

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: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/27/2012 1:59 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input checked="" 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: 1/27/2012	Time: 1:59 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 ST. VINCENT CARMEL HOSPITAL for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	103,481	71,683	0	3 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	103,481	71,683	0	3 200.00

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: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/27/2012 11:56 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 13500 NORTH MERIDIAN STREET			PO Box:							
2.00	City: CARMEL			State: IN		Zip Code: 46033-		County: HAMILTON			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. VINCENT CARMEL HOSPITAL	150157	26900	1	01/14/2004	N	P	O	
4.00	Subprovider - IPF										
5.00	Subprovider - IRF							N	N	N	
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF							N	N	N	
8.00	Swing Beds - NF							N		N	
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC							N	N	N	
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	
17.00	Hospital-Based (CMHC) 1										
17.10	Hospital-Based (CORF) 1							N	N	N	
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2010	06/30/2011		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N		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.	1,529	1,529	0	0	0	0		24.00		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00		
							1.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								1	26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								1	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0	35.00	
							Beginni ng:	Endi ng:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	

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		Beginning:	Ending:			
		1.00	2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
				1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		67.00	
						1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)							0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)							0	76.00
						1.00			
80.00	Long Term Care Hospital PPS Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.						N		80.00

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				1.00		
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N		86.00	
			V	XIX		
			1.00	2.00		
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical 1.00	Occupational 2.00	Speech 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.		N	N	N	N
					1.00	2.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			1	119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N		N	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	

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			1.00			2.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		269008		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: ST. VINCENT HEALTH		Contractor's Name: NAT GOVT SVCS		Contractor's Number: 130			
142.00	Street: 10330 N. MERIDIAN STREET		PO Box:					
143.00	City: INDIANAPOLIS		State: IN		Zip Code: 46290			
							1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y				144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N				145.00
							1.00	
							2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N				149.00
					Part A		Part B	
					1.00		2.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital			N		N		155.00
156.00	Subprovider - IPF			N		N		156.00
157.00	Subprovider - IRF			N		N		157.00
158.00	Subprovider - Other			N		N		158.00
159.00	SNF			N		N		159.00
160.00	HHA			N		N		160.00
161.00	CMHC					N		161.00
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N				165.00
			Name		County		State	
			0		1.00		2.00	
			3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			N				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/27/2012 11:56 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)				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	09/13/2011
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.				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.				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.				11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		Y	11/09/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/27/2012 11:56 am
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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
Interest Expense					
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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
Provider-Based Physicians					
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
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150157

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

Worksheet S-2
Part II
Date/Time Prepared:
1/27/2012 11:56 am

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/09/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	93	33,945	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)		93	33,945	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	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 SPECIAL CARE NURSERY	35.00	16	5,840	0.00		12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		119	43,435	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		119				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: 150157

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

Worksheet S-3
Part I
Date/Time Prepared:
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Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	4,874	1,529	14,344		1.00
2.00 HMO		959	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	4,874	1,529	14,344		7.00
8.00 INTENSIVE CARE UNIT	0	434	0	1,368		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 SPECIAL CARE NURSERY	0	0	0	1,453		12.00
13.00 NURSERY	0		0	2,278		13.00
14.00 Total (see instructions)	0	5,308	1,529	19,443		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)	0					27.00
28.00 Observation Bed Days	0		0	2,326		28.00
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150157

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

Worksheet S-3
Part I
Date/Time Prepared:
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Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,268	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 SPECIAL CARE NURSERY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	676.72	0.00	0	1,268	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	676.72	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: 150157

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

Worksheet S-3
Part I
Date/Time Prepared:
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Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	375	5,569		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 SPECIAL CARE NURSERY				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	375	5,569		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: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet S-3 Part II Date/Time Prepared: 1/27/2012 11:56 am	
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)		
	1.00	2.00	2.50	3.00	4.00		

PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	43,368,122	0	0	43,368,122	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0	4.01
5.00	Physician-Part B		2,292,280	0	0	2,292,280	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0	7.01
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		1,636,323	0	0	1,636,323	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		22,831	0	0	22,831	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		0	0	0	0	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		14,038,655	0	0	14,038,655	17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0	0	18.00
19.00	Excluded areas		571,904	0	0	571,904	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		503,516	0	0	503,516	23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	932,513	0	0	932,513	26.00
27.00	Administrative & General	5.00	6,386,058	0	0	6,386,058	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	906,343	0	0	906,343	30.00
31.00	Laundry & Linen Service	8.00	0	0	36,794	36,794	31.00
32.00	Housekeeping	9.00	861,226	0	-36,794	824,432	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	922,010	0	-513,006	409,004	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	513,006	513,006	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,520,661	0	0	1,520,661	38.00
39.00	Central Services and Supply	14.00	316,829	0	0	316,829	39.00
40.00	Pharmacy	15.00	2,115,967	0	0	2,115,967	40.00
41.00	Medical Records & Medical Records Library	16.00	336,309	0	0	336,309	41.00
42.00	Social Service	17.00	143,585	0	0	143,585	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/27/2012 11:56 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	1,407,584.47	30.81	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	22,118.05	103.64	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	54,931.77	29.79	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	382.64	59.67	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	0.00	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	11,764.00	79.27	26.00
27.00	Administrative & General	0.00	0.00	27.00
28.00	Administrative & General under contract (see inst.)	0.00	0.00	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	36,919.00	24.55	30.00
31.00	Laundry & Linen Service	2,263.00	16.26	31.00
32.00	Housekeeping	60,831.00	13.55	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	29,003.00	14.10	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	36,377.00	14.10	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	38,663.00	39.33	38.00
39.00	Central Services and Supply	18,863.00	16.80	39.00
40.00	Pharmacy	54,927.00	38.52	40.00
41.00	Medical Records & Medical Records Library	15,524.00	21.66	41.00
42.00	Social Service	4,889.00	29.37	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet S-3 Part III Date/Time Prepared: 1/27/2012 11:56 am	
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)		
	1.00	2.00	2.50	3.00	4.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	41,075,842	0	0	41,075,842	1.00	
2.00	Excluded area salaries (see instructions)	1,636,323	0	0	1,636,323	2.00	
3.00	Subtotal salaries (line 1 minus line 2)	39,439,519	0	0	39,439,519	3.00	
4.00	Subtotal other wages & related costs (see inst.)	22,831	0	0	22,831	4.00	
5.00	Subtotal wage-related costs (see inst.)	14,038,655	0	0	14,038,655	5.00	
6.00	Total (sum of lines 3 thru 5)	53,501,005	0	0	53,501,005	6.00	
7.00	Total overhead cost (see instructions)	14,441,501	0	0	14,441,501	7.00	

