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		83	30,295	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		83				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: 150072

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 3:49 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	2,872	746	5,635		1.00
2.00 HMO		242	1,190			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	2,872	746	5,635		7.00
8.00 INTENSIVE CARE UNIT	0	350	0	529		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	1,121		13.00
14.00 Total (see instructions)	0	3,222	746	7,285		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		292	1,438		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		18,930				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150072

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 3:49 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	852	1.00
2.00 HMO					65	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	501.80	0.00	0	852	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	501.80	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: 150072

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 3:49 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)	290	1,930		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)	290	1,930		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 3:49 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	
<b>PART II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	27,120,120	0	27,120,120	1,043,742.00 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		95,074	0	95,074	1,388.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		3,853,576	0	3,853,576	37,599.00 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)		6,976,381	0	6,976,381	170,920.00 10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		0	0	0	0.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		252,004	0	252,004	1,616.00 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
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		5,073,718	0	5,073,718	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		1,040,015	0	1,040,015	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	21.00
22.00	Physician Part A		8,446	0	8,446	22.00
23.00	Physician Part B		228,780	0	228,780	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	245,626	0	245,626	9,358.00 26.00
27.00	Administrative & General	5.00	2,509,434	0	2,509,434	112,573.00 27.00
28.00	Administrative & General under contract (see inst.)		96,610	0	96,610	641.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	559,440	0	559,440	22,225.00 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	426,427	0	426,427	39,588.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	645,838	-390,521	255,317	22,684.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	390,521	390,521	35,486.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	536,611	0	536,611	17,900.00 38.00
39.00	Central Services and Supply	14.00	160,470	0	160,470	10,954.00 39.00
40.00	Pharmacy	15.00	330,619	0	330,619	20,536.00 40.00
41.00	Medical Records & Medical Records Library	16.00	506,756	0	506,756	30,611.00 41.00
42.00	Social Service	17.00	268,397	0	268,397	9,900.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 3:49 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	25.98	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	68.50	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	102.49	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)	40.82	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	0.00	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	155.94	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
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	26.25	26.00
27.00	Administrative & General	22.29	27.00
28.00	Administrative & General under contract (see inst.)	150.72	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	25.17	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	10.77	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	11.26	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	11.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	29.98	38.00
39.00	Central Services and Supply	14.65	39.00
40.00	Pharmacy	16.10	40.00
41.00	Medical Records & Medical Records Library	16.55	41.00
42.00	Social Service	27.11	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150072

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2012 3:49 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	23,363,154	0	23,363,154	1,006,784.00	1.00
2.00	Excluded area salaries (see instructions)	6,976,381	0	6,976,381	170,920.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	16,386,773	0	16,386,773	835,864.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	252,004	0	252,004	1,616.00	4.00
5.00	Subtotal wage-related costs (see inst.)	5,082,164	0	5,082,164	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	21,720,941	0	21,720,941	837,480.00	6.00
7.00	Total overhead cost (see instructions)	6,286,228	0	6,286,228	332,456.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150072

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2012 3:49 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	23.21	1.00
2.00	Excluded area salaries (see instructions)	40.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	19.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	155.94	4.00
5.00	Subtotal wage-related costs (see inst.)	31.01	5.00
6.00	Total (sum of lines 3 thru 5)	25.94	6.00
7.00	Total overhead cost (see instructions)	18.91	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2012 3:49 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	738,062	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	3,023,778	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	131,193	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	37,905	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)	217,051	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	215,532	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	1,771,378	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	58,691	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	139,369	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	6,332,959	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	60,358	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150072

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2012 3:49 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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150072

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

Worksheet A  
Date/Time Prepared: 5/30/2012 3:49 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		3,548,611	3,548,611	-197,917	3,350,694	1.00
1.01 MOB		252,874	252,874	0	252,874	1.01
1.02 OPS		148,286	148,286	0	148,286	1.02
4.00 EMPLOYEE BENEFITS	245,626	6,779,414	7,025,040	0	7,025,040	4.00
5.00 ADMINISTRATIVE & GENERAL	2,509,434	2,650,726	5,160,160	489,526	5,649,686	5.00
7.00 OPERATION OF PLANT	559,440	1,948,445	2,507,885	3,551	2,511,436	7.00
8.00 LAUNDRY & LINEN SERVICE	0	188,515	188,515	0	188,515	8.00
9.00 HOUSEKEEPING	426,427	204,825	631,252	0	631,252	9.00
10.00 DIETARY	645,838	342,597	988,435	-597,680	390,755	10.00
11.00 CAFETERIA	0	0	0	597,680	597,680	11.00
13.00 NURSING ADMINISTRATION	536,611	12,070	548,681	0	548,681	13.00
14.00 CENTRAL SERVICES & SUPPLY	160,470	1,804,108	1,964,578	-358,648	1,605,930	14.00
15.00 PHARMACY	330,619	1,209,715	1,540,334	0	1,540,334	15.00
16.00 MEDICAL RECORDS & LIBRARY	506,756	102,181	608,937	0	608,937	16.00
17.00 SOCIAL SERVICE	268,397	35,242	303,639	0	303,639	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	2,930,704	295,271	3,225,975	-686,646	2,539,329	30.00
31.00 INTENSIVE CARE UNIT	533,046	26,399	559,445	0	559,445	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	58	2,159	2,217	252,504	254,721	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,237,624	634,392	1,872,016	0	1,872,016	50.00
52.00 DELIVERY ROOM & LABOR ROOM	60,717	700	61,417	434,142	495,559	52.00
53.00 ANESTHESIOLOGY	0	25,176	25,176	0	25,176	53.00
54.00 RADIOLOGY-DIAGNOSTIC	985,346	1,041,434	2,026,780	0	2,026,780	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,039,223	1,597,650	2,636,873	0	2,636,873	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	45,325	200,045	245,370	0	245,370	63.00
65.00 RESPIRATORY THERAPY	495,499	73,814	569,313	0	569,313	65.00
66.00 PHYSICAL THERAPY	42,159	466,744	508,903	0	508,903	66.00
69.00 ELECTROCARDIOLOGY	213,138	54,201	267,339	0	267,339	69.00
69.01 CARDIAC REHAB	79,835	6,036	85,871	0	85,871	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	358,648	358,648	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 NUCLEAR MEDICINE-DIAGNOSTIC	188,709	355,370	544,079	0	544,079	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	4,692,857	1,004,131	5,696,988	-49,252	5,647,736	90.00
91.00 EMERGENCY	1,409,881	816,979	2,226,860	0	2,226,860	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01 FAMILY PRACTICE	0	0	0	0	0	93.01
93.02 FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	657,056	84,255	741,311	0	741,311	95.00
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	20,800,795	25,912,365	46,713,160	245,908	46,959,068	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 FOUNDATION	21,224	4,933	26,157	0	26,157	194.00
194.01 MOB	23,667	742	24,409	0	24,409	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 PIH	0	0	0	0	0	194.03
194.04 HEALTH COMPANIES	455,911	242,825	698,736	0	698,736	194.04
194.05 PHYSICIANS OFFICE	5,815,914	1,594,762	7,410,676	-245,908	7,164,768	194.05
194.06 THE ARBORS	2,609	157	2,766	0	2,766	194.06
194.08 OPS	0	0	0	0	0	194.08
200.00 TOTAL (SUM OF LINES 118-199)	27,120,120	27,755,784	54,875,904	0	54,875,904	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150072

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,573	3,363,267	1.00
1.01	MOB	0	252,874	1.01
1.02	OPS	0	148,286	1.02
4.00	EMPLOYEE BENEFITS	-2,851	7,022,189	4.00
5.00	ADMINISTRATIVE & GENERAL	-796,636	4,853,050	5.00
7.00	OPERATION OF PLANT	-16,497	2,494,939	7.00
8.00	LAUNDRY & LINEN SERVICE	572	189,087	8.00
9.00	HOUSEKEEPING	0	631,252	9.00
10.00	DIETARY	-38,412	352,343	10.00
11.00	CAFETERIA	-265,034	332,646	11.00
13.00	NURSING ADMINISTRATION	-9,936	538,745	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,605,930	14.00
15.00	PHARMACY	0	1,540,334	15.00
16.00	MEDICAL RECORDS & LIBRARY	-20,082	588,855	16.00
17.00	SOCIAL SERVICE	-38	303,601	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	2,539,329	30.00
31.00	INTENSIVE CARE UNIT	0	559,445	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	254,721	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	1,872,016	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	495,559	52.00
53.00	ANESTHESIOLOGY	0	25,176	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,026,780	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	2,636,873	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	245,370	63.00
65.00	RESPIRATORY THERAPY	-40,048	529,265	65.00
66.00	PHYSICAL THERAPY	0	508,903	66.00
69.00	ELECTROCARDIOLOGY	0	267,339	69.00
69.01	CARDIAC REHAB	0	85,871	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	358,648	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	0	544,079	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	-4,786,376	861,360	90.00
91.00	EMERGENCY	0	2,226,860	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
93.01	FAMILY PRACTICE	0	0	93.01
93.02	FAMILY PRACTICE	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0	741,311	95.00
99.10	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-5,962,765	40,996,303	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
194.00	FOUNDATION	0	26,157	194.00
194.01	MOB	0	24,409	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	PIH	0	0	194.03
194.04	HEALTH COMPANIES	0	698,736	194.04
194.05	PHYSICIANS OFFICE	0	7,164,768	194.05
194.06	THE ARBORS	0	2,766	194.06
194.08	OPS	0	0	194.08
200.00	TOTAL (SUM OF LINES 118-199)	-5,962,765	48,913,139	200.00

RECLASSIFICATIONS

Provider CCN: 150072

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

Worksheet A-6

Date/Time Prepared:  
5/30/2012 3:49 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - CAFETERIA</b>						
1.00	CAFETERIA	11.00	390,521	207,159	1.00	
	TOTALS		390,521	207,159		
<b>B - OB RECLASS</b>						
1.00	NURSERY	43.00	217,418	35,086	1.00	
2.00		52.00	362,382	71,760	2.00	
	TOTALS		579,800	106,846		
<b>C - MALPRACTICE INS RECLASS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	448,038	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	448,038		
<b>D - IMPLANT EXPENSE RECLASS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	358,648	1.00	
	TOTALS		0	358,648		
<b>E - PROVIDER-BASED OVERHEAD COSTS</b>						
1.00	OPERATION OF PLANT	7.00	0	3,551	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	41,488	2.00	
3.00	PHYSICIANS OFFICE	194.05	0	4,213	3.00	
	TOTALS		0	49,252		
500.00	Grand Total: Increases		970,321	1,169,943	500.00	

RECLASSIFICATIONS

Provider CCN: 150072

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

Worksheet A-6

Date/Time Prepared:  
5/30/2012 3:49 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>							
1.00	DIETARY	10.00	390,521	207,159	0		1.00
	TOTALS		390,521	207,159			
<b>B - OB RECLASS</b>							
1.00		30.00	579,800	106,846	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		579,800	106,846			
<b>C - MALPRACTICE INS RECLASS</b>							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	197,917	12		1.00
2.00	PHYSICIANS OFFICE	194.05	0	250,121	0		2.00
	TOTALS		0	448,038			
<b>D - IMPLANT EXPENSE RECLASS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	358,648	0		1.00
	TOTALS		0	358,648			
<b>E - PROVIDER-BASED OVERHEAD COSTS</b>							
1.00	CLINIC	90.00	0	49,252	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	49,252			
500.00	Grand Total: Decreases		970,321	1,169,943			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150072

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/30/2012 3:49 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	137,562	0	0	0	1.00
2.00	Land Improvements	431,711	11,382	0	11,382	2.00
3.00	Buildings and Fixtures	58,063,589	258,206	0	258,206	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	26,248,585	1,709,585	0	1,709,585	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	84,881,447	1,979,173	0	1,979,173	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	84,881,447	1,979,173	0	1,979,173	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,980,341	0	238,765	329,505	1.00
1.01	MOB	252,874	0	0	0	1.01
1.02	OPS	148,286	0	0	0	1.02
3.00	Total (sum of lines 1-2)	3,381,501	0	238,765	329,505	3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
1.01	MOB	0	0	0	0.000000	1.01
1.02	OPS	0	0	0	0.000000	1.02
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150072

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			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	137,562	0			1.00
2.00	Land Improvements	443,093	0			2.00
3.00	Buildings and Fixtures	58,280,971	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	27,834,726	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	86,696,352	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	86,696,352	0			10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,548,611			1.00
1.01	MOB	0	252,874			1.01
1.02	OPS	0	148,286			1.02
3.00	Total (sum of lines 1-2)	0	3,949,771			3.00
<b>ALLOCATION OF OTHER CAPITAL</b>						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,993,859	0 1.00
1.01	MOB	0	0	0	252,874	0 1.01
1.02	OPS	0	0	0	148,286	0 1.02
3.00	Total (sum of lines 1-2)	0	0	0	3,395,019	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150072

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

Worksheet A-7  
Parts I-III  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	237,820	131,588	0	0	3,363,267	1.00
1.01	MOB	0	0	0	0	252,874	1.01
1.02	OPS	0	0	0	0	148,286	1.02
3.00	Total (sum of lines 1-2)	237,820	131,588	0	0	3,764,427	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150072

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

Worksheet A-8

Date/Time Prepared:  
5/30/2012 3:49 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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT		1.00 1.00
1.01 Investment income - MOB (chapter 2)			0MOB		1.01 1.01
1.02 Investment income - OPS (chapter 2)			0OPS		1.02 1.02
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)		0			0.00 7.00
8.00 Television and radio service (chapter 21)		0			0.00 8.00
9.00 Parking lot (chapter 21)		0			0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-5,001,305			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	44,388			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests	A	-265,034	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		0RESPIRATORY THERAPY		65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY		66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT		1.00 26.00
26.01 Depreciation - MOB			0MOB		1.01 26.01
26.02 Depreciation - OPS			0OPS		1.02 26.02
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 OTHER REVENUE - VENDING COMMISSION	B	-3,836	ADMINISTRATIVE & GENERAL		5.00 33.00
34.00 OTHER REVENUE - CASH OVER/SHORT	B	83	ADMINISTRATIVE & GENERAL		5.00 34.00
35.00 OTHER REVENUE - MISCELLAN	B	-131,565	ADMINISTRATIVE & GENERAL		5.00 35.00
36.00 OTHER REVENUE - BAD DEBT	B	-897	ADMINISTRATIVE & GENERAL		5.00 36.00
37.00 OTHER REVENUE - MEDICARE	B	-102	ADMINISTRATIVE & GENERAL		5.00 37.00
38.00 OTHER REVENUE - BLUE CROSS	B	-709	ADMINISTRATIVE & GENERAL		5.00 38.00
39.00 OTHER REVENUE - MEDICAID	B	-620	ADMINISTRATIVE & GENERAL		5.00 39.00
40.00 OTHER REVENUE - SCRAP SAL	B	-1,417	ADMINISTRATIVE & GENERAL		5.00 40.00
41.00 OTHER REVENUE - RCC WELLN	B	-238	ADMINISTRATIVE & GENERAL		5.00 41.00
42.00 OTHER REVENUE - CASH OVER	B	139	ADMINISTRATIVE & GENERAL		5.00 42.00
43.00 OTHER REVENUE - REBATES (	B	-28,698	ADMINISTRATIVE & GENERAL		5.00 43.00
44.00 OTHER REVENUE - VEHICLE	B	-3,600	ADMINISTRATIVE & GENERAL		5.00 44.00
45.00 MHL A/P DISCOUNTS	B	-1,617	ADMINISTRATIVE & GENERAL		5.00 45.00
45.01 MHL TELEPHONE-PAY PHONES	B	-43	ADMINISTRATIVE & GENERAL		5.00 45.01
45.02 MHL TELEPHONE SERVICE	B	-13,504	ADMINISTRATIVE & GENERAL		5.00 45.02
45.03 OTHER REVENUE - NUTRITIONALS	B	-2,443	DIETARY		10.00 45.03
45.04 OTHER REVENUE - REBATES	B	-822	DIETARY		10.00 45.04

Provider CCN: 150072

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
45.05 MEALS ON WHEELS	B	-35,147	DIETARY	10.00	45.05
45.06 OTHER REVENUE - CPR TRAINING	B	-61	NURSING ADMINISTRATION	13.00	45.06
45.07 OTHER REVENUE - MISCELLANEOUS	B	-9,875	NURSING ADMINISTRATION	13.00	45.07
45.08 HIM MEDICAL RECORDS FEES	B	-20,082	MEDICAL RECORDS & LIBRARY	16.00	45.08
45.09 INTEREST INCOME	B	-945	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.09
45.10 PATIENT TELEVISIONS	A	-820	OPERATION OF PLANT	7.00	45.10
45.11 PATIENT TELEVISIONS	A	-1,835	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.11
45.12 PATIENT TELEPHONES	A	-2,851	EMPLOYEE BENEFITS	4.00	45.12
45.13 PATIENT TELEPHONES	A	-3,334	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.13
45.14 PATIENT TELEPHONES	A	-1,782	ADMINISTRATIVE & GENERAL	5.00	45.14
45.15 IHA & AHA LOBBYING FEES	A	-6,541	ADMINISTRATIVE & GENERAL	5.00	45.15
45.16 GIFT SHOP	A	-18,700	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.16
45.17 GIFT SHOP	A	-13,276	OPERATION OF PLANT	7.00	45.17
45.18 ADVERTISING	A	-233,009	ADMINISTRATIVE & GENERAL	5.00	45.18
45.19 TAXES	A	-75,618	ADMINISTRATIVE & GENERAL	5.00	45.19
45.20 DONATION EXPENSE	A	-18,119	ADMINISTRATIVE & GENERAL	5.00	45.20
45.21 PHYSICIAN RECRUITMENT	A	-100,100	ADMINISTRATIVE & GENERAL	5.00	45.21
45.22 CAPITALIZED INTEREST	A	-6,091	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.22
45.23 VENDING	A	-2,401	OPERATION OF PLANT	7.00	45.23
45.24 VENDING	A	-338	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,962,765			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150072