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/27/2012 11:56 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	1,385,466.42	29.65	1.00
2.00	Excluded area salaries (see instructions)	54,931.77	29.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,330,534.65	29.64	3.00
4.00	Subtotal other wages & related costs (see inst.)	382.64	59.67	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	35.60	5.00
6.00	Total (sum of lines 3 thru 5)	1,330,917.29	40.20	6.00
7.00	Total overhead cost (see instructions)	310,023.00	46.58	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/27/2012 11:56 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,137,702	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,752,006	8.00
9.00	Prescription Drug Plan	977,536	9.00
10.00	Dental, Hearing and Vision Plan	107,616	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	49,751	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)	236,160	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	532,972	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,071,691	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	58,247	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	41,475	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	73,499	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,038,655	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	22,831	0	1.00
2.00	Hospital	22,831	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/27/2012 11:56 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.291718	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,429,552	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		21,075,887	6.00	
7.00	Medicaid cost (line 1 times line 6)		6,148,216	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,718,664	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		20,520	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,718,664	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,240,772	232,253	6,473,025	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,820,546	67,752	1,888,298	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,820,546	67,752	1,888,298	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,679,177	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		156,725	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		6,522,452	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,902,717	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		3,791,015	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,509,679	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		255,249	255,249	4,769,772	5,025,021	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,573,984	2,573,984	2.00
4.00 EMPLOYEE BENEFITS	932,513	13,638,834	14,571,347	532,835	15,104,182	4.00
5.01 COMMUNICATIONS	0	246,028	246,028	-14,627	231,401	5.01
5.02 DATA PROCESSING	405,517	22,468	427,985	-6,553	421,432	5.02
5.03 PURCHASING & RECEIVING	266,400	165,418	431,818	-399	431,419	5.03
5.04 IP ADMITTING	955,805	344,904	1,300,709	-869,361	431,348	5.04
5.05 PATIENT ACCOUNTING	623,996	545,296	1,169,292	0	1,169,292	5.05
5.06 OP REGISTRATION	0	0	0	866,508	866,508	5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	4,134,340	10,208,831	14,343,171	-1,183,475	13,159,696	5.07
7.00 OPERATION OF PLANT	906,343	3,421,137	4,327,480	-1,357,635	2,969,845	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	375,890	375,890	8.00
9.00 HOUSEKEEPING	861,226	790,766	1,651,992	-379,660	1,272,332	9.00
10.00 DIETARY	922,010	805,833	1,727,843	-983,482	744,361	10.00
11.00 CAFETERIA	0	0	0	961,372	961,372	11.00
13.00 NURSING ADMINISTRATION	1,520,661	130,962	1,651,623	-7,391	1,644,232	13.00
14.00 CENTRAL SERVICES & SUPPLY	316,829	315,088	631,917	-23,097	608,820	14.00
15.00 PHARMACY	2,115,967	3,020,393	5,136,360	-2,641,242	2,495,118	15.00
16.00 MEDICAL RECORDS & LIBRARY	336,309	245,579	581,888	-1,880	580,008	16.00
17.00 SOCIAL SERVICE	143,585	52,513	196,098	-593	195,505	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	11,017,141	2,658,196	13,675,337	-1,935,287	11,740,050	30.00
31.00 INTENSIVE CARE UNIT	1,248,394	698,858	1,947,252	-4,928	1,942,324	31.00
35.00 SPECIAL CARE NURSERY	1,736,217	186,383	1,922,600	-5,628	1,916,972	35.00
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	922,947	922,947	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,723,611	14,779,854	18,503,465	-6,932,979	11,570,486	50.00
50.01 SURGERY-AMBULATORY	601,861	293,331	895,192	-210,083	685,109	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,581,199	1,532,044	3,113,243	-64,452	3,048,791	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,877,312	2,990,266	5,867,578	-2,207,240	3,660,338	54.00
54.01 CATH LAB	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	3	3	903,941	903,944	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	20,462	2,629,358	2,649,820	0	2,649,820	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,146,708	254,502	1,401,210	-36,791	1,364,419	65.00
65.01 SLEEP LAB	75,592	68,330	143,922	-53,015	90,907	65.01
66.00 PHYSICAL THERAPY	352,355	11,197	363,552	-100	363,452	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	34,484	487	34,971	0	34,971	67.00
68.00 SPEECH PATHOLOGY	18,230	50	18,280	0	18,280	68.00
69.00 ELECTROCARDIOLOGY	0	176,184	176,184	0	176,184	69.00
70.00 ELECTROENCEPHALOGRAPHY	55,825	56,456	112,281	-10,069	102,212	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,271,963	1,271,963	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,846,487	4,846,487	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,639,860	2,639,860	73.00
76.00 ENDOSCOPY	637,073	416,479	1,053,552	-101,803	951,749	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	2,163,834	440,272	2,604,106	-116,032	2,488,074	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	861,752	861,752	-861,752	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	41,731,799	62,263,301	103,995,100	656,005	104,651,105	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,999	290,788	345,787	0	345,787	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	59,328	59,328	-59,328	0	192.00
194.00 MISSION EFFECTIVENESS	21,790	185,358	207,148	-10,417	196,731	194.00
194.01 MARKETING	0	287	287	0	287	194.01
194.02 JOINT VENTURES	516,631	26,576,220	27,092,851	-369,797	26,723,054	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	1,042,903	253,560	1,296,463	-216,463	1,080,000	194.06
200.00 TOTAL (SUM OF LINES 118-199)	43,368,122	89,628,842	132,996,964	0	132,996,964	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
	6.00	7.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	325,603	5,350,624	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	2,573,984	2.00
4.00 EMPLOYEE BENEFITS	126,714	15,230,896	4.00
5.01 COMMUNICATIONS	152,349	383,750	5.01
5.02 DATA PROCESSING	4,397,247	4,818,679	5.02
5.03 PURCHASING & RECEIVING	194,723	626,142	5.03
5.04 IP ADMITTING	344,043	775,391	5.04
5.05 PATIENT ACCOUNTING	1,363,127	2,532,419	5.05
5.06 OP REGISTRATION	66,487	932,995	5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	-8,561,784	4,597,912	5.07
7.00 OPERATION OF PLANT	-292,246	2,677,599	7.00
8.00 LAUNDRY & LINEN SERVICE	0	375,890	8.00
9.00 HOUSEKEEPING	0	1,272,332	9.00
10.00 DIETARY	0	744,361	10.00
11.00 CAFETERIA	-598,299	363,073	11.00
13.00 NURSING ADMINISTRATION	-930	1,643,302	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,745	611,565	14.00
15.00 PHARMACY	0	2,495,118	15.00
16.00 MEDICAL RECORDS & LIBRARY	663,245	1,243,253	16.00
17.00 SOCIAL SERVICE	-1,700	193,805	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-1,824,734	9,915,316	30.00
31.00 INTENSIVE CARE UNIT	-390,426	1,551,898	31.00
35.00 SPECIAL CARE NURSERY	-936,078	980,894	35.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	922,947	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	-81,495	11,488,991	50.00
50.01 SURGERY-AMBULATORY	0	685,109	50.01
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	-1,130,380	1,918,411	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	-5,120	3,655,218	54.00
54.01 CATH LAB	0	0	54.01
54.02 ULTRASOUND	0	903,944	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	2,649,820	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	1,364,419	65.00
65.01 SLEEP LAB	0	90,907	65.01
66.00 PHYSICAL THERAPY	0	363,452	66.00
66.01 SPORTS MEDICINE	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	34,971	67.00
68.00 SPEECH PATHOLOGY	0	18,280	68.00
69.00 ELECTROCARDIOLOGY	0	176,184	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	102,212	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,271,963	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	4,846,487	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,639,860	73.00
76.00 ENDOSCOPY	0	951,749	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	-89,356	2,398,718	91.00
91.01 PATIENT SERVICES	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00 PANCREAS ACQUISITION	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	110.00
111.00 ISLET ACQUISITION	0	0	111.00
113.00 INTEREST EXPENSE	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-6,276,265	98,374,840	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-279,462	66,325	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00 MISSION EFFECTIVENESS	0	196,731	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6.00	7.00		
194.01 MARKETING	1,659,218	1,659,505		194.01
194.02 JOINT VENTURES	0	26,723,054		194.02
194.03 FOUNDATION	0	0		194.03
194.04 VACANT	0	0		194.04
194.05 SEASH	0	0		194.05
194.06 SPORTS MEDICINE	0	1,080,000		194.06
200.00 TOTAL (SUM OF LINES 118-199)	-4,896,509	128,100,455		200.00

RECLASSIFICATIONS

Provider CCN: 150157

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS TRANSFER					
1.00	EMPLOYEE BENEFITS	4.00	0	588,476	1.00
	TOTALS		0	588,476	
B - UTILITIES TRANSFER					
1.00	OPERATION OF PLANT	7.00	0	90,545	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	TOTALS		0	90,545	
C - DEPRECIATION XFER BUILDING					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,331,985	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		0	2,331,985	
D - DEPRECIATION XFER EQUIP					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,573,984	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00

RECLASSIFICATIONS

Provider CCN: 150157

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

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	TOTALS		0	2,573,984	
E - PHARMACY - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,639,860	1.00
	TOTALS		0	2,639,860	
F - BUSINESS OFFICE					
1.00	OP REGISTRATION	5.06	654,705	211,803	1.00
	TOTALS		654,705	211,803	
G - ENDOSCOPY					
1.00	ENDOSCOPY	76.00	50,998	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	50,998	0	2.00
3.00	EMERGENCY	91.00	35,449	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	35,439	0	4.00
	TOTALS		172,884	0	
H - MEDICAL SUPPLIES - CPD					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,271,963	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,846,487	2.00
	TOTALS		0	6,118,450	
I - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	36,794	339,096	1.00
	TOTALS		36,794	339,096	
J - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	58,950	1.00
	TOTALS		0	58,950	
K - NURSERY					
1.00	NURSERY	43.00	752,681	149,959	1.00
	TOTALS		752,681	149,959	
L - RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,772,334	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
	TOTALS		0	1,772,334	
M - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	861,752	1.00
	TOTALS		0	861,752	
N - NURSERY DIRECTOR					
1.00	NURSERY	43.00	20,307	0	1.00
2.00	SPECIAL CARE NURSERY	35.00	21,702	0	2.00
	TOTALS		42,009	0	
O - ULTRASOUND					
1.00	ULTRASOUND	54.02	359,244	544,697	1.00
	TOTALS		359,244	544,697	
P - DIETARY/CAFETERIA					
1.00	CAFETERIA	11.00	513,006	448,366	1.00
	TOTALS		513,006	448,366	
500.00	Grand Total: Increases		2,531,323	18,730,257	500.00

RECLASSIFICATIONS

Provider CCN: 150157

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

Worksheet A-6

Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
Cost Center		Line #	Salary	Other			
6.00		7.00	8.00	9.00	10.00		
A - BENEFITS TRANSFER							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	588,476	0		1.00
TOTALS			0	588,476			
B - UTILITIES TRANSFER							
1.00	EMPLOYEE BENEFITS	4.00	0	446	0		1.00
2.00	DATA PROCESSING	5.02	0	2,041	0		2.00
3.00	PURCHASING & RECEIVING	5.03	0	399	0		3.00
4.00	IP ADMINITING	5.04	0	2,269	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	23,349	0		5.00
6.00	HOUSEKEEPING	9.00	0	2,504	0		6.00
7.00	DIETARY	10.00	0	1,449	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	5,359	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	161	0		9.00
10.00	PHARMACY	15.00	0	1,382	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	19	0		11.00
12.00	SOCIAL SERVICE	17.00	0	593	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	17,772	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	200	0		14.00
15.00	SPECIAL CARE NURSERY	35.00	0	1,298	0		15.00
16.00	OPERATING ROOM	50.00	0	6,821	0		16.00
17.00	SURGERY-AMBULATORY	50.01	0	467	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,663	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,362	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	1,483	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	100	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	86	0		22.00
23.00	ENDOSCOPY	76.00	0	2,968	0		23.00
24.00	EMERGENCY	91.00	0	13,348	0		24.00
25.00	MISSION EFFECTIVENESS	194.00	0	6	0		25.00
TOTALS			0	90,545			
C - DEPRECIATION XFER BUILDING							
1.00	EMPLOYEE BENEFITS	4.00	0	2,030	9		1.00
2.00	COMMUNICATIONS	5.01	0	14,627	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	117,236	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,379,605	0		4.00
5.00	DIETARY	10.00	0	1,291	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,522	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	376,115	0		7.00
8.00	SPECIAL CARE NURSERY	35.00	0	2,690	0		8.00
9.00	OPERATING ROOM	50.00	0	152,491	0		9.00
10.00	SURGERY-AMBULATORY	50.01	0	75,803	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,263	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	138,981	0		12.00
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,080	0		13.00
14.00	MISSION EFFECTIVENESS	194.00	0	2,884	0		14.00
15.00	JOINT VENTURES	194.02	0	39,367	0		15.00
TOTALS			0	2,331,985			
D - DEPRECIATION XFER EQUIP							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	255,249	9		1.00
2.00	EMPLOYEE BENEFITS	4.00	0	7,394	0		2.00
3.00	IP ADMINITING	5.04	0	584	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	41,861	0		4.00
5.00	OPERATION OF PLANT	7.00	0	66,518	0		5.00
6.00	HOUSEKEEPING	9.00	0	1,266	0		6.00
7.00	DIETARY	10.00	0	19,370	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	2,032	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,414	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	413,095	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	4,728	0		11.00
12.00	SPECIAL CARE NURSERY	35.00	0	23,342	0		12.00
13.00	OPERATING ROOM	50.00	0	632,676	0		13.00
14.00	SURGERY-AMBULATORY	50.01	0	9,911	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	517	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	831,119	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	35,308	0		17.00
18.00	SLEEP LAB	65.01	0	17,899	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,983	0		19.00
20.00	ENDOSCOPY	76.00	0	78,945	0		20.00
21.00	EMERGENCY	91.00	0	36,137	0		21.00

RECLASSIFICATIONS

Provider CCN: 150157

Period:
From 07/01/2010
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Worksheet A-6

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
22.00	MISSION EFFECTIVENESS	194.00	0	3,490	0		22.00
23.00	JOINT VENTURES	194.02	0	40,317	0		23.00
24.00	SPORTS MEDICINE	194.06	0	27,829	0		24.00
	TOTALS		0	2,573,984			
E - PHARMACY - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	2,639,860	0		1.00
	TOTALS		0	2,639,860			
F - BUSINESS OFFICE							
1.00	IP ADMITTING	5.04	654,705	211,803	0		1.00
	TOTALS		654,705	211,803			
G - ENDOSCOPY							
1.00	EMERGENCY	91.00	101,996	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	ENDOSCOPY	76.00	70,888	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		172,884	0			
H - MEDICAL SUPPLIES - CPD							
1.00	OPERATING ROOM	50.00	0	6,118,450	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	6,118,450			
I - LAUNDRY							
1.00	HOUSEKEEPING	9.00	36,794	339,096	0		1.00
	TOTALS		36,794	339,096			
J - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	58,950	12		1.00
	TOTALS		0	58,950			
K - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	752,681	149,959	0		1.00
	TOTALS		752,681	149,959			
L - RENT							
1.00	EMPLOYEE BENEFITS	4.00	0	45,771	14		1.00
2.00	DATA PROCESSING	5.02	0	4,512	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	353,603	0		3.00
4.00	OPERATION OF PLANT	7.00	0	2,057	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,861	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	312,102	0		6.00
7.00	OPERATING ROOM	50.00	0	22,541	0		7.00
8.00	SURGERY-AMBULATORY	50.01	0	123,902	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	329,837	0		9.00
10.00	SLEEP LAB	65.01	0	35,116	0		10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	58,248	0		11.00
12.00	MISSION EFFECTIVENESS	194.00	0	4,037	0		12.00
13.00	JOINT VENTURES	194.02	0	290,113	0		13.00
14.00	SPORTS MEDICINE	194.06	0	188,634	0		14.00
	TOTALS		0	1,772,334			
M - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	861,752	11		1.00
	TOTALS		0	861,752			
N - NURSERY DIRECTOR							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	42,009	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		42,009	0			
O - ULTRASOUND							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	359,244	544,697	0		1.00
	TOTALS		359,244	544,697			
P - DIETARY/CAFETERIA							
1.00	DIETARY	10.00	513,006	448,366	0		1.00
	TOTALS		513,006	448,366			
500.00	Grand Total: Decreases		2,531,323	18,730,257			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150157

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,067,706	0	0	0	1.00
2.00	Land Improvements	2,224,113	0	0	0	2.00
3.00	Buildings and Fixtures	36,795,425	0	0	0	3.00
4.00	Building Improvements	30,357,164	75,582	0	75,582	4.00
5.00	Fixed Equipment	3,488,616	0	0	0	5.00
6.00	Movable Equipment	32,399,327	244,501	0	244,501	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	110,332,351	320,083	0	320,083	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	110,332,351	320,083	0	320,083	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	255,249	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	255,249	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150157

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Worksheet A-7
Parts I-III
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,067,706	0		1.00		
2.00	Land Improvements	2,224,113	1,516,495		2.00		
3.00	Buildings and Fixtures	36,795,425	3,731,729		3.00		
4.00	Building Improvements	30,432,746	11,902,112		4.00		
5.00	Fixed Equipment	3,434,094	509,120		5.00		
6.00	Movable Equipment	32,555,618	13,296,472		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	110,509,702	30,955,928		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	110,509,702	30,955,928		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	255,249		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	255,249		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,331,985	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,573,984	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,905,969	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150157

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/27/2012 11:56 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	58,950	0	2,959,689	5,350,624	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,573,984	2.00
3.00	Total (sum of lines 1-2)	0	58,950	0	2,959,689	7,924,608	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150157

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

Worksheet A-8

Date/Time Prepared:
1/27/2012 11:56 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)	A	-861,752	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		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	-4,243,353		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	2,164,293		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-118,144	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		ORESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - buildings and fixtures			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist			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		OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00 32.00
33.00	OTHER INCOME - FOUNDATION	B	-6,200	ADULTS & PEDIATRICS	30.00 33.00
34.00	OTHER INCOME - FOUNDATION	B	-12,400	OTHER ADMINISTRATIVE AND GENERAL	5.07 34.00
35.00	OTHER INCOME - FOUNDATION	B	-5,000	DELIVERY ROOM & LABOR ROOM	52.00 35.00
36.00	EMPLOYEE MEALS	B	-634	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00 36.00
37.00	CAFETERIA/VENDING	B	-59,603	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00 37.00
38.00	BUILDING RENTAL INCOME	B	-2,600	ADULTS & PEDIATRICS	30.00 38.00
39.00	FEE-FOR-SERVICE REVENUE	B	-97,144	ADULTS & PEDIATRICS	30.00 39.00
40.00	SALES OF HEALTHCARE DEV	B	-219,225	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00 40.00
41.00	OTHER OPERATING INCOME - RADIOLOGY	B	-150	RADIOLOGY-DIAGNOSTIC	54.00 41.00
42.00	CAFETERIA/VENDING	B	-362,011	CAFETERIA	11.00 42.00
43.00	COLLECTION FEES	B	-2	PATIENT ACCOUNTING	5.05 43.00
44.00	EMPLOYEE MEALS	B	-118,144	CAFETERIA	11.00 44.00
45.00	OTHER OPERATING INCOME - SECURITY	B	-48,874	OPERATION OF PLANT	7.00 45.00
45.01	OTHER INCOME - FOUNDATION	B	-6,610	OPERATING ROOM	50.00 45.01
45.02	OTHER OPERATING INCOME - PLANT MAINT	B	-8,047	OPERATION OF PLANT	7.00 45.02
45.03	OTHER INCOME - FOUNDATION	B	-90	CENTRAL SERVICES & SUPPLY	14.00 45.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 150157

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

Worksheet A-8

Date/Time Prepared:
1/27/2012 11:56 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
45.04	COBRA PREMIUMS	B	-1,772	PATIENT ACCOUNTING	5.05 45.04
45.05	OTHER OPERATING INCOME - JUBILEE CEN	B	-14,413	OTHER ADMINISTRATIVE AND GENERAL	5.07 45.05
45.06	OTHER OPERATING INCOME - AME HEART E	B	-2,380	EMERGENCY	91.00 45.06
45.07	OTHER OPERATING INCOME - OTHER TRANS	B	-15,498	OTHER ADMINISTRATIVE AND GENERAL	5.07 45.07
45.09	OTHER INCOME - FOUNDATION	B	-63,876	EMERGENCY	91.00 45.09
45.10	NET ASSETS RELEASED FROM RESTRICTION	B	-84,768	OTHER ADMINISTRATIVE AND GENERAL	5.07 45.10
45.11	PROPERTY RENTAL INCOME	B	-210,620	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.11
45.12	OTHER OPERATING INCOME - FITNESS CEN	B	-19,246	EMPLOYEE BENEFITS	4.00 45.12
45.13	UNASSIGNED - BARIATRIC	B	-89,025	ADULTS & PEDIATRICS	30.00 45.13
45.14	OTHER OPERATING INCOME - HUMAN RESOU	B	-4,995	EMPLOYEE BENEFITS	4.00 45.14
45.15	INCENTIVE ACCRUAL	A	-373,832	OTHER ADMINISTRATIVE AND GENERAL	5.07 45.15
45.16	INCENTIVE FICA ACCRUAL	A	-26,168	EMPLOYEE BENEFITS	4.00 45.16
45.17	PROMPT PAY INTEREST PENALTY	B	-58	PATIENT ACCOUNTING	5.05 45.17
45.18	UNASSIGNED - OTHER TRANS	B	2,684	OTHER ADMINISTRATIVE AND GENERAL	5.07 45.18
45.19	OTHER INCOME - FOUNDATION	B	-385	OPERATING ROOM	50.00 45.19
45.20	OTHER INCOME - FOUNDATION	B	-1,700	SOCIAL SERVICE	17.00 45.20
45.22	RENTAL INCOME - GROUND LEASE	B	-160,890	OPERATION OF PLANT	7.00 45.22
45.23	OTHER INCOME - FOUNDATION - VOLUNTEE	B	-4,000	OTHER ADMINISTRATIVE AND GENERAL	5.07 45.23
45.24	LOBBYING EXPENSES - ASSOCIATIONS	B	-2,513	OTHER ADMINISTRATIVE AND GENERAL	5.07 45.24
45.25	OTHER OPERATING REVENUE - BARIATRIC	B	-6,498	ADULTS & PEDIATRICS	30.00 45.25
45.26	OTHER OPERATING REVENUE - AMR HRT ED	B	-600	EMERGENCY	91.00 45.26
45.27	CSI SERVICING FEES	B	189,734	PATIENT ACCOUNTING	5.05 45.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,896,509		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150157

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

Worksheet A-8

Date/Time Prepared:
1/27/2012 11:56 am

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	11	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER INCOME - FOUNDATION	0	33.00
34.00	OTHER INCOME - FOUNDATION	0	34.00
35.00	OTHER INCOME - FOUNDATION	0	35.00
36.00	EMPLOYEE MEALS	0	36.00
37.00	CAFETERIA/VENDING	0	37.00
38.00	BUILDING RENTAL INCOME	0	38.00
39.00	FEE-FOR-SERVICE REVENUE	0	39.00
40.00	SALES OF HEALTHCARE DEV	0	40.00
41.00	OTHER OPERATING INCOME - RADIOLOGY	0	41.00
42.00	CAFETERIA/VENDING	0	42.00
43.00	COLLECTION FEES	0	43.00
44.00	EMPLOYEE MEALS	0	44.00
45.00	OTHER OPERATING INCOME - SECURITY	0	45.00
45.01	OTHER INCOME - FOUNDATION	0	45.01
45.02	OTHER OPERATING INCOME - PLANT MAINT	0	45.02
45.03	OTHER INCOME - FOUNDATION	0	45.03
45.04	COBRA PREMIUMS	0	45.04
45.05	OTHER OPERATING INCOME - JUBILEE CEN	0	45.05
45.06	OTHER OPERATING INCOME - AME HEART E	0	45.06
45.07	OTHER OPERATING INCOME - OTHER TRANS	0	45.07
45.09	OTHER INCOME - FOUNDATION	0	45.09
45.10	NET ASSETS RELEASED FROM RESTRICTION	0	45.10
45.11	PROPERTY RENTAL INCOME	14	45.11
45.12	OTHER OPERATING INCOME - FITNESS CEN	0	45.12
45.13	UNASSIGNED - BARIATRIC	0	45.13
45.14	OTHER OPERATING INCOME - HUMAN RESOU	0	45.14
45.15	INCENTIVE ACCRUAL	0	45.15
45.16	INCENTIVE FICA ACCRUAL	0	45.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 150157