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

Worksheet A-8  
Date/Time Prepared:  
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - MOB (chapter 2)	0	1.01
1.02	Investment income - OPS (chapter 2)	0	1.02
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 - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - MOB	0	26.01
26.02	Depreciation - OPS	0	26.02
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER REVENUE - VENDING COMMISSIO	0	33.00
34.00	OTHER REVENUE - CASH OVER/SHORT	0	34.00
35.00	OTHER REVENUE - MISCELLAN	0	35.00
36.00	OTHER REVENUE - BAD DEBT	0	36.00
37.00	OTHER REVENUE - MEDICARE	0	37.00
38.00	OTHER REVENUE - BLUE CROSS	0	38.00
39.00	OTHER REVENUE - MEDICAID	0	39.00
40.00	OTHER REVENUE - SCRAP SAL	0	40.00
41.00	OTHER REVENUE - RCC WELLN	0	41.00
42.00	OTHER REVENUE - CASH OVER	0	42.00
43.00	OTHER REVENUE - REBATES (	0	43.00
44.00	OTHER REVENUE - VEHICLE	0	44.00
45.00	MHL A/P DISCOUNTS	0	45.00
45.01	MHL TELEPHONE-PAY PHONES	0	45.01
45.02	MHL TELEPHONE SERVICE	0	45.02
45.03	OTHER REVENUE - NUTRITIONALS	0	45.03
45.04	OTHER REVENUE - REBATES	0	45.04
45.05	MEALS ON WHEELS	0	45.05
45.06	OTHER REVENUE - CPR TRAINING	0	45.06
45.07	OTHER REVENUE - MISCELLANEOUS	0	45.07
45.08	HIM MEDICAL RECORDS FEES	0	45.08
45.09	INTEREST INCOME	11	45.09
45.10	PATIENT TELEVISIONS	0	45.10
45.11	PATIENT TELEVISIONS	9	45.11

ADJUSTMENTS TO EXPENSES

Provider CCN: 150072

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.12	PATIENT TELEPHONES	0	45.12
45.13	PATIENT TELEPHONES	9	45.13
45.14	PATIENT TELEPHONES	0	45.14
45.15	IHA & AHA LOBBYING FEES	0	45.15
45.16	GIFT SHOP	9	45.16
45.17	GIFT SHOP	0	45.17
45.18	ADVERTISING	0	45.18
45.19	TAXES	0	45.19
45.20	DONATION EXPENSE	0	45.20
45.21	PHYSICIAN RECRUITMENT	0	45.21
45.22	CAPITALIZED INTEREST	9	45.22
45.23	VENDING	0	45.23
45.24	VENDING	9	45.24
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: 150072

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2012 3:49 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		1.00	NEW CAP REL COSTS-BLDG & FIXT	LINEN SERVICE	1.00
2.00		8.00	LAUNDRY & LINEN SERVICE	LINEN SERVICE	2.00
3.00		1.00	NEW CAP REL COSTS-BLDG & FIXT	AMBULANCE	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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		C	NCI LINEN SERVI	33.00	6.00
7.00		G	CASS COUNTY AMB	100.00	7.00
8.00				0.00	8.00
9.00				0.00	9.00
10.00				0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 150072

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2012 3:49 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	15,284	0	15,284	9	1.00
2.00	189,087	188,515	572	0	2.00
3.00	28,532	0	28,532	9	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
	232,903	188,515	44,388		

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

6.00		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: 150072

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 3:49 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	174,843	174,843	1.00
2.00	17.00	SOCIAL SERVICE	30,000	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	72,000	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	50,004	0	4.00
5.00	60.00	LABORATORY	100,000	0	5.00
6.00	65.00	RESPIRATORY THERAPY	40,048	40,048	6.00
7.00	90.00	CLINIC	4,881,451	4,786,376	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			5,348,346	5,001,267	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150072

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 3:49 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	0	0	0	0	0	1.00
2.00	30,000	159,800	390	29,962	1,498	2.00
3.00	72,000	200,300	748	72,031	3,602	3.00
4.00	50,004	217,600	478	50,006	2,500	4.00
5.00	100,000	208,000	1,000	100,000	5,000	5.00
6.00	0	0	0	0	0	6.00
7.00	95,075	142,500	1,388	95,091	4,755	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	347,079		4,004	347,090	17,355	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150072

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 3:49 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	0	1.00
2.00	0	0	0	0	29,962	2.00
3.00	0	0	0	0	72,031	3.00
4.00	0	0	0	0	50,006	4.00
5.00	0	0	0	0	100,000	5.00
6.00	0	0	0	0	0	6.00
7.00	39,158	763	102,816	2,003	97,857	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	39,158	763	102,816	2,003	349,856	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150072

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 3:49 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	174,843	1.00
2.00	38	38	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	0	0	5.00
6.00	0	40,048	6.00
7.00	0	4,786,376	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	38	5,001,305	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150072

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	MOB	OPS		
	0	1.00	1.01	1.02	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	3,363,267	3,363,267				1.00
1.01 MOB	252,874	0	252,874			1.01
1.02 OPS	148,286	0	0	148,286		1.02
4.00 EMPLOYEE BENEFITS	7,022,189	26,359	0	0	7,048,548	4.00
5.00 ADMINISTRATIVE & GENERAL	4,853,050	120,712	24,782	3,584	658,164	5.00
7.00 OPERATION OF PLANT	2,494,939	670,996	0	0	146,728	7.00
8.00 LAUNDRY & LINEN SERVICE	189,087	11,563	0	0	0	8.00
9.00 HOUSEKEEPING	631,252	35,513	0	0	111,842	9.00
10.00 DIETARY	352,343	123,583	0	0	66,964	10.00
11.00 CAFETERIA	332,646	90,017	0	0	102,424	11.00
13.00 NURSING ADMINISTRATION	538,745	67,674	0	0	140,740	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,605,930	128,020	0	0	42,087	14.00
15.00 PHARMACY	1,540,334	38,886	0	0	86,713	15.00
16.00 MEDICAL RECORDS & LIBRARY	588,855	29,491	0	0	132,910	16.00
17.00 SOCIAL SERVICE	303,601	9,476	0	0	70,394	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	2,539,329	603,783	0	0	616,586	30.00
31.00 INTENSIVE CARE UNIT	559,445	82,931	0	0	139,805	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	254,721	7,950	0	0	57,039	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,872,016	286,454	22,544	0	324,599	50.00
52.00 DELIVERY ROOM & LABOR ROOM	495,559	71,006	0	0	110,969	52.00
53.00 ANESTHESIOLOGY	25,176	33,526	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,026,780	205,992	0	10,197	258,433	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,636,873	77,631	0	4,933	272,563	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	245,370	0	0	0	11,888	63.00
65.00 RESPIRATORY THERAPY	529,265	61,731	0	0	129,957	65.00
66.00 PHYSICAL THERAPY	508,903	48,542	0	0	11,057	66.00
69.00 ELECTROCARDIOLOGY	267,339	20,477	14,713	0	55,901	69.00
69.01 CARDIAC REHAB	85,871	0	0	0	20,939	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	358,648	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 NUCLEAR MEDICINE-DIAGNOSTIC	544,079	48,381	15,141	0	49,494	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	861,360	1,205	77,019	0	1,230,824	90.00
91.00 EMERGENCY	2,226,860	217,274	0	0	369,778	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01 FAMILY PRACTICE	0	0	0	0	0	93.01
93.02 FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	741,311	53,661	0	0	172,330	95.00
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	40,996,303	3,172,834	154,199	18,714	5,391,128	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 FOUNDATION	26,157	1,445	0	0	5,567	194.00
194.01 MOB	24,409	0	98,675	0	6,207	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 PIH	0	0	0	0	0	194.03
194.04 HEALTH COMPANIES	698,736	0	0	0	119,575	194.04
194.05 PHYSICIANS OFFICE	7,164,768	0	0	0	1,525,387	194.05
194.06 THE ARBORS	2,766	188,988	0	0	684	194.06
194.08 OPS	0	0	0	129,572	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	48,913,139	3,363,267	252,874	148,286	7,048,548	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150072

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	MOB						1.01
1.02	OPS						1.02
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	5,660,292	5,660,292				5.00
7.00	OPERATION OF PLANT	3,312,663	433,512	3,746,175			7.00
8.00	LAUNDRY & LINEN SERVICE	200,650	26,258	11,236	238,144		8.00
9.00	HOUSEKEEPING	778,607	101,892	34,507	0	915,006	9.00
10.00	DIETARY	542,890	71,045	120,083	979	12,040	10.00
11.00	CAFETERIA	525,087	68,716	87,468	2,297	8,786	11.00
13.00	NURSING ADMINISTRATION	747,159	97,777	65,757	0	3,254	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,776,037	232,421	124,394	4,838	7,809	14.00
15.00	PHARMACY	1,665,933	218,012	37,784	0	3,254	15.00
16.00	MEDICAL RECORDS & LIBRARY	751,256	98,313	28,655	0	3,905	16.00
17.00	SOCIAL SERVICE	383,471	50,183	9,207	0	1,302	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	3,759,698	492,013	586,683	101,964	306,844	30.00
31.00	INTENSIVE CARE UNIT	782,181	102,360	80,582	10,692	52,063	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	319,710	41,839	7,725	4,780	2,603	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	2,505,613	327,897	359,488	32,361	52,063	50.00
52.00	DELIVERY ROOM & LABOR ROOM	677,534	88,665	68,995	0	23,754	52.00
53.00	ANESTHESIOLOGY	58,702	7,682	32,576	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,501,402	327,346	232,012	11,525	65,892	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,992,000	391,548	90,842	241	19,686	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	257,258	33,666	0	0	0	63.00
65.00	RESPIRATORY THERAPY	720,953	94,348	59,983	0	9,762	65.00
66.00	PHYSICAL THERAPY	568,502	74,397	47,167	7,933	14,968	66.00
69.00	ELECTROCARDIOLOGY	358,430	46,906	72,857	1,468	6,508	69.00
69.01	CARDIAC REHAB	106,810	13,978	0	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	358,648	46,934	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	657,095	85,991	101,513	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	2,170,408	284,030	278,399	0	24,730	90.00
91.00	EMERGENCY	2,813,912	368,243	211,121	39,687	84,602	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	FAMILY PRACTICE	0	0	0	0	0	93.01
93.02	FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	967,302	126,586	52,141	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	38,920,203	4,352,558	2,801,175	218,765	703,825	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
194.00	FOUNDATION	33,169	4,341	1,404	0	10,413	194.00
194.01	MOB	129,291	16,920	355,177	0	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	PIH	0	0	0	0	0	194.03
194.04	HEALTH COMPANIES	818,311	107,088	0	0	13,016	194.04
194.05	PHYSICIANS OFFICE	8,690,155	1,137,246	0	0	0	194.05
194.06	THE ARBORS	192,438	25,183	183,636	19,379	36,444	194.06
194.08	OPS	129,572	16,956	404,783	0	151,308	194.08
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	48,913,139	5,660,292	3,746,175	238,144	915,006	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150072