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

Worksheet A-8

Date/Time Prepared:
1/27/2012 11:56 am

		Wkst. A-7 Ref.	
		5.00	
45.17	PROMPT PAY INTEREST PENALTY	0	45.17
45.18	UNASSIGNED - OTHER TRANS	0	45.18
45.19	OTHER INCOME - FOUNDATION	0	45.19
45.20	OTHER INCOME - FOUNDATION	0	45.20
45.22	RENTAL INCOME - GROUND LEASE	0	45.22
45.23	OTHER INCOME - FOUNDATION - VOLUNTEE	0	45.23
45.24	LOBBYING EXPENSES - ASSOCIATIONS	0	45.24
45.25	OTHER OPERATING REVENUE - BARIATRIC	0	45.25
45.26	OTHER OPERATING REVENUE - AMR HRT ED	0	45.26
45.27	CSI SERVICING FEES	0	45.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 150157

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

Worksheet A-8-1

Date/Time Prepared: 1/27/2012 11:56 am

	Line No.	Cost Center	Expense Items	
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	ST. VINCENT HEALTH CAPITAL	1.00
2.00	4.00	EMPLOYEE BENEFITS	ST. VINCENT HEALTH SALARIES	2.00
3.00	4.00	EMPLOYEE BENEFITS	ST. VINCENT HEALTH OTHER	3.00
4.00	5.01	COMMUNICATIONS	ST. VINCENT HEALTH SALARIES	4.00
4.01	5.01	COMMUNICATIONS	ST. VINCENT HEALTH OTHER	4.01
4.02	5.02	DATA PROCESSING	ST. VINCENT HEALTH SALARIES	4.02
4.03	5.02	DATA PROCESSING	ST. VINCENT HEALTH OTHER	4.03
4.04	5.03	PURCHASING & RECEIVING	ST. VINCENT HEALTH SALARIES	4.04
4.05	5.03	PURCHASING & RECEIVING	ST. VINCENT HEALTH OTHER	4.05
4.06	5.04	IP ADMITTING	ST. VINCENT HEALTH SALARIES	4.06
4.07	5.04	IP ADMITTING	ST. VINCENT HEALTH OTHER	4.07
4.08	5.05	PATIENT ACCOUNTING	ST. VINCENT HEALTH SALARIES	4.08
4.09	5.05	PATIENT ACCOUNTING	ST. VINCENT HEALTH OTHER	4.09
4.10	7.00	OPERATION OF PLANT	ASCENSION OPERAT OF PLANT	4.10
4.11	5.06	OP REGISTRATION	ST. VINCENT HEALTH SALARIES	4.11
4.12	5.06	OP REGISTRATION	ST. VINCENT HEALTH OTHER	4.12
4.13	5.07	OTHER ADMINISTRATIVE AND GENERAL	ST. VINCENT HEALTH SALARIES	4.13
4.14	5.07	OTHER ADMINISTRATIVE AND GENERAL	ST. VINCENT HEALTH OTHER	4.14
4.15	7.00	OPERATION OF PLANT	ST. VINCENT HEALTH SALARIES	4.15
4.16	7.00	OPERATION OF PLANT	ST. VINCENT HEALTH OTHER	4.16
4.17	14.00	CENTRAL SERVICES & SUPPLY	ST. VINCENT HEALTH SALARIES	4.17
4.18	14.00	CENTRAL SERVICES & SUPPLY	ST. VINCENT HEALTH OTHER	4.18
4.19	16.00	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH SALARIES	4.19
4.20	16.00	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH OTHER	4.20
4.21	4.00	EMPLOYEE BENEFITS	ASCENSION HEALTH PENSION EXP	4.21
4.22	194.01	MARKETING	ST. VINCENT HEALTH SALARIES	4.22
4.23	194.01	MARKETING	ST. VINCENT HEALTH OTHER	4.23
4.24	4.00	EMPLOYEE BENEFITS	ST. VINCENT HEALTH SELF INSURANCE	4.24
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

6.00		G	SV CARMEL HOSPI	100.00		6.00
7.00		G	SV CARMEL HOSPI	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:		SV CARMEL HOSPI			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: 150157

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

Worksheet A-8-1

Date/Time Prepared: 1/27/2012 11:56 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1,397,975	0	1,397,975	14	1.00
2.00	627,932	0	627,932	0	2.00
3.00	1,351,308	588,476	762,832	0	3.00
4.00	118,622	0	118,622	0	4.00
4.01	33,727	0	33,727	0	4.01
4.02	1,375,292	0	1,375,292	0	4.02
4.03	3,021,955	0	3,021,955	0	4.03
4.04	68,513	0	68,513	0	4.04
4.05	126,210	0	126,210	0	4.05
4.06	244,680	0	244,680	0	4.06
4.07	99,363	0	99,363	0	4.07
4.08	529,843	0	529,843	0	4.08
4.09	645,382	0	645,382	0	4.09
4.10	1,239,855	1,332,603	-92,748	0	4.10
4.11	65,509	0	65,509	0	4.11
4.12	978	0	978	0	4.12
4.13	1,210,495	0	1,210,495	0	4.13
4.14	1,009,423	10,211,660	-9,202,237	0	4.14
4.15	16,531	0	16,531	0	4.15
4.16	1,782	0	1,782	0	4.16
4.17	2,549	0	2,549	0	4.17
4.18	286	0	286	0	4.18
4.19	603,122	0	603,122	0	4.19
4.20	60,123	0	60,123	0	4.20
4.21	1,906,892	3,141,852	-1,234,960	0	4.21
4.22	365,391	0	365,391	0	4.22
4.23	1,293,827	0	1,293,827	0	4.23
4.24	5,250,944	5,229,625	21,319	0	4.24
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	22,668,509	20,504,216	2,164,293	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	ST. VINCENT HEALTH	100.00	HOME OFFICE	6.00
7.00	ASCENSION HEALTH	100.00	HOME OFFICE	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: 150157

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

Worksheet A-8-2

Date/Time Prepared:
1/27/2012 11:56 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	65,302	65,302	1.00
2.00	13.00	NURSING ADMINISTRATION	930	930	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,623,267	1,623,267	3.00
4.00	31.00	INTENSIVE CARE UNIT	390,426	390,426	4.00
5.00	35.00	SPECIAL CARE NURSERY	936,078	936,078	5.00
6.00	50.00	OPERATING ROOM	74,500	74,500	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,125,380	1,125,380	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	4,970	4,970	8.00
9.00	91.00	EMERGENCY	22,500	22,500	9.00
10.00	0.00		0	0	10.00
200.00		TOTAL (lines 1.00 through 199.00)	4,243,353	4,243,353	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150157

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

Worksheet A-8-2

Date/Time Prepared:
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150157

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

Worksheet A-8-2

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150157

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

Worksheet A-8-2

Date/Time Prepared:
1/27/2012 11:56 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	65,302	1.00
2.00	0	930	2.00
3.00	0	1,623,267	3.00
4.00	0	390,426	4.00
5.00	0	936,078	5.00
6.00	0	74,500	6.00
7.00	0	1,125,380	7.00
8.00	0	4,970	8.00
9.00	0	22,500	9.00
10.00	0	0	10.00
200.00	0	4,243,353	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

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

Worksheet B
Part I
Date/Time Prepared:
1/27/2012 11:56 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	5,350,624	5,350,624				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	2,573,984		2,573,984			2.00
4.00 EMPLOYEE BENEFITS	15,230,896	70,767	9,354	15,311,017		4.00
5.01 COMMUNICATIONS	383,750	19,177	0	0	402,927	5.01
5.02 DATA PROCESSING	4,818,679	0	0	146,313	0	5.02
5.03 PURCHASING & RECEIVING	626,142	20,082	0	96,119	2,823	5.03
5.04 IP ADMINITTING	775,391	13,255	132	108,639	4,234	5.04
5.05 PATIENT ACCOUNTING	2,532,419	35,709	349	225,142	11,290	5.05
5.06 OP REGISTRATION	932,995	26,456	258	236,221	8,468	5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	4,597,912	223,835	44,894	1,491,695	17,641	5.07
7.00 OPERATION OF PLANT	2,677,599	627,901	5,515	327,014	11,996	7.00
8.00 LAUNDRY & LINEN SERVICE	375,890	28,357	2,543	13,275	706	8.00
9.00 HOUSEKEEPING	1,272,332	96,263	0	297,460	3,528	9.00
10.00 DIETARY	744,361	118,156	2,201	147,571	9,173	10.00
11.00 CAFETERIA	363,073	137,839	22,302	185,096	0	11.00
13.00 NURSING ADMINISTRATION	1,643,302	0	2,571	548,663	9,879	13.00
14.00 CENTRAL SERVICES & SUPPLY	611,565	119,822	0	114,314	8,468	14.00
15.00 PHARMACY	2,495,118	94,307	0	763,454	17,641	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,243,253	5,414	0	121,342	2,117	16.00
17.00 SOCIAL SERVICE	193,805	13,635	0	51,806	2,117	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	9,915,316	1,396,559	514,900	3,747,217	102,320	30.00
31.00 INTENSIVE CARE UNIT	1,551,898	109,029	5,981	450,428	12,702	31.00
35.00 SPECIAL CARE NURSERY	980,894	21,024	29,528	634,268	9,879	35.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	922,947	185,989	7,672	266,346	16,230	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	11,488,991	476,680	799,701	1,343,501	29,637	50.00
50.01 SURGERY-AMBULATORY	685,109	229,557	12,538	217,155	9,879	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,918,411	232,455	654	555,349	21,170	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,655,218	443,868	710,688	908,498	16,230	54.00
54.01 CATH LAB	0	0	0	0	0	54.01
54.02 ULTRASOUND	903,944	31,689	108,956	129,653	4,940	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,649,820	86,430	0	7,383	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,364,419	50,468	44,665	413,739	15,524	65.00
65.01 SLEEP LAB	90,907	31,436	22,643	27,274	6,351	65.01
66.00 PHYSICAL THERAPY	363,452	36,959	0	127,132	2,823	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	34,971	0	0	12,442	0	67.00
68.00 SPEECH PATHOLOGY	18,280	0	0	6,577	0	68.00
69.00 ELECTROCARDIOLOGY	176,184	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	102,212	0	12,629	20,142	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,271,963	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,846,487	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,639,860	0	0	0	0	73.00
76.00 ENDOSCOPY	951,749	94,144	99,867	261,046	11,290	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	2,398,718	243,646	45,714	718,347	29,637	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
118.00 SUBTOTALS (SUM OF LINES 1-117)	98,374,840	5,320,908	2,506,255	14,720,621	398,693	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	66,325	29,716	0	19,844	2,117	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 MISSION EFFECTIVENESS	196,731	0	4,021	7,862	0	194.00
194.01 MARKETING	1,659,505	0	0	0	2,117	194.01
194.02 JOINT VENTURES	26,723,054	0	38,224	186,404	0	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	1,080,000	0	25,484	376,286	0	194.06
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)	128,100,455	5,350,624	2,573,984	15,311,017	402,927	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMINISTRATION	PATIENT ACCOUNTING	OP REGISTRATION	
	5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	COMMUNICATIONS					5.01
5.02	DATA PROCESSING	4,964,992				5.02
5.03	PURCHASING & RECEIVING	13,715	758,881			5.03
5.04	IP ADMINISTRATION	61,720	205	963,576		5.04
5.05	PATIENT ACCOUNTING	171,443	553	0	2,976,905	5.05
5.06	OP REGISTRATION	123,439	410	0	0	1,328,247
5.07	OTHER ADMINISTRATIVE AND GENERAL	507,472	513	0	0	0
7.00	OPERATION OF PLANT	349,744	39	0	0	0
8.00	LAUNDRY & LINEN SERVICE	13,715	645	0	0	0
9.00	HOUSEKEEPING	34,289	2,190	0	0	0
10.00	DIETARY	61,720	42,572	0	0	0
11.00	CAFETERIA	0	0	0	0	0
13.00	NURSING ADMINISTRATION	61,720	200	0	0	0
14.00	CENTRAL SERVICES & SUPPLY	137,154	2,734	0	0	0
15.00	PHARMACY	75,435	104,396	0	0	0
16.00	MEDICAL RECORDS & LIBRARY	48,004	0	0	0	0
17.00	SOCIAL SERVICE	13,715	9	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,076,664	18,207	710,875	190,916	0
31.00	INTENSIVE CARE UNIT	246,878	3,656	67,797	37,473	0
35.00	SPECIAL CARE NURSERY	384,033	5,531	72,009	43,254	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	68,577	5,023	112,895	35,542	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	473,183	514,399	0	667,434	259,468
50.01	SURGERY-AMBULATORY	0	2,182	0	8,247	7,104
51.00	RECOVERY ROOM	0	0	0	0	0
52.00	DELIVERY ROOM & LABOR ROOM	89,150	5,938	0	106,699	3,061
53.00	ANESTHESIOLOGY	0	0	0	0	0
54.00	RADIOLOGY-DIAGNOSTIC	89,150	11,390	0	335,993	250,796
54.01	CATH LAB	0	0	0	0	0
54.02	ULTRASOUND	198,874	2,895	0	24,688	16,643
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	13,715	8,553	0	168,620	80,245
60.01	BLOOD LABORATORY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	75,435	3,576	0	101,927	30,363
65.01	SLEEP LAB	13,715	245	0	7,686	6,801
66.00	PHYSICAL THERAPY	41,146	256	0	18,067	2,458
66.01	SPORTS MEDICINE	0	0	0	0	0
67.00	OCCUPATIONAL THERAPY	0	17	0	2,927	167
68.00	SPEECH PATHOLOGY	0	0	0	799	228
69.00	ELECTROCARDIOLOGY	0	0	0	5,015	1,636
70.00	ELECTROENCEPHALOGRAPHY	0	99	0	2,688	437
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	246,707	102,575
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	159,440	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	203,762	52,438
76.00	ENDOSCOPY	48,004	8,953	0	45,899	35,386
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	0	0	0	0
91.00	EMERGENCY	404,606	7,085	0	161,280	121,143
91.01	PATIENT SERVICES	0	0	0	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
113.00	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,896,415	752,471	963,576	2,575,063	970,949
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57	0	0	0
192.00	PHYSICIANS' PRIVATE OFFICES	27,431	0	0	0	0
194.00	MISSION EFFECTIVENESS	13,715	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	DATA	PURCHASING &	IP ADMITTING	PATIENT	OP	
	PROCESSING	RECEIVING		ACCOUNTING	REGISTRATION	
	5.02	5.03	5.04	5.05	5.06	
194.01 MARKETING	27,431	0	0	0	0	194.01
194.02 JOINT VENTURES	0	6,247	0	401,842	357,298	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	0	106	0	0	0	194.06
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)	4,964,992	758,881	963,576	2,976,905	1,328,247	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING & RECEIVING						5.03
5.04	IP ADMINITING						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	OP REGISTRATION						5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	6,883,962	6,883,962				5.07
7.00	OPERATION OF PLANT	3,999,808	227,153	4,226,961			7.00
8.00	LAUNDRY & LINEN SERVICE	435,131	24,712	27,789	487,632		8.00
9.00	HOUSEKEEPING	1,706,062	96,889	94,333	0	1,897,284	9.00
10.00	DIETARY	1,125,754	63,933	115,787	975	53,518	10.00
11.00	CAFETERIA	708,310	40,226	135,076	0	62,433	11.00
13.00	NURSING ADMINISTRATION	2,266,335	128,707	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	994,057	56,453	117,420	18,579	54,272	14.00
15.00	PHARMACY	3,550,351	201,628	92,417	98	42,716	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,420,130	80,651	5,306	0	2,452	16.00
17.00	SOCIAL SERVICE	275,087	15,622	13,362	0	6,176	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,672,974	1,003,666	1,368,555	182,299	632,556	30.00
31.00	INTENSIVE CARE UNIT	2,485,842	141,173	106,843	22,285	49,384	31.00
35.00	SPECIAL CARE NURSERY	2,180,420	123,828	20,602	0	9,522	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,621,221	92,071	182,260	15,677	84,242	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	16,052,994	911,666	467,123	51,006	215,907	50.00
50.01	SURGERY-AMBULATORY	1,171,771	66,546	224,955	47,642	103,976	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,932,887	166,562	227,794	34,671	105,288	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,421,831	364,702	434,969	33,598	201,045	54.00
54.01	CATH LAB	0	0	0	0	0	54.01
54.02	ULTRASOUND	1,422,282	80,773	31,054	0	14,353	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	3,014,766	171,212	84,698	0	39,148	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	2,100,116	119,268	49,456	829	22,859	65.00
65.01	SLEEP LAB	207,058	11,759	30,806	1,024	14,239	65.01
66.00	PHYSICAL THERAPY	592,293	33,637	36,218	49	16,740	66.00
66.01	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	50,524	2,869	0	0	0	67.00
68.00	SPEECH PATHOLOGY	25,884	1,470	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	182,835	10,383	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	138,207	7,849	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,621,245	92,072	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	5,005,927	284,292	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,896,060	164,470	0	0	0	73.00
76.00	ENDOSCOPY	1,556,338	88,386	92,257	35,500	42,642	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	4,130,176	234,557	238,761	43,400	110,357	91.00
91.01	PATIENT SERVICES	0	0	0	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	96,848,638	5,109,185	4,197,841	487,632	1,883,825	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	118,059	6,705	29,120	0	13,459	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	27,431	1,558	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

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

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Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.06	5.07	7.00	8.00	9.00	
194.00 MISSION EFFECTIVENESS	222,329	12,626	0	0	0	194.00
194.01 MARKETING	1,689,053	95,923	0	0	0	194.01
194.02 JOINT VENTURES	27,713,069	1,573,808	0	0	0	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	1,481,876	84,157	0	0	0	194.06
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)	128,100,455	6,883,962	4,226,961	487,632	1,897,284	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & RECEIVING						5.03
5.04 IP ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,359,967					10.00
11.00 CAFETERIA	0	946,045				11.00
13.00 NURSING ADMINISTRATION	0	35,587	2,430,629			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	17,362	0	1,258,143		14.00
15.00 PHARMACY	0	50,557	0	3,653	3,941,420	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	14,289	0	0	0	16.00
17.00 SOCIAL SERVICE	0	4,500	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,227,911	295,424	1,006,319	38,356	10,208	30.00
31.00 INTENSIVE CARE UNIT	92,623	32,311	158,743	7,696	1,052	31.00
35.00 SPECIAL CARE NURSERY	0	27,450	178,689	3,737	433	35.00
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	20,297	133,211	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	119,114	425,711	1,106,807	264,347	50.00
50.01 SURGERY-AMBULATORY	0	19,429	89,315	4,091	446	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	39,433	44,087	89,749	23,946	2,830	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	87,074	12,151	15,116	1,731	54.00
54.01 CATH LAB	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	4,162	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	595	3,783	80	32,898	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	33,873	0	735	426	65.00
65.01 SLEEP LAB	0	2,532	0	222	0	65.01
66.00 PHYSICAL THERAPY	0	10,636	0	516	0	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	1,213	0	38	0	67.00
68.00 SPEECH PATHOLOGY	0	515	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,342	0	176	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,598,289	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 ENDOSCOPY	0	18,378	87,271	16,638	1,922	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	53,157	245,687	13,321	15,340	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,359,967	893,884	2,430,629	1,235,128	3,929,922	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,922	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:
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To 06/30/2011