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MOB						1.01
1.02 OPS						1.02
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	747,037					10.00
11.00 CAFETERIA	0	692,354				11.00
13.00 NURSING ADMINISTRATION	0	16,870	930,817			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	10,324	0	2,155,823		14.00
15.00 PHARMACY	0	19,355	0	0	1,944,338	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	28,850	0	0	0	16.00
17.00 SOCIAL SERVICE	0	9,331	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	395,333	97,937	379,583	0	0	30.00
31.00 INTENSIVE CARE UNIT	38,211	21,372	82,832	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	7,790	30,191	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	46,086	178,621	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	15,154	58,734	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	37,691	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	57,185	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	20,508	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	2,304	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	8,559	0	0	0	69.00
69.01 CARDIAC REHAB	0	4,593	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,155,823	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,944,338	73.00
76.00 NUCLEAR MEDICINE-DIAGNOSTIC	0	6,038	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	131,396	0	0	0	90.00
91.00 EMERGENCY	0	51,823	200,856	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01 FAMILY PRACTICE	0	0	0	0	0	93.01
93.02 FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	34,809	0	0	0	95.00
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	433,544	627,975	930,817	2,155,823	1,944,338	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 FOUNDATION	0	942	0	0	0	194.00
194.01 MOB	0	3,678	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 PIH	0	0	0	0	0	194.03
194.04 HEALTH COMPANIES	0	19,678	0	0	0	194.04
194.05 PHYSICIANS OFFICE	0	40,081	0	0	0	194.05
194.06 THE ARBORS	313,493	0	0	0	0	194.06
194.08 OPS	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	747,037	692,354	930,817	2,155,823	1,944,338	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150072

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	16.00	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MOB						1.01
1.02 OPS						1.02
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	910,979					16.00
17.00 SOCIAL SERVICE	0	453,494				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	166,801	406,735	6,693,591	0	6,693,591	30.00
31.00 INTENSIVE CARE UNIT	17,061	23,981	1,211,335	0	1,211,335	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	6,189	420,827	0	420,827	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	466,191	0	3,968,320	0	3,968,320	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	932,836	0	932,836	52.00
53.00 ANESTHESIOLOGY	0	0	98,960	0	98,960	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	3,175,868	0	3,175,868	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	3,551,502	0	3,551,502	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	290,924	0	290,924	63.00
65.00 RESPIRATORY THERAPY	0	0	905,554	0	905,554	65.00
66.00 PHYSICAL THERAPY	0	0	715,271	0	715,271	66.00
69.00 ELECTROCARDIOLOGY	0	0	494,728	0	494,728	69.00
69.01 CARDIAC REHAB	0	0	125,381	0	125,381	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,155,823	0	2,155,823	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	405,582	0	405,582	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	1,944,338	0	1,944,338	73.00
76.00 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	850,637	0	850,637	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	2,888,963	0	2,888,963	90.00
91.00 EMERGENCY	202,198	16,589	3,989,031	0	3,989,031	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01 FAMILY PRACTICE	0	0	0	0	0	93.01
93.02 FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	58,728	0	1,239,566	0	1,239,566	95.00
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	910,979	453,494	36,059,037	0	36,059,037	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 FOUNDATION	0	0	50,269	0	50,269	194.00
194.01 MOB	0	0	505,066	0	505,066	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 PIH	0	0	0	0	0	194.03
194.04 HEALTH COMPANIES	0	0	958,093	0	958,093	194.04
194.05 PHYSICIANS OFFICE	0	0	9,867,482	0	9,867,482	194.05
194.06 THE ARBORS	0	0	770,573	0	770,573	194.06
194.08 OPS	0	0	702,619	0	702,619	194.08
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	910,979	453,494	48,913,139	0	48,913,139	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150072

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	MOB	OPS		
		1.00	1.01	1.02		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MOB						1.01
1.02 OPS						1.02
4.00 EMPLOYEE BENEFITS	0	26,359	0	0	26,359	4.00
5.00 ADMINISTRATIVE & GENERAL	0	120,712	24,782	3,584	149,078	5.00
7.00 OPERATION OF PLANT	0	670,996	0	0	670,996	7.00
8.00 LAUNDRY & LINEN SERVICE	0	11,563	0	0	11,563	8.00
9.00 HOUSEKEEPING	0	35,513	0	0	35,513	9.00
10.00 DIETARY	0	123,583	0	0	123,583	10.00
11.00 CAFETERIA	0	90,017	0	0	90,017	11.00
13.00 NURSING ADMINISTRATION	0	67,674	0	0	67,674	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	128,020	0	0	128,020	14.00
15.00 PHARMACY	0	38,886	0	0	38,886	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	29,491	0	0	29,491	16.00
17.00 SOCIAL SERVICE	0	9,476	0	0	9,476	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	603,783	0	0	603,783	30.00
31.00 INTENSIVE CARE UNIT	0	82,931	0	0	82,931	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	7,950	0	0	7,950	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	286,454	22,544	0	308,998	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	71,006	0	0	71,006	52.00
53.00 ANESTHESIOLOGY	0	33,526	0	0	33,526	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	205,992	0	10,197	216,189	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	77,631	0	4,933	82,564	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	61,731	0	0	61,731	65.00
66.00 PHYSICAL THERAPY	0	48,542	0	0	48,542	66.00
69.00 ELECTROCARDIOLOGY	0	20,477	14,713	0	35,190	69.00
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 NUCLEAR MEDICINE-DIAGNOSTIC	0	48,381	15,141	0	63,522	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	1,205	77,019	0	78,224	90.00
91.00 EMERGENCY	0	217,274	0	0	217,274	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01 FAMILY PRACTICE	0	0	0	0	0	93.01
93.02 FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	53,661	0	0	53,661	95.00
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	3,172,834	154,199	18,714	3,345,747	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 FOUNDATION	0	1,445	0	0	1,445	194.00
194.01 MOB	0	0	98,675	0	98,675	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 PIH	0	0	0	0	0	194.03
194.04 HEALTH COMPANIES	0	0	0	0	0	194.04
194.05 PHYSICIANS OFFICE	0	0	0	0	0	194.05
194.06 THE ARBORS	0	188,988	0	0	188,988	194.06
194.08 OPS	0	0	0	129,572	129,572	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	0	3,363,267	252,874	148,286	3,764,427	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150072

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4.00	5.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	MOB						1.01
1.02	OPS						1.02
4.00	EMPLOYEE BENEFITS	26,359					4.00
5.00	ADMINISTRATIVE & GENERAL	2,462	151,540				5.00
7.00	OPERATION OF PLANT	549	11,608	683,153			7.00
8.00	LAUNDRY & LINEN SERVICE	0	703	2,049	14,315		8.00
9.00	HOUSEKEEPING	418	2,728	6,293	0	44,952	9.00
10.00	DIETARY	250	1,902	21,898	59	591	10.00
11.00	CAFETERIA	383	1,840	15,951	138	432	11.00
13.00	NURSING ADMINISTRATION	526	2,618	11,991	0	160	13.00
14.00	CENTRAL SERVICES & SUPPLY	157	6,223	22,684	291	384	14.00
15.00	PHARMACY	324	5,837	6,890	0	160	15.00
16.00	MEDICAL RECORDS & LIBRARY	497	2,632	5,226	0	192	16.00
17.00	SOCIAL SERVICE	263	1,344	1,679	0	64	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	2,306	13,174	106,988	6,129	15,074	30.00
31.00	INTENSIVE CARE UNIT	523	2,741	14,695	643	2,558	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	213	1,120	1,409	287	128	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,214	8,780	65,556	1,945	2,558	50.00
52.00	DELIVERY ROOM & LABOR ROOM	415	2,374	12,582	0	1,167	52.00
53.00	ANESTHESIOLOGY	0	206	5,941	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	967	8,765	42,310	693	3,237	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,019	10,484	16,566	14	967	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	44	901	0	0	0	63.00
65.00	RESPIRATORY THERAPY	486	2,526	10,939	0	480	65.00
66.00	PHYSICAL THERAPY	41	1,992	8,601	477	735	66.00
69.00	ELECTROCARDIOLOGY	209	1,256	13,286	88	320	69.00
69.01	CARDIAC REHAB	78	374	0	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,257	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	185	2,302	18,512	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	4,604	7,605	50,769	0	1,215	90.00
91.00	EMERGENCY	1,383	9,860	38,500	2,386	4,156	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	FAMILY PRACTICE	0	0	0	0	0	93.01
93.02	FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	645	3,389	9,508	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,161	116,541	510,823	13,150	34,578	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
194.00	FOUNDATION	21	116	256	0	512	194.00
194.01	MOB	23	453	64,770	0	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	PIH	0	0	0	0	0	194.03
194.04	HEALTH COMPANIES	447	2,867	0	0	639	194.04
194.05	PHYSICIANS OFFICE	5,704	30,435	0	0	0	194.05
194.06	THE ARBORS	3	674	33,488	1,165	1,790	194.06
194.08	OPS	0	454	73,816	0	7,433	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	26,359	151,540	683,153	14,315	44,952	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150072