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 MISSION EFFECTIVENESS	0	1,601	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 JOINT VENTURES	0	0	0	22,807	11,498	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	0	47,638	0	208	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,359,967	946,045	2,430,629	1,258,143	3,941,420	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & RECEIVING						5.03
5.04 IP ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
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	1,522,828					16.00
17.00 SOCIAL SERVICE	0	314,747				17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	97,652	113,721	23,649,641	0	23,649,641	30.00
31.00 INTENSIVE CARE UNIT	19,167	45,407	3,162,526	0	3,162,526	31.00
35.00 SPECIAL CARE NURSERY	22,124	26,067	2,592,872	0	2,592,872	35.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	18,179	0	2,167,158	0	2,167,158	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	341,557	0	19,956,232	0	19,956,232	50.00
50.01 SURGERY-AMBULATORY	4,218	4,842	1,737,231	0	1,737,231	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	54,575	31,721	3,753,543	0	3,753,543	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	171,857	0	7,744,074	0	7,744,074	54.00
54.01 CATH LAB	0	0	0	0	0	54.01
54.02 ULTRASOUND	12,628	0	1,565,252	0	1,565,252	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	86,247	0	3,433,427	0	3,433,427	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	52,135	0	2,379,697	0	2,379,697	65.00
65.01 SLEEP LAB	3,931	0	271,571	0	271,571	65.01
66.00 PHYSICAL THERAPY	9,241	0	699,330	0	699,330	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	1,497	0	56,141	0	56,141	67.00
68.00 SPEECH PATHOLOGY	409	0	28,278	0	28,278	68.00
69.00 ELECTROCARDIOLOGY	2,565	0	195,783	0	195,783	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,375	0	148,949	0	148,949	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	126,188	0	5,437,794	0	5,437,794	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	81,552	0	5,371,771	0	5,371,771	72.00
73.00 DRUGS CHARGED TO PATIENTS	104,222	0	3,164,752	0	3,164,752	73.00
76.00 ENDOSCOPY	23,477	3,943	1,966,752	0	1,966,752	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	82,493	79,767	5,247,016	0	5,247,016	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,317,289	305,468	94,729,790	0	94,729,790	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	170,265	0	170,265	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	9,279	38,268	0	38,268	192.00
194.00 MISSION EFFECTIVENESS	0	0	236,556	0	236,556	194.00
194.01 MARKETING	0	0	1,784,976	0	1,784,976	194.01
194.02 JOINT VENTURES	205,539	0	29,526,721	0	29,526,721	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	0	0	1,613,879	0	1,613,879	194.06
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)	1,522,828	314,747	128,100,455	0	128,100,455	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	70,767	9,354	80,121	80,121 4.00
5.01	COMMUNICATIONS	0	19,177	0	19,177	0 5.01
5.02	DATA PROCESSING	0	0	0	0	766 5.02
5.03	PURCHASING & RECEIVING	0	20,082	0	20,082	503 5.03
5.04	IP ADMINISTRATION	0	13,255	132	13,387	568 5.04
5.05	PATIENT ACCOUNTING	0	35,709	349	36,058	1,178 5.05
5.06	OP REGISTRATION	0	26,456	258	26,714	1,236 5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	0	223,835	44,894	268,729	7,806 5.07
7.00	OPERATION OF PLANT	0	627,901	5,515	633,416	1,711 7.00
8.00	LAUNDRY & LINEN SERVICE	0	28,357	2,543	30,900	69 8.00
9.00	HOUSEKEEPING	0	96,263	0	96,263	1,557 9.00
10.00	DIETARY	0	118,156	2,201	120,357	772 10.00
11.00	CAFETERIA	0	137,839	22,302	160,141	969 11.00
13.00	NURSING ADMINISTRATION	0	0	2,571	2,571	2,871 13.00
14.00	CENTRAL SERVICES & SUPPLY	0	119,822	0	119,822	598 14.00
15.00	PHARMACY	0	94,307	0	94,307	3,995 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	5,414	0	5,414	635 16.00
17.00	SOCIAL SERVICE	0	13,635	0	13,635	271 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,396,559	514,900	1,911,459	19,612 30.00
31.00	INTENSIVE CARE UNIT	0	109,029	5,981	115,010	2,357 31.00
35.00	SPECIAL CARE NURSERY	0	21,024	29,528	50,552	3,319 35.00
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	185,989	7,672	193,661	1,394 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	476,680	799,701	1,276,381	7,030 50.00
50.01	SURGERY-AMBULATORY	0	229,557	12,538	242,095	1,136 50.01
51.00	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	232,455	654	233,109	2,906 52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	443,868	710,688	1,154,556	4,754 54.00
54.01	CATH LAB	0	0	0	0	0 54.01
54.02	ULTRASOUND	0	31,689	108,956	140,645	678 54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00	CT SCAN	0	0	0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	LABORATORY	0	86,430	0	86,430	39 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	RESPIRATORY THERAPY	0	50,468	44,665	95,133	2,165 65.00
65.01	SLEEP LAB	0	31,436	22,643	54,079	143 65.01
66.00	PHYSICAL THERAPY	0	36,959	0	36,959	665 66.00
66.01	SPORTS MEDICINE	0	0	0	0	0 66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	65 67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	34 68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	12,629	12,629	105 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	ENDOSCOPY	0	94,144	99,867	194,011	1,366 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	CLINIC	0	0	0	0	0 90.00
91.00	EMERGENCY	0	243,646	45,714	289,360	3,759 91.00
91.01	PATIENT SERVICES	0	0	0	0	0 91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,320,908	2,506,255	7,827,163	77,032 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,716	0	29,716	104	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 MISSION EFFECTIVENESS	0	0	4,021	4,021	41	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 JOINT VENTURES	0	0	38,224	38,224	975	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	0	0	25,484	25,484	1,969	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	0	5,350,624	2,573,984	7,924,608	80,121	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMINITING	PATIENT ACCOUNTING	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS	19,177					5.01
5.02	DATA PROCESSING	0	766				5.02
5.03	PURCHASING & RECEIVING	134	2	20,721			5.03
5.04	IP ADMINITING	202	10	6	14,173		5.04
5.05	PATIENT ACCOUNTING	537	26	15	0	37,814	5.05
5.06	OP REGISTRATION	403	19	11	0	0	5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	840	78	14	0	0	5.07
7.00	OPERATION OF PLANT	571	54	1	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	34	2	18	0	0	8.00
9.00	HOUSEKEEPING	168	5	60	0	0	9.00
10.00	DIETARY	437	10	1,162	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	470	10	5	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	403	21	75	0	0	14.00
15.00	PHARMACY	840	12	2,849	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	101	7	0	0	0	16.00
17.00	SOCIAL SERVICE	101	2	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,868	167	497	10,456	2,427	30.00
31.00	INTENSIVE CARE UNIT	605	38	100	997	476	31.00
35.00	SPECIAL CARE NURSERY	470	59	151	1,059	550	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	772	11	137	1,661	452	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,411	73	14,047	0	8,457	50.00
50.01	SURGERY-AMBULATORY	470	0	60	0	105	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,008	14	162	0	1,356	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	772	14	311	0	4,271	54.00
54.01	CATH LAB	0	0	0	0	0	54.01
54.02	ULTRASOUND	235	31	79	0	314	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	2	233	0	2,143	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	739	12	98	0	1,296	65.00
65.01	SLEEP LAB	302	2	7	0	98	65.01
66.00	PHYSICAL THERAPY	134	6	7	0	230	66.00
66.01	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	37	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	10	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	64	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	3	0	34	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,136	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,027	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,590	73.00
76.00	ENDOSCOPY	537	7	244	0	583	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	1,411	62	193	0	2,050	91.00
91.01	PATIENT SERVICES	0	0	0	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,975	756	20,545	14,173	32,706	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	101	0	2	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	4	0	0	0	192.00
194.00	MISSION EFFECTIVENESS	0	2	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150157			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMITTING	PATIENT ACCOUNTING		
		5.01	5.02	5.03	5.04	5.05		
194.01	MARKETING	101	4	0	0	0	0	194.01
194.02	JOINT VENTURES	0	0	171	0	5,108	0	194.02
194.03	FOUNDATION	0	0	0	0	0	0	194.03
194.04	VACANT	0	0	0	0	0	0	194.04
194.05	SEASH	0	0	0	0	0	0	194.05
194.06	SPORTS MEDICINE	0	0	3	0	0	0	194.06
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	19,177	766	20,721	14,173	37,814	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description		OP REGISTRATION	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	5.07	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING & RECEIVING						5.03
5.04	IP ADMINITING						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	OP REGISTRATION	28,383					5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	0	277,467				5.07
7.00	OPERATION OF PLANT	0	9,156	644,909			7.00
8.00	LAUNDRY & LINEN SERVICE	0	996	4,240	36,259		8.00
9.00	HOUSEKEEPING	0	3,905	14,392	0	116,350	9.00
10.00	DIETARY	0	2,577	17,666	72	3,282	10.00
11.00	CAFETERIA	0	1,621	20,609	0	3,829	11.00
13.00	NURSING ADMINISTRATION	0	5,188	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,275	17,915	1,381	3,328	14.00
15.00	PHARMACY	0	8,127	14,100	7	2,620	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,251	810	0	150	16.00
17.00	SOCIAL SERVICE	0	630	2,039	0	379	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	40,453	208,800	13,555	38,791	30.00
31.00	INTENSIVE CARE UNIT	0	5,690	16,301	1,657	3,028	31.00
35.00	SPECIAL CARE NURSERY	0	4,991	3,143	0	584	35.00
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	3,711	27,808	1,166	5,166	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	5,545	36,745	71,269	3,793	13,240	50.00
50.01	SURGERY-AMBULATORY	152	2,682	34,321	3,543	6,376	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	65	6,713	34,755	2,578	6,457	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,360	14,700	66,363	2,498	12,329	54.00
54.01	CATH LAB	0	0	0	0	0	54.01
54.02	ULTRASOUND	356	3,256	4,738	0	880	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,715	6,901	12,922	0	2,401	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	649	4,807	7,545	62	1,402	65.00
65.01	SLEEP LAB	145	474	4,700	76	873	65.01
66.00	PHYSICAL THERAPY	53	1,356	5,526	4	1,027	66.00
66.01	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	4	116	0	0	0	67.00
68.00	SPEECH PATHOLOGY	5	59	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	35	419	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	9	316	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,192	3,711	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	11,459	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,121	6,629	0	0	0	73.00
76.00	ENDOSCOPY	756	3,562	14,076	2,640	2,615	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	2,589	9,454	36,428	3,227	6,768	91.00
91.01	PATIENT SERVICES	0	0	0	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,751	205,930	640,466	36,259	115,525	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	270	4,443	0	825	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	63	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description	OP REGISTRATION	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
	5.06	5.07	7.00	8.00	9.00		
194.00 MISSION EFFECTIVENESS	0	509	0	0	0	0	194.00
194.01 MARKETING	0	3,866	0	0	0	0	194.01
194.02 JOINT VENTURES	7,632	63,437	0	0	0	0	194.02
194.03 FOUNDATION	0	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	0	3,392	0	0	0	0	194.06
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	28,383	277,467	644,909	36,259	116,350	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING & RECEIVING						5.03
5.04	IP ADMITTING						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	OP REGISTRATION						5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL						5.07
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	146,335					10.00
11.00	CAFETERIA	0	187,169				11.00
13.00	NURSING ADMINISTRATION	0	7,041	18,156			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	3,435	0	149,253		14.00
15.00	PHARMACY	0	10,002	0	433	137,292	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	2,827	0	0	0	16.00
17.00	SOCIAL SERVICE	0	890	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	132,126	58,446	7,517	4,550	356	30.00
31.00	INTENSIVE CARE UNIT	9,966	6,393	1,186	913	37	31.00
35.00	SPECIAL CARE NURSERY	0	5,431	1,335	443	15	35.00
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	4,016	995	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	23,566	3,180	131,303	9,208	50.00
50.01	SURGERY-AMBULATORY	0	3,844	667	485	16	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,243	8,722	670	2,841	99	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	17,227	91	1,793	60	54.00
54.01	CATH LAB	0	0	0	0	0	54.01
54.02	ULTRASOUND	0	823	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	118	28	9	1,146	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	6,702	0	87	15	65.00
65.01	SLEEP LAB	0	501	0	26	0	65.01
66.00	PHYSICAL THERAPY	0	2,104	0	61	0	66.00
66.01	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	240	0	4	0	67.00
68.00	SPEECH PATHOLOGY	0	102	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	266	0	21	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	125,338	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	ENDOSCOPY	0	3,636	652	1,974	67	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	10,517	1,835	1,580	534	91.00
91.01	PATIENT SERVICES	0	0	0	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	146,335	176,849	18,156	146,523	136,891	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	578	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