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MOB						1.01
1.02 OPS						1.02
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	148,283					10.00
11.00 CAFETERIA	0	108,761				11.00
13.00 NURSING ADMINISTRATION	0	2,650	85,619			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,622	0	159,381		14.00
15.00 PHARMACY	0	3,040	0	0	55,137	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	4,532	0	0	0	16.00
17.00 SOCIAL SERVICE	0	1,466	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	78,471	15,385	34,915	0	0	30.00
31.00 INTENSIVE CARE UNIT	7,585	3,357	7,619	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	1,224	2,777	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	7,240	16,430	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,381	5,403	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	5,921	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	8,983	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	3,222	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	362	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	1,344	0	0	0	69.00
69.01 CARDIAC REHAB	0	721	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	159,381	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	55,137	73.00
76.00 NUCLEAR MEDICINE-DIAGNOSTIC	0	948	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	20,641	0	0	0	90.00
91.00 EMERGENCY	0	8,141	18,475	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01 FAMILY PRACTICE	0	0	0	0	0	93.01
93.02 FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	5,468	0	0	0	95.00
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	86,056	98,648	85,619	159,381	55,137	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 FOUNDATION	0	148	0	0	0	194.00
194.01 MOB	0	578	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 PIH	0	0	0	0	0	194.03
194.04 HEALTH COMPANIES	0	3,091	0	0	0	194.04
194.05 PHYSICIANS OFFICE	0	6,296	0	0	0	194.05
194.06 THE ARBORS	62,227	0	0	0	0	194.06
194.08 OPS	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	148,283	108,761	85,619	159,381	55,137	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150072

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	MOB						1.01
1.02	OPS						1.02
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	42,570					16.00
17.00	SOCIAL SERVICE	0	14,292				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	7,793	12,818	896,836	0	896,836	30.00
31.00	INTENSIVE CARE UNIT	797	756	124,205	0	124,205	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	195	15,303	0	15,303	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	21,789	0	434,510	0	434,510	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	95,328	0	95,328	52.00
53.00	ANESTHESIOLOGY	0	0	39,673	0	39,673	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	278,082	0	278,082	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	120,597	0	120,597	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	945	0	945	63.00
65.00	RESPIRATORY THERAPY	0	0	79,384	0	79,384	65.00
66.00	PHYSICAL THERAPY	0	0	60,750	0	60,750	66.00
69.00	ELECTROCARDIOLOGY	0	0	51,693	0	51,693	69.00
69.01	CARDIAC REHAB	0	0	1,173	0	1,173	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	159,381	0	159,381	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	1,257	0	1,257	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	55,137	0	55,137	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	85,469	0	85,469	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	0	163,058	0	163,058	90.00
91.00	EMERGENCY	9,447	523	310,145	0	310,145	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	FAMILY PRACTICE	0	0	0	0	0	93.01
93.02	FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	2,744	0	75,415	0	75,415	95.00
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	42,570	14,292	3,048,341	0	3,048,341	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
194.00	FOUNDATION	0	0	2,498	0	2,498	194.00
194.01	MOB	0	0	164,499	0	164,499	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	PIH	0	0	0	0	0	194.03
194.04	HEALTH COMPANIES	0	0	7,044	0	7,044	194.04
194.05	PHYSICIANS OFFICE	0	0	42,435	0	42,435	194.05
194.06	THE ARBORS	0	0	288,335	0	288,335	194.06
194.08	OPS	0	0	211,275	0	211,275	194.08
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	42,570	14,292	3,764,427	0	3,764,427	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150072

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	MOB (SQUARE FEET)	OPS (SQUARE FEET)			
	1.00	1.01	1.02			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	167,533					1.00
1.01 MOB	0	46,662				1.01
1.02 OPS	0	0	23,748			1.02
4.00 EMPLOYEE BENEFITS	1,313	0	0	26,874,494		4.00
5.00 ADMINISTRATIVE & GENERAL	6,013	4,573	574	2,509,434	-5,660,292	5.00
7.00 OPERATION OF PLANT	33,424	0	0	559,440	0	7.00
8.00 LAUNDRY & LINEN SERVICE	576	0	0	0	0	8.00
9.00 HOUSEKEEPING	1,769	0	0	426,427	0	9.00
10.00 DIETARY	6,156	0	0	255,317	0	10.00
11.00 CAFETERIA	4,484	0	0	390,521	0	11.00
13.00 NURSING ADMINISTRATION	3,371	0	0	536,611	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	6,377	0	0	160,470	0	14.00
15.00 PHARMACY	1,937	0	0	330,619	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,469	0	0	506,756	0	16.00
17.00 SOCIAL SERVICE	472	0	0	268,397	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	30,076	0	0	2,350,904	0	30.00
31.00 INTENSIVE CARE UNIT	4,131	0	0	533,046	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	396	0	0	217,476	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	14,269	4,160	0	1,237,624	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	3,537	0	0	423,099	0	52.00
53.00 ANESTHESIOLOGY	1,670	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	10,261	0	1,633	985,346	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	3,867	0	790	1,039,223	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	45,325	0	63.00
65.00 RESPIRATORY THERAPY	3,075	0	0	495,499	0	65.00
66.00 PHYSICAL THERAPY	2,418	0	0	42,159	0	66.00
69.00 ELECTROCARDIOLOGY	1,020	2,715	0	213,138	0	69.00
69.01 CARDIAC REHAB	0	0	0	79,835	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 NUCLEAR MEDICINE-DIAGNOSTIC	2,410	2,794	0	188,709	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	60	14,212	0	4,692,857	0	90.00
91.00 EMERGENCY	10,823	0	0	1,409,881	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01 FAMILY PRACTICE	0	0	0	0	0	93.01
93.02 FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	2,673	0	0	657,056	0	95.00
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	158,047	28,454	2,997	20,555,169	-5,660,292	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 FOUNDATION	72	0	0	21,224	0	194.00
194.01 MOB	0	18,208	0	23,667	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 PIH	0	0	0	0	0	194.03
194.04 HEALTH COMPANIES	0	0	0	455,911	0	194.04
194.05 PHYSICIANS OFFICE	0	0	0	5,815,914	0	194.05
194.06 THE ARBORS	9,414	0	0	2,609	0	194.06
194.08 OPS	0	0	20,751	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,363,267	252,874	148,286	7,048,548		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	20.075251	5.419270	6.244147	0.262276		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				26,359		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000981		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150072

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description	ADMINISTRATIVE & GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
	5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MOB						1.01
1.02 OPS						1.02
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	43,252,847					5.00
7.00 OPERATION OF PLANT	3,312,663	192,046				7.00
8.00 LAUNDRY & LINEN SERVICE	200,650	576	256,309			8.00
9.00 HOUSEKEEPING	778,607	1,769	0	5,624		9.00
10.00 DIETARY	542,890	6,156	1,054	74	10,342	10.00
11.00 CAFETERIA	525,087	4,484	2,472	54	0	11.00
13.00 NURSING ADMINISTRATION	747,159	3,371	0	20	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,776,037	6,377	5,207	48	0	14.00
15.00 PHARMACY	1,665,933	1,937	0	20	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	751,256	1,469	0	24	0	16.00
17.00 SOCIAL SERVICE	383,471	472	0	8	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	3,759,698	30,076	109,742	1,886	5,473	30.00
31.00 INTENSIVE CARE UNIT	782,181	4,131	11,508	320	529	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	319,710	396	5,145	16	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	2,505,613	18,429	34,829	320	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	677,534	3,537	0	146	0	52.00
53.00 ANESTHESIOLOGY	58,702	1,670	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,501,402	11,894	12,404	405	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,992,000	4,657	259	121	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	257,258	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	720,953	3,075	0	60	0	65.00
66.00 PHYSICAL THERAPY	568,502	2,418	8,538	92	0	66.00
69.00 ELECTROCARDIOLOGY	358,430	3,735	1,580	40	0	69.00
69.01 CARDIAC REHAB	106,810	0	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	358,648	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 NUCLEAR MEDICINE-DIAGNOSTIC	657,095	5,204	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	2,170,408	14,272	0	152	0	90.00
91.00 EMERGENCY	2,813,912	10,823	42,714	520	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01 FAMILY PRACTICE	0	0	0	0	0	93.01
93.02 FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	967,302	2,673	0	0	0	95.00
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	33,259,911	143,601	235,452	4,326	6,002	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 FOUNDATION	33,169	72	0	64	0	194.00
194.01 MOB	129,291	18,208	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 PIH	0	0	0	0	0	194.03
194.04 HEALTH COMPANIES	818,311	0	0	80	0	194.04
194.05 PHYSICIANS OFFICE	8,690,155	0	0	0	0	194.05
194.06 THE ARBORS	192,438	9,414	20,857	224	4,340	194.06
194.08 OPS	129,572	20,751	0	930	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,660,292	3,746,175	238,144	915,006	747,037	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.130865	19.506655	0.929129	162.696657	72.233320	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	151,540	683,153	14,315	44,952	148,283	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.003504	3.557236	0.055851	7.992888	14.337942	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150072