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

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 MISSION EFFECTIVENESS	0	317	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 JOINT VENTURES	0	0	0	2,705	401	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	0	9,425	0	25	0	194.06
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)	146,335	187,169	18,156	149,253	137,292	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

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

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	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING & RECEIVING						5.03
5.04	IP ADMITTING						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	OP REGISTRATION						5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL						5.07
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	13,195					16.00
17.00	SOCIAL SERVICE	0	17,947				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	858	6,485	2,461,423	0	2,461,423	30.00
31.00	INTENSIVE CARE UNIT	168	2,589	167,511	0	167,511	31.00
35.00	SPECIAL CARE NURSERY	194	1,486	73,782	0	73,782	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	160	0	241,110	0	241,110	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,816	0	1,608,064	0	1,608,064	50.00
50.01	SURGERY-AMBULATORY	37	276	296,265	0	296,265	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	479	1,809	307,986	0	307,986	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,510	0	1,286,609	0	1,286,609	54.00
54.01	CATH LAB	0	0	0	0	0	54.01
54.02	ULTRASOUND	111	0	152,146	0	152,146	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	758	0	114,845	0	114,845	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	458	0	121,170	0	121,170	65.00
65.01	SLEEP LAB	35	0	61,461	0	61,461	65.01
66.00	PHYSICAL THERAPY	81	0	48,213	0	48,213	66.00
66.01	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	13	0	479	0	479	67.00
68.00	SPEECH PATHOLOGY	4	0	214	0	214	68.00
69.00	ELECTROCARDIOLOGY	23	0	541	0	541	69.00
70.00	ELECTROENCEPHALOGRAPHY	12	0	13,395	0	13,395	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,109	0	135,486	0	135,486	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	716	0	14,202	0	14,202	72.00
73.00	DRUGS CHARGED TO PATIENTS	916	0	11,256	0	11,256	73.00
76.00	ENDOSCOPY	206	225	227,157	0	227,157	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	725	4,548	375,040	0	375,040	91.00
91.01	PATIENT SERVICES	0	0	0	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,389	17,418	7,718,355	0	7,718,355	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

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

Worksheet B
Part II
Date/Time Prepared:
1/27/2012 11:56 am

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	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	36,039	0	36,039	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	529	596	0	596	192.00
194.00 MISSION EFFECTIVENESS	0	0	4,890	0	4,890	194.00
194.01 MARKETING	0	0	3,971	0	3,971	194.01
194.02 JOINT VENTURES	1,806	0	120,459	0	120,459	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	0	0	40,298	0	40,298	194.06
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)	13,195	17,947	7,924,608	0	7,924,608	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

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

Worksheet B-1

Date/Time Prepared:
1/27/2012 11:56 am

Cost Center Description	CAPITAL RELATED COSTS						
	NEW BLDG & FIXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING		
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(PHONE LINES)	(IS NODES)		
	1.00	2.00	4.00	5.01	5.02		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	295,481					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2,034,742				2.00
4.00	EMPLOYEE BENEFITS	3,908	7,394	42,435,611			4.00
5.01	COMMUNICATIONS	1,059	0	0	571		5.01
5.02	DATA PROCESSING	0	0	405,517	0	724	5.02
5.03	PURCHASING & RECEIVING	1,109	0	266,400	4	2	5.03
5.04	IP ADMINISTRATION	732	104	301,101	6	9	5.04
5.05	PATIENT ACCOUNTING	1,972	276	623,996	16	25	5.05
5.06	OPERATION OF PLANT	1,461	204	654,705	12	18	5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	12,361	35,489	4,134,341	25	74	5.07
7.00	OPERATION OF PLANT	34,675	4,360	906,342	17	51	7.00
8.00	LAUNDRY & LINEN SERVICE	1,566	2,010	36,794	1	2	8.00
9.00	HOUSEKEEPING	5,316	0	824,432	5	5	9.00
10.00	DIETARY	6,525	1,740	409,004	13	9	10.00
11.00	CAFETERIA	7,612	17,630	513,006	0	0	11.00
13.00	NURSING ADMINISTRATION	0	2,032	1,520,660	14	9	13.00
14.00	CENTRAL SERVICES & SUPPLY	6,617	0	316,829	12	20	14.00
15.00	PHARMACY	5,208	0	2,115,967	25	11	15.00
16.00	MEDICAL RECORDS & LIBRARY	299	0	336,309	3	7	16.00
17.00	SOCIAL SERVICE	753	0	143,585	3	2	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	77,123	407,030	10,385,700	145	157	30.00
31.00	INTENSIVE CARE UNIT	6,021	4,728	1,248,394	18	36	31.00
35.00	SPECIAL CARE NURSERY	1,161	23,342	1,757,920	14	56	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	10,271	6,065	738,196	23	10	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	26,324	632,167	3,723,611	42	69	50.00
50.01	SURGERY-AMBULATORY	12,677	9,911	601,861	14	0	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	12,837	517	1,539,190	30	13	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	24,512	561,801	2,517,968	23	13	54.00
54.01	CATH LAB	0	0	0	0	0	54.01
54.02	ULTRASOUND	1,750	86,130	359,344	7	29	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	4,773	0	20,462	0	2	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	2,787	35,308	1,146,708	22	11	65.00
65.01	SLEEP LAB	1,736	17,899	75,592	9	2	65.01
66.00	PHYSICAL THERAPY	2,041	0	352,355	4	6	66.00
66.01	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	34,484	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	18,230	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	9,983	55,825	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	ENDOSCOPY	5,199	78,945	723,508	16	7	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	13,455	36,137	1,990,952	42	59	91.00
91.01	PATIENT SERVICES	0	0	0	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	293,840	1,981,202	40,799,288	565	714	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

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

Worksheet B-1

Date/Time Prepared:
1/27/2012 11:56 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	DATA PROCESSING (IS NODES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,641	0	54,999	3	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4	192.00
194.00 MISSION EFFECTIVENESS	0	3,179	21,790	0	2	194.00
194.01 MARKETING	0	0	0	3	4	194.01
194.02 JOINT VENTURES	0	30,216	516,631	0	0	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	0	20,145	1,042,903	0	0	194.06
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)	5,350,624	2,573,984	15,311,017	402,927	4,964,992	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.108183	1.265017	0.360806	705.651489	6,857.723757	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			80,121	19,177	766	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001888	33.584939	1.058011	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

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

Worksheet B-1

Date/Time Prepared:
1/27/2012 11:56 am

Cost Center Description	PURCHASING & RECEIVING (COSTED REQS)	IP ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTING (PATIENT REVENUE)	OP REGISTRATION (OP REVENUE)	Reconciliation	
	5.03	5.04	5.05	5.06	5A.07	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & RECEIVING	19,411,758					5.03
5.04 IP ADMITTING	5,253	19,443				5.04
5.05 PATIENT ACCOUNTING	14,148	0	382,206,945			5.05
5.06 OP REGISTRATION	10,484	0	0	191,800,551		5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	13,132	0	0	0	-6,883,962	5.07
7.00 OPERATION OF PLANT	1,007	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	16,504	0	0	0	0	8.00
9.00 HOUSEKEEPING	56,031	0	0	0	0	9.00
10.00 DIETARY	1,088,969	0	0	0	0	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	5,128	0	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	69,939	0	0	0	0	14.00
15.00 PHARMACY	2,670,380	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 SOCIAL SERVICE	221	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	465,726	14,344	24,510,987	0	0	30.00
31.00 INTENSIVE CARE UNIT	93,527	1,368	4,811,059	0	0	31.00
35.00 SPECIAL CARE NURSERY	141,488	1,453	5,553,170	0	0	35.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	128,490	2,278	4,563,053	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	13,158,020	0	85,702,715	37,468,369	0	50.00
50.01 SURGERY-AMBULATORY	55,805	0	1,058,847	1,025,881	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	151,899	0	13,698,651	442,022	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	291,352	0	43,136,910	36,215,991	0	54.00
54.01 CATH LAB	0	0	0	0	0	54.01
54.02 ULTRASOUND	74,042	0	3,169,637	2,403,317	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	218,775	0	21,648,454	11,587,735	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	91,476	0	13,086,033	4,384,563	0	65.00
65.01 SLEEP LAB	6,258	0	986,736	982,068	0	65.01
66.00 PHYSICAL THERAPY	6,542	0	2,319,532	354,954	0	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	433	0	375,770	24,171	0	67.00
68.00 SPEECH PATHOLOGY	0	0	102,577	32,870	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	643,837	236,303	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,521	0	345,100	63,120	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	31,673,799	14,812,331	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	20,469,837	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	26,160,216	7,572,293	0	73.00
76.00 ENDOSCOPY	229,021	0	5,892,841	5,109,936	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	181,219	0	20,706,166	17,493,609	0	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	19,247,790	19,443	330,615,927	140,209,533	-6,883,962	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEN	1,468	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

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

Worksheet B-1

Date/Time Prepared:
1/27/2012 11:56 am

Cost Center Description	PURCHASING & RECEIVING (COSTED REQS)	IP ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTING (PATIENT REVENUE)	OP REGISTRATION (OP REVENUE)	Reconciliation	
	5.03	5.04	5.05	5.06	5A.07	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 MISSION EFFECTIVENESS	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 JOINT VENTURES	159,795	0	51,591,018	51,591,018	0	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	2,705	0	0	0	0	194.06
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)	758,881	963,576	2,976,905	1,328,247		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.039094	49.559019	0.007789	0.006925		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	20,721	14,173	37,814	28,383		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.001067	0.728951	0.000099	0.000148		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

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

Worksheet B-1

Date/Time Prepared:
1/27/2012 11:56 am

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	5.07	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & RECEIVING						5.03
5.04 IP ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	121,216,493					5.07
7.00 OPERATION OF PLANT	3,999,808	238,204				7.00
8.00 LAUNDRY & LINEN SERVICE	435,131	1,566	748,737			8.00
9.00 HOUSEKEEPING	1,706,062	5,316	0	231,322		9.00
10.00 DIETARY	1,125,754	6,525	1,497	6,525	49,628	10.00
11.00 CAFETERIA	708,310	7,612	0	7,612	0	11.00
13.00 NURSING ADMINISTRATION	2,266,335	0	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	994,057	6,617	28,527	6,617	0	14.00
15.00 PHARMACY	3,550,351	5,208	150	5,208	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,420,130	299	0	299	0	16.00
17.00 SOCIAL SERVICE	275,087	753	0	753	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	17,672,974	77,123	279,915	77,123	44,809	30.00
31.00 INTENSIVE CARE UNIT	2,485,842	6,021	34,217	6,021	3,380	31.00
35.00 SPECIAL CARE NURSERY	2,180,420	1,161	0	1,161	0	35.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,621,221	10,271	24,072	10,271	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	16,052,994	26,324	78,318	26,324	0	50.00
50.01 SURGERY-AMBULATORY	1,171,771	12,677	73,152	12,677	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,932,887	12,837	53,235	12,837	1,439	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,421,831	24,512	51,588	24,512	0	54.00
54.01 CATH LAB	0	0	0	0	0	54.01
54.02 ULTRASOUND	1,422,282	1,750	0	1,750	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	3,014,766	4,773	0	4,773	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	2,100,116	2,787	1,273	2,787	0	65.00
65.01 SLEEP LAB	207,058	1,736	1,572	1,736	0	65.01
66.00 PHYSICAL THERAPY	592,293	2,041	75	2,041	0	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	50,524	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	25,884	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	182,835	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	138,207	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,621,245	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	5,005,927	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,896,060	0	0	0	0	73.00
76.00 ENDOSCOPY	1,556,338	5,199	54,508	5,199	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	4,130,176	13,455	66,638	13,455	0	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	89,964,676	236,563	748,737	229,681	49,628	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