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (100% SUPPLIES)	PHARMACY (100% DRUGS)	MEDICAL RECORDS & LIBRARY (REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MOB						1.01
1.02 OPS						1.02
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	734,611					11.00
13.00 NURSING ADMINISTRATION	17,900	254,819				13.00
14.00 CENTRAL SERVICES & SUPPLY	10,954	0	100			14.00
15.00 PHARMACY	20,536	0	0	100		15.00
16.00 MEDICAL RECORDS & LIBRARY	30,611	0	0	0	45,914,553	16.00
17.00 SOCIAL SERVICE	9,900	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	103,914	103,914	0	0	8,406,900	30.00
31.00 INTENSIVE CARE UNIT	22,676	22,676	0	0	859,883	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	8,265	8,265	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	48,899	48,899	0	0	23,496,911	50.00
52.00 DELIVERY ROOM & LABOR ROOM	16,079	16,079	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	39,991	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	60,675	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	21,760	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	2,445	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	9,081	0	0	0	0	69.00
69.01 CARDIAC REHAB	4,873	0	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	100	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
76.00 NUCLEAR MEDICINE-DIAGNOSTIC	6,406	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	139,418	0	0	0	0	90.00
91.00 EMERGENCY	54,986	54,986	0	0	10,190,923	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01 FAMILY PRACTICE	0	0	0	0	0	93.01
93.02 FAMILY PRACTICE	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	36,934	0	0	0	2,959,936	95.00
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	666,303	254,819	100	100	45,914,553	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
194.00 FOUNDATION	1,000	0	0	0	0	194.00
194.01 MOB	3,902	0	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 PIH	0	0	0	0	0	194.03
194.04 HEALTH COMPANIES	20,879	0	0	0	0	194.04
194.05 PHYSICIANS OFFICE	42,527	0	0	0	0	194.05
194.06 THE ARBORS	0	0	0	0	0	194.06
194.08 OPS	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	692,354	930,817	2,155,823	1,944,338	910,979	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.942477	3.652856	21,558.230000	19,443.380000	0.019841	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	108,761	85,619	159,381	55,137	42,570	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.148053	0.335999	1,593.810000	551.370000	0.000927	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150072

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description		SOCIAL SERVICE	
		(HOURS)	
		17.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	MOB		1.01
1.02	OPS		1.02
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE	26,380	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	23,660	30.00
31.00	INTENSIVE CARE UNIT	1,395	31.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	360	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	0	60.00
60.01	BLOOD LABORATORY	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	0	66.00
69.00	ELECTROCARDIOLOGY	0	69.00
69.01	CARDIAC REHAB	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	CLINIC	0	90.00
91.00	EMERGENCY	965	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	93.00
93.01	FAMILY PRACTICE	0	93.01
93.02	FAMILY PRACTICE	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	AMBULANCE SERVICES	0	95.00
99.10	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	26,380	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
194.00	FOUNDATION	0	194.00
194.01	MOB	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	194.02
194.03	PIH	0	194.03
194.04	HEALTH COMPANIES	0	194.04
194.05	PHYSICIANS OFFICE	0	194.05
194.06	THE ARBORS	0	194.06
194.08	OPS	0	194.08
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	453,494	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.190826	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	14,292	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.541774	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 3:49 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		6,693,591	0	6,693,591	30.00
31.00	INTENSIVE CARE UNIT		1,211,335	0	1,211,335	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		420,827	0	420,827	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		3,968,320	0	3,968,320	50.00
52.00	DELIVERY ROOM & LABOR ROOM		932,836	0	932,836	52.00
53.00	ANESTHESIOLOGY		98,960	0	98,960	53.00
54.00	RADIOLOGY-DIAGNOSTIC		3,175,868	0	3,175,868	54.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		3,551,502	0	3,551,502	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.		290,924	0	290,924	63.00
65.00	RESPIRATORY THERAPY	0	905,554	0	905,554	65.00
66.00	PHYSICAL THERAPY	0	715,271	0	715,271	66.00
69.00	ELECTROCARDIOLOGY		494,728	0	494,728	69.00
69.01	CARDIAC REHAB		125,381	0	125,381	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,155,823	0	2,155,823	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		405,582	0	405,582	72.00
73.00	DRUGS CHARGED TO PATIENTS		1,944,338	0	1,944,338	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC		850,637	0	850,637	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC		2,888,963	0	2,888,963	90.00
91.00	EMERGENCY		3,989,031	0	3,989,031	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,360,866	0	1,360,866	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	93.00
93.01	FAMILY PRACTICE		0	0	0	93.01
93.02	FAMILY PRACTICE		0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES		1,239,566	0	1,239,566	95.00
99.10	CORF		0	0	0	99.10
200.00	Subtotal (see instructions)	0	37,419,903	0	37,419,903	200.00
201.00	Less Observation Beds		1,360,866	0	1,360,866	201.00
202.00	Total (see instructions)	0	36,059,037	0	36,059,037	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 3:49 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	8,406,900		8,406,900		30.00
31.00	INTENSIVE CARE UNIT	859,883		859,883		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	1,180,505		1,180,505		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	4,560,628	18,936,283	23,496,911	0.168887	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,716,719	226,707	1,943,426	0.479996	52.00
53.00	ANESTHESIOLOGY	263,639	988,153	1,251,792	0.079055	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,012,529	11,819,176	12,831,705	0.247502	54.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	3,074,392	15,488,945	18,563,337	0.191318	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	390,795	361,510	752,305	0.386710	63.00
65.00	RESPIRATORY THERAPY	2,153,145	1,938,082	4,091,227	0.221340	65.00
66.00	PHYSICAL THERAPY	351,380	1,890,241	2,241,621	0.319087	66.00
69.00	ELECTROCARDIOLOGY	598,089	2,577,727	3,175,816	0.155780	69.00
69.01	CARDIAC REHAB	141	224,910	225,051	0.557123	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,902,707	5,246,670	7,149,377	0.301540	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	769,969	1,138,040	1,908,009	0.212568	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,028,840	3,146,777	7,175,617	0.270965	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	1,735,858	12,323,123	14,058,981	0.060505	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	9,165	1,500,112	1,509,277	1.914137	90.00
91.00	EMERGENCY	1,293,284	8,897,639	10,190,923	0.391430	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,706,207	1,706,207	0.797597	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	93.00
93.01	FAMILY PRACTICE	0	0	0	0.000000	93.01
93.02	FAMILY PRACTICE	0	0	0	0.000000	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	655,043	2,304,893	2,959,936	0.418781	95.00
99.10	CORF	0	0	0		99.10
200.00	Subtotal (see instructions)	34,963,611	90,715,195	125,678,806		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	34,963,611	90,715,195	125,678,806		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 3:49 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.168887		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.479996		52.00
53.00	ANESTHESIOLOGY	0.079055		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.247502		54.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.191318		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.386710		63.00
65.00	RESPIRATORY THERAPY	0.221340		65.00
66.00	PHYSICAL THERAPY	0.319087		66.00
69.00	ELECTROCARDIOLOGY	0.155780		69.00
69.01	CARDIAC REHAB	0.557123		69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301540		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.212568		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.270965		73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	0.060505		76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	1.914137		90.00
91.00	EMERGENCY	0.391430		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.797597		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
93.01	FAMILY PRACTICE	0.000000		93.01
93.02	FAMILY PRACTICE	0.000000		93.02
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0.418781		95.00
99.10	CORF			99.10
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: 150072

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 3:49 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	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	6,693,591		6,693,591	0	0 30.00
31.00	INTENSIVE CARE UNIT	1,211,335		1,211,335	0	0 31.00
41.00	SUBPROVIDER - IRF	0		0	0	0 41.00
42.00	SUBPROVIDER	0		0	0	0 42.00
43.00	NURSERY	420,827		420,827	0	0 43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	3,968,320		3,968,320	0	0 50.00
52.00	DELIVERY ROOM & LABOR ROOM	932,836		932,836	0	0 52.00
53.00	ANESTHESIOLOGY	98,960		98,960	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,175,868		3,175,868	0	0 54.00
57.00	CT SCAN	0		0	0	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	3,551,502		3,551,502	0	0 60.00
60.01	BLOOD LABORATORY	0		0	0	0 60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	290,924		290,924	0	0 63.00
65.00	RESPIRATORY THERAPY	905,554	0	905,554	0	0 65.00
66.00	PHYSICAL THERAPY	715,271	0	715,271	0	0 66.00
69.00	ELECTROCARDIOLOGY	494,728		494,728	0	0 69.00
69.01	CARDIAC REHAB	125,381		125,381	0	0 69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,155,823		2,155,823	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	405,582		405,582	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	1,944,338		1,944,338	0	0 73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	850,637		850,637	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	2,888,963		2,888,963	0	0 90.00
91.00	EMERGENCY	3,989,031		3,989,031	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,360,866		1,360,866	0	0 92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0 93.00
93.01	FAMILY PRACTICE	0		0	0	0 93.01
93.02	FAMILY PRACTICE	0		0	0	0 93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	1,239,566		1,239,566	0	0 95.00
99.10	CORF	0		0	0	0 99.10
200.00	Subtotal (see instructions)	37,419,903	0	37,419,903	0	0 200.00
201.00	Less Observation Beds	1,360,866		1,360,866	0	0 201.00
202.00	Total (see instructions)	36,059,037	0	36,059,037	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 3:49 pm
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	8,406,900		8,406,900		30.00
31.00	INTENSIVE CARE UNIT	859,883		859,883		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	1,180,505		1,180,505		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	4,560,628	18,936,283	23,496,911	0.168887	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,716,719	226,707	1,943,426	0.479996	52.00
53.00	ANESTHESIOLOGY	263,639	988,153	1,251,792	0.079055	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,012,529	11,819,176	12,831,705	0.247502	54.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	3,074,392	15,488,945	18,563,337	0.191318	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	390,795	361,510	752,305	0.386710	63.00
65.00	RESPIRATORY THERAPY	2,153,145	1,938,082	4,091,227	0.221340	65.00
66.00	PHYSICAL THERAPY	351,380	1,890,241	2,241,621	0.319087	66.00
69.00	ELECTROCARDIOLOGY	598,089	2,577,727	3,175,816	0.155780	69.00
69.01	CARDIAC REHAB	141	224,910	225,051	0.557123	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,902,707	5,246,670	7,149,377	0.301540	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	769,969	1,138,040	1,908,009	0.212568	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,028,840	3,146,777	7,175,617	0.270965	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	1,735,858	12,323,123	14,058,981	0.060505	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	9,165	1,500,112	1,509,277	1.914137	90.00
91.00	EMERGENCY	1,293,284	8,897,639	10,190,923	0.391430	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,706,207	1,706,207	0.797597	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	93.00
93.01	FAMILY PRACTICE	0	0	0	0.000000	93.01
93.02	FAMILY PRACTICE	0	0	0	0.000000	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	655,043	2,304,893	2,959,936	0.418781	95.00
99.10	CORF	0	0	0		99.10
200.00	Subtotal (see instructions)	34,963,611	90,715,195	125,678,806		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	34,963,611	90,715,195	125,678,806		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 3:49 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
	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
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
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
69.01	CARDIAC REHAB	0.000000		69.01
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
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
93.01	FAMILY PRACTICE	0.000000		93.01
93.02	FAMILY PRACTICE	0.000000		93.02
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0.000000		95.00
99.10	CORF			99.10
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: 150072		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 3:49 pm	
Cost Center Description		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)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	896,836	0	896,836	7,073	126.80	30.00
31.00	INTENSIVE CARE UNIT	124,205		124,205	529	234.79	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	15,303		15,303	1,121	13.65	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	1,036,344		1,036,344	8,723		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 3:49 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	2,872	364,170		30.00
31.00 INTENSIVE CARE UNIT	350	82,177		31.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
200.00 Total (lines 30-199)	3,222	446,347		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 3:49 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	434,510	23,496,911	0.018492	1,412,588	26,122	50.00
52.00	DELIVERY ROOM & LABOR ROOM	95,328	1,943,426	0.049052	0	0	52.00
53.00	ANESTHESIOLOGY	39,673	1,251,792	0.031693	63,195	2,003	53.00
54.00	RADIOLOGY-DIAGNOSTIC	278,082	12,831,705	0.021671	644,451	13,966	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	120,597	18,563,337	0.006497	2,014,593	13,089	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	945	752,305	0.001256	289,145	363	63.00
65.00	RESPIRATORY THERAPY	79,384	4,091,227	0.019403	1,721,850	33,409	65.00
66.00	PHYSICAL THERAPY	60,750	2,241,621	0.027101	288,088	7,807	66.00
69.00	ELECTROCARDIOLOGY	51,693	3,175,816	0.016277	313,455	5,102	69.00
69.01	CARDIAC REHAB	1,173	225,051	0.005212	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	159,381	7,149,377	0.022293	862,653	19,231	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,257	1,908,009	0.000659	570,621	376	72.00
73.00	DRUGS CHARGED TO PATIENTS	55,137	7,175,617	0.007684	2,593,905	19,932	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	85,469	14,058,981	0.006079	1,053,194	6,402	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	163,058	1,509,277	0.108037	8,917	963	90.00
91.00	EMERGENCY	310,145	10,190,923	0.030433	871,207	26,513	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	182,334	1,706,207	0.106865	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
93.01	FAMILY PRACTICE	0	0	0.000000	0	0	93.01
93.02	FAMILY PRACTICE	0	0	0.000000	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	2,118,916	112,271,582		12,707,862	175,278	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150072		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 3:49 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
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150072		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 3:49 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	7,073	0.00	2,872	0	30.00	
31.00	INTENSIVE CARE UNIT	529	0.00	350	0	31.00	
41.00	SUBPROVIDER - IRF	0	0.00	0	0	41.00	
42.00	SUBPROVIDER	0	0.00	0	0	42.00	
43.00	NURSERY	1,121	0.00	0	0	43.00	
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	44.00	
200.00	Total (lines 30-199)	8,723		3,222	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150072

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00	
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	
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	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00	
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
69.01	CARDIAC REHAB	0	0	0	0	0	0	69.01	
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	
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	CLINIC	0	0	0	0	0	0	90.00	
91.00	EMERGENCY	0	0	0	0	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00	
93.01	FAMILY PRACTICE	0	0	0	0	0	0	93.01	
93.02	FAMILY PRACTICE	0	0	0	0	0	0	93.02	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	AMBULANCE SERVICES							95.00	
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: 150072

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 3:49 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	23,496,911	0.000000	0.000000	1,412,588	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,943,426	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	1,251,792	0.000000	0.000000	63,195	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,831,705	0.000000	0.000000	644,451	54.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	18,563,337	0.000000	0.000000	2,014,593	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	752,305	0.000000	0.000000	289,145	63.00
65.00	RESPIRATORY THERAPY	0	4,091,227	0.000000	0.000000	1,721,850	65.00
66.00	PHYSICAL THERAPY	0	2,241,621	0.000000	0.000000	288,088	66.00
69.00	ELECTROCARDIOLOGY	0	3,175,816	0.000000	0.000000	313,455	69.00
69.01	CARDIAC REHAB	0	225,051	0.000000	0.000000	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,149,377	0.000000	0.000000	862,653	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,908,009	0.000000	0.000000	570,621	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	7,175,617	0.000000	0.000000	2,593,905	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	0	14,058,981	0.000000	0.000000	1,053,194	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	1,509,277	0.000000	0.000000	8,917	90.00
91.00	EMERGENCY	0	10,190,923	0.000000	0.000000	871,207	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,706,207	0.000000	0.000000	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
93.01	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.01
93.02	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	112,271,582			12,707,862	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150072