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

Worksheet B-1

Date/Time Prepared:
1/27/2012 11:56 am

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	5.07	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	118,059	1,641	0	1,641	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	27,431	0	0	0	0	192.00
194.00 MISSION EFFECTIVENESS	222,329	0	0	0	0	194.00
194.01 MARKETING	1,689,053	0	0	0	0	194.01
194.02 JOINT VENTURES	27,713,069	0	0	0	0	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	1,481,876	0	0	0	0	194.06
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)	6,883,962	4,226,961	487,632	1,897,284	1,359,967	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.056791	17.745130	0.651273	8.201918	27.403220	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	277,467	644,909	36,259	116,350	146,335	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.002289	2.707381	0.048427	0.502979	2.948638	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

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

Worksheet B-1

Date/Time Prepared:
1/27/2012 11:56 am

Cost Center Description	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & RECEIVING						5.03
5.04 IP ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OP REGISTRATION						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
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	1,027,823					11.00
13.00 NURSING ADMINISTRATION	38,663	415,069				13.00
14.00 CENTRAL SERVICES & SUPPLY	18,863	0	14,515,275			14.00
15.00 PHARMACY	54,927	0	42,140	2,777,214		15.00
16.00 MEDICAL RECORDS & LIBRARY	15,524	0	0	0	382,206,945	16.00
17.00 SOCIAL SERVICE	4,889	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	320,961	171,845	442,518	7,193	24,510,987	30.00
31.00 INTENSIVE CARE UNIT	35,104	27,108	88,784	741	4,811,059	31.00
35.00 SPECIAL CARE NURSERY	29,823	30,514	43,118	305	5,553,170	35.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	22,051	22,748	0	0	4,563,053	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	129,410	72,697	12,769,310	186,265	85,702,715	50.00
50.01 SURGERY-AMBULATORY	21,109	15,252	47,196	314	1,058,847	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	47,898	15,326	276,269	1,994	13,698,651	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	94,601	2,075	174,394	1,220	43,136,910	54.00
54.01 CATH LAB	0	0	0	0	0	54.01
54.02 ULTRASOUND	4,522	0	0	0	3,169,637	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	646	646	920	23,181	21,648,454	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	36,801	0	8,478	300	13,086,033	65.00
65.01 SLEEP LAB	2,751	0	2,563	0	986,736	65.01
66.00 PHYSICAL THERAPY	11,555	0	5,956	0	2,319,532	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	1,318	0	433	0	375,770	67.00
68.00 SPEECH PATHOLOGY	560	0	0	0	102,577	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	643,837	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,458	0	2,031	0	345,100	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,535,436	31,673,799	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	20,469,837	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	26,160,216	73.00
76.00 ENDOSCOPY	19,967	14,903	191,959	1,354	5,892,841	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	57,752	41,955	153,683	10,809	20,706,166	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	971,153	415,069	14,249,752	2,769,112	330,615,927	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,175	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 MISSION EFFECTIVENESS	1,739	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 JOINT VENTURES	0	0	263,124	8,102	51,591,018	194.02
194.03 FOUNDATION	0	0	0	0	0	194.03
194.04 VACANT	0	0	0	0	0	194.04
194.05 SEASH	0	0	0	0	0	194.05
194.06 SPORTS MEDICINE	51,756	0	2,399	0	0	194.06
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)	946,045	2,430,629	1,258,143	3,941,420	1,522,828	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.920436	5.855964	0.086677	1.419199	0.003984	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	187,169	18,156	149,253	137,292	13,195	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.182102	0.043742	0.010282	0.049435	0.000035	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE	
		(TIME SPENT)	
		17.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING & RECEIVING		5.03
5.04	IP ADMITTING		5.04
5.05	PATIENT ACCOUNTING		5.05
5.06	OP REGISTRATION		5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL		5.07
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	10,855	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	3,922	30.00
31.00	INTENSIVE CARE UNIT	1,566	31.00
35.00	SPECIAL CARE NURSERY	899	35.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	50.00
50.01	SURGERY-AMBULATORY	167	50.01
51.00	RECOVERY ROOM	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,094	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	CATH LAB	0	54.01
54.02	ULTRASOUND	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
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
65.00	RESPIRATORY THERAPY	0	65.00
65.01	SLEEP LAB	0	65.01
66.00	PHYSICAL THERAPY	0	66.00
66.01	SPORTS MEDICINE	0	66.01
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
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	ENDOSCOPY	136	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
91.00	EMERGENCY	2,751	91.00
91.01	PATIENT SERVICES	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,535	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE	
		(TIME SPENT)	
		17.00	
192.00	PHYSICIANS' PRIVATE OFFICES	320	192.00
194.00	MISSION EFFECTIVENESS	0	194.00
194.01	MARKETING	0	194.01
194.02	JOINT VENTURES	0	194.02
194.03	FOUNDATION	0	194.03
194.04	VACANT	0	194.04
194.05	SEASH	0	194.05
194.06	SPORTS MEDICINE	0	194.06
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)	314,747	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	28.995578	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	17,947	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.653339	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet C Part I Date/Time Prepared: 1/27/2012 11:56 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		23,649,641	0	23,649,641	30.00	
31.00	INTENSIVE CARE UNIT		3,162,526	0	3,162,526	31.00	
35.00	SPECIAL CARE NURSERY		2,592,872	0	2,592,872	35.00	
41.00	SUBPROVIDER - IRF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		2,167,158	0	2,167,158	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		19,956,232	0	19,956,232	50.00	
50.01	SURGERY-AMBULATORY		1,737,231	0	1,737,231	50.01	
51.00	RECOVERY ROOM		0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		3,753,543	0	3,753,543	52.00	
53.00	ANESTHESIOLOGY		0	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		7,744,074	0	7,744,074	54.00	
54.01	CATH LAB		0	0	0	54.01	
54.02	ULTRASOUND		1,565,252	0	1,565,252	54.02	
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
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		3,433,427	0	3,433,427	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
65.00	RESPIRATORY THERAPY	0	2,379,697	0	2,379,697	65.00	
65.01	SLEEP LAB	0	271,571	0	271,571	65.01	
66.00	PHYSICAL THERAPY	0	699,330	0	699,330	66.00	
66.01	SPORTS MEDICINE	0	0	0	0	66.01	
67.00	OCCUPATIONAL THERAPY	0	56,141	0	56,141	67.00	
68.00	SPEECH PATHOLOGY	0	28,278	0	28,278	68.00	
69.00	ELECTROCARDIOLOGY		195,783	0	195,783	69.00	
70.00	ELECTROENCEPHALOGRAPHY		148,949	0	148,949	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,437,794	0	5,437,794	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		5,371,771	0	5,371,771	72.00	
73.00	DRUGS CHARGED TO PATIENTS		3,164,752	0	3,164,752	73.00	
76.00	ENDOSCOPY		1,966,752	0	1,966,752	76.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		0	0	0	90.00	
91.00	EMERGENCY		5,247,016	0	5,247,016	91.00	
91.01	PATIENT SERVICES		0	0	0	91.01	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,299,873	0	3,299,873	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF		0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	ISLET ACQUISITION		0	0	0	111.00	
113.00	INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)	0	98,029,663	0	98,029,663	200.00	
201.00	Less Observation Beds		3,299,873	0	3,299,873	201.00	
202.00	Total (see instructions)	0	94,729,790	0	94,729,790	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/27/2012 11:56 am	
			Title XVIIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	24,510,987		24,510,987		30.00
31.00	INTENSIVE CARE UNIT	4,811,059		4,811,059		31.00
35.00	SPECIAL CARE NURSERY	5,553,170		5,553,170		35.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	4,563,053		4,563,053		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	48,234,346	37,468,369	85,702,715	0.232854	50.00
50.01	SURGERY-AMBULATORY	32,966	1,025,881	1,058,847	1.640682	50.01
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	13,256,629	442,022	13,698,651	0.274008	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,920,919	36,215,991	43,136,910	0.179523	54.00
54.01	CATH LAB	0	0	0	0.000000	54.01
54.02	ULTRASOUND	466,320	2,703,317	3,169,637	0.493827	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
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	10,060,719	11,587,735	21,648,454	0.158599	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	8,701,470	4,384,564	13,086,034	0.181850	65.00
65.01	SLEEP LAB	4,668	982,068	986,736	0.275222	65.01
66.00	PHYSICAL THERAPY	1,964,578	354,954	2,319,532	0.301496	66.00
66.01	SPORTS MEDICINE	0	0	0	0.000000	66.01
67.00	OCCUPATIONAL THERAPY	351,599	24,171	375,770	0.149403	67.00
68.00	SPEECH PATHOLOGY	69,707	32,870	102,577	0.275676	68.00
69.00	ELECTROCARDIOLOGY	407,535	236,303	643,838	0.304087	69.00
70.00	ELECTROENCEPHALOGRAPHY	216,970	139,521	356,491	0.417820	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,861,468	14,800,940	31,662,408	0.171743	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	15,995,880	4,473,957	20,469,837	0.262424	72.00
73.00	DRUGS CHARGED TO PATIENTS	18,587,923	7,572,293	26,160,216	0.120976	73.00
76.00	ENDOSCOPY	782,905	5,109,936	5,892,841	0.333753	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0	0.000000	90.00
91.00	EMERGENCY	3,212,557	17,493,609	20,706,166	0.253404	91.00
91.01	PATIENT SERVICES	0	0	0	0.000000	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,133,371	4,293,720	5,427,091	0.608037	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	186,700,799	149,342,221	336,043,020		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	186,700,799	149,342,221	336,043,020		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/27/2012 11:56 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
35.00	SPECIAL CARE