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0	4,262,554	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	151,033	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,552,497	0	54.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	275,047	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	126,410	0	63.00
65.00	RESPIRATORY THERAPY	0	865,326	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	662,459	0	69.00
69.01	CARDIAC REHAB	0	190,562	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	998,687	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	369,385	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,660,796	0	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	0	4,044,184	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0	1,178,995	0	90.00
91.00	EMERGENCY	0	2,016,593	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	742,308	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
93.01	FAMILY PRACTICE	0	0	0	93.01
93.02	FAMILY PRACTICE	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	0	21,096,836	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 3:49 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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.168887	4,262,554	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.479996	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.079055	151,033	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.247502	3,552,497	0	0		54.00
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.191318	275,047	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0.386710	126,410	0	0		63.00
65.00 RESPIRATORY THERAPY	0.221340	865,326	0	0		65.00
66.00 PHYSICAL THERAPY	0.319087	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	0.155780	662,459	0	0		69.00
69.01 CARDIAC REHAB	0.557123	190,562	0	0		69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301540	998,687	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.212568	369,385	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.270965	1,660,796	0	3,550		73.00
76.00 NUCLEAR MEDICINE-DIAGNOSTIC	0.060505	4,044,184	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	1.914137	1,178,995	0	0		90.00
91.00 EMERGENCY	0.391430	2,016,593	-696	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.797597	742,308	0	0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		93.00
93.01 FAMILY PRACTICE	0.000000	0	0	0		93.01
93.02 FAMILY PRACTICE	0.000000	0	0	0		93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0.418781		0			95.00
200.00 Subtotal (see instructions)		21,096,836	-696	3,550		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		21,096,836	-696	3,550		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 3:49 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	719,890	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	11,940	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	879,250	0	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	52,621	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	48,884	0	0		63.00
65.00 RESPIRATORY THERAPY	191,531	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	103,198	0	0		69.00
69.01 CARDIAC REHAB	106,166	0	0		69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	301,144	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	78,519	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	450,018	0	962		73.00
76.00 NUCLEAR MEDICINE-DIAGNOSTIC	244,693	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC	2,256,758	0	0		90.00
91.00 EMERGENCY	789,355	-272	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	592,063	0	0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		93.00
93.01 FAMILY PRACTICE	0	0	0		93.01
93.02 FAMILY PRACTICE	0	0	0		93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	6,826,030	-272	962		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	6,826,030	-272	962		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 3:49 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,073	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,073	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,073	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)		2,872	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,693,591	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)		6,693,591	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		9,587,405	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		9,587,405	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.698165	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)		1,355.49	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)		6,693,591	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		946.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,717,946	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,717,946	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150072		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2012 3:49 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)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,211,335	529	2,289.86	350	801,451		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)					2,928,265		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,447,662		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)					446,347		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					175,278		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					621,625		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,826,037		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)					1,438		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					946.36		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,360,866		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150072		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 3:49 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	896,836	6,693,591	0.133984	1,360,866	182,334	90.00
91.00	Nursing School cost	0	6,693,591	0.000000	1,360,866	0	91.00
92.00	Allied health cost	0	6,693,591	0.000000	1,360,866	0	92.00
93.00	All other Medical Education	0	6,693,591	0.000000	1,360,866	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2012 3:49 pm
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,073	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,073	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,073	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)		746	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)		1,121	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,693,591	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)		6,693,591	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,406,900	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,406,900	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.796202	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)		1,188.59	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)		6,693,591	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		946.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		705,985	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)		705,985	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/30/2012 3:49 pm	
Cost Center Description			Title XIX	Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	420,827	1,121	375.40	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	1,211,335	529	2,289.86	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)				565,085	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,271,070	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)				1,438	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				946.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,360,866	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150072		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 3:49 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: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 3:49 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		4,097,646		30.00
31.00	INTENSIVE CARE UNIT		562,086		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.168887	1,412,588	238,568	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.479996	0	0	52.00
53.00	ANESTHESIOLOGY	0.079055	63,195	4,996	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.247502	644,451	159,503	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.191318	2,014,593	385,428	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.386710	289,145	111,815	63.00
65.00	RESPIRATORY THERAPY	0.221340	1,721,850	381,114	65.00
66.00	PHYSICAL THERAPY	0.319087	288,088	91,925	66.00
69.00	ELECTROCARDIOLOGY	0.155780	313,455	48,830	69.00
69.01	CARDIAC REHAB	0.557123	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301540	862,653	260,124	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.212568	570,621	121,296	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.270965	2,593,905	702,857	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	0.060505	1,053,194	63,724	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1.914137	8,917	17,068	90.00
91.00	EMERGENCY	0.391430	871,207	341,017	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.797597	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
93.01	FAMILY PRACTICE	0.000000	0	0	93.01
93.02	FAMILY PRACTICE	0.000000	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		12,707,862	2,928,265	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		12,707,862		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 3:49 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		602,153		30.00
31.00	INTENSIVE CARE UNIT		28,798		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		336,487		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.168887	577,734	97,572	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.479996	488,852	234,647	52.00
53.00	ANESTHESIOLOGY	0.079055	40,155	3,174	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.247502	35,232	8,720	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.191318	176,488	33,765	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.386710	31,249	12,084	63.00
65.00	RESPIRATORY THERAPY	0.221340	104,795	23,195	65.00
66.00	PHYSICAL THERAPY	0.319087	4,385	1,399	66.00
69.00	ELECTROCARDIOLOGY	0.155780	3,931	612	69.00
69.01	CARDIAC REHAB	0.557123	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301540	190,991	57,591	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.212568	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.270965	252,722	68,479	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	0.060505	52,842	3,197	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1.914137	248	475	90.00
91.00	EMERGENCY	0.391430	51,542	20,175	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.797597	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
93.01	FAMILY PRACTICE	0.000000	0	0	93.01
93.02	FAMILY PRACTICE	0.000000	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		2,011,166	565,085	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)		2,011,166		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15U072	Date/Time Prepared: 5/30/2012 3:49 pm		
		Title XIX	Swing Beds - SNF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.168887	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.479996	0	0	52.00
53.00	ANESTHESIOLOGY	0.079055	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.247502	0	0	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.191318	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.386710	0	0	63.00
65.00	RESPIRATORY THERAPY	0.221340	0	0	65.00
66.00	PHYSICAL THERAPY	0.319087	0	0	66.00
69.00	ELECTROCARDIOLOGY	0.155780	0	0	69.00
69.01	CARDIAC REHAB	0.557123	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.301540	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.212568	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.270965	0	0	73.00
76.00	NUCLEAR MEDICINE-DIAGNOSTIC	0.060505	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1.914137	0	0	90.00
91.00	EMERGENCY	0.391430	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.797597	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
93.01	FAMILY PRACTICE	0.000000	0	0	93.01
93.02	FAMILY PRACTICE	0.000000	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		0	0	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)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 3:49 pm
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		4,397,953	1.00
2.00	Outlier payments for discharges. (see instructions)		46,970	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)		79.06	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.49	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		26.58	31.00
32.00	Sum of lines 30 and 31		29.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.00	33.00
34.00	Disproportionate share adjustment (see instructions)		527,754	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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)		4,972,677	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		6,509,495	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		6,509,495	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		361,800	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: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 3:49 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)			6,871,295 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			6,871,295 61.00
62.00	Deductibles billed to program beneficiaries			705,278 62.00
63.00	Coinsurance billed to program beneficiaries			2,830 63.00
64.00	Allowable bad debts (see instructions)			175,517 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			122,862 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			159,550 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			6,286,049 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			911,828 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)			7,197,877 71.00
72.00	Interim payments			7,150,911 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)			46,966 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			200,000 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 3:49 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			690 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			6,826,030 2.00
3.00	PPS payments			5,068,218 3.00
4.00	Outlier payment (see instructions)			24,455 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.829 5.00
6.00	Line 2 times line 5			5,658,779 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			90.00 7.00
8.00	Transitional corridor payment (see instructions)			481,190 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)			690 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			2,854 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)			2,854 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			2,854 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			2,164 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)			690 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			5,573,863 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,306,861 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			4,267,692 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			4,267,692 30.00
31.00	Primary payer payments			1,853 31.00
32.00	Subtotal (line 30 minus line 31)			4,265,839 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			222,332 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			155,632 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			214,660 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			4,421,471 37.00
38.00	MSP-LCC reconciliation amount from PS&R			-96 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			4,421,567 40.00
41.00	Interim payments			3,980,386 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)			441,181 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150072

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2012 3:49 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		6,851,744		3,784,978	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	09/26/2011	223,059	09/26/2011	56,573	3.01	
3.02		12/31/2011	76,108	12/31/2011	138,835	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		299,167		195,408	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)		7,150,911		3,980,386	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		46,966		441,181	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		7,197,877		4,421,567	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150072

Period:

Worksheet E-1

Component CCN: 15U072

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

Part I  
Date/Time Prepared:  
5/30/2012 3:49 pm

Title XVIII

Swing Beds - SNF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		0		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet E-2
		Component CCN: 15U072	Date/Time Prepared: 5/30/2012 3:49 pm	
		Title XVIII	Swing Beds - SNF	PPS
		Part A	Part B	
		1.00	2.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	0	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	0	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	0	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	0	0	19.00
20.00	Interim payments	0	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet E-2
		Component CCN: 15U072		Date/Time Prepared: 5/30/2012 3:49 pm
		Title XIX	Swing Beds - SNF	PPS
		Part A	Part B	
		1.00	2.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0		1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)	0		2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)	0		3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)	0.00		4.00
5.00	Program days	0		5.00
6.00	Interns and residents not in approved teaching program (see instructions)	0		6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0		8.00
9.00	Primary payer payments (see instructions)	0		9.00
10.00	Subtotal (line 8 minus line 9)	0		10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0		11.00
12.00	Subtotal (line 10 minus line 11)	0		12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0		13.00
14.00	80% of Part B costs (line 12 x 80%)	0		14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0		15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		16.00
17.00	Reimbursable bad debts (see instructions)	0		17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	0		19.00
20.00	Interim payments	0		20.00
21.00	Tentative settlement (for contractor use only)	0		21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	0		22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	0		23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2012 3:49 pm
		Title XIX	Hospital	Cost
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		1,271,070	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)		1,271,070	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)		1,271,070	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		976,166	8.00
9.00	Ancillary service charges		2,011,166	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)		2,987,332	12.00
<b>CUSTOMARY CHRGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		2,987,332	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,716,262	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)		1,271,070	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		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.		1,271,070	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,271,070	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)		1,271,070	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		1,271,070	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)		1,271,070	40.00
41.00	Interim payments		675,152	41.00
42.00	Balance due provider/program (line 40 minus 41)		595,918	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: 150072

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

Worksheet G  
Date/Time Prepared:  
5/30/2012 3:49 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	4,970,969	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	7,865,444	0	0	0	4.00
5.00	Other receivable	224,107	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,260,825	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)	14,321,345	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	137,562	0	0	0	12.00
13.00	Land improvements	443,093	0	0	0	13.00
14.00	Accumulated depreciation	-169,098	0	0	0	14.00
15.00	Buildings	58,280,972	0	0	0	15.00
16.00	Accumulated depreciation	-25,172,926	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	27,834,725	0	0	0	19.00
20.00	Accumulated depreciation	-22,090,585	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	39,263,743	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	10,812,650	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,276,961	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,089,611	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	65,674,699	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	2,177,118	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,411,958	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,575,050	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	287,065	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,451,191	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	17,434,564	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	62,493	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,497,057	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	23,948,248	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	41,726,451				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	41,726,451	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	65,674,699	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150072

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 3:49 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		40,115,224		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,611,227			2.00
3.00	Total (sum of line 1 and line 2)		41,726,451		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)		41,726,451		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)		41,726,451		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150072

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 3:49 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: 150072

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

Worksheet G-2 Parts  
Date/Time Prepared:  
5/30/2012 3:49 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	9,587,405		9,587,405	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	0		0	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)	9,587,405		9,587,405	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	859,883		859,883	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)	859,883		859,883	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	10,447,288		10,447,288	17.00
18.00	Ancillary services	22,558,831	76,306,344	98,865,175	18.00
19.00	Outpatient services	1,302,030	12,104,377	13,406,407	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	655,043	2,304,893	2,959,936	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PROFESSIONAL FEES & OTHER	264	22,343,928	22,344,192	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	34,963,456	113,059,542	148,022,998	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		54,875,904		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)		54,875,904		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150072

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

Worksheet G-3

Date/Time Prepared:  
5/30/2012 3:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	148,022,998	1.00
2.00	Less contractual allowances and discounts on patients' accounts	93,409,933	2.00
3.00	Net patient revenues (line 1 minus line 2)	54,613,065	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	54,875,904	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-262,839	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	328,965	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	GAIN ON SALE OF EQUIPMENT	24,637	24.00
24.01	OTHER REVENUE	1,506,960	24.01
24.02	OTHER REVENUE RECORDED IN EXPENSE	13,504	24.02
25.00	Total other income (sum of lines 6-24)	1,874,066	25.00
26.00	Total (line 5 plus line 25)	1,611,227	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,611,227	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150072	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 3:49 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		352,349	1.00
2.00	Capital DRG outlier payments		9,451	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		16.89	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)		361,800	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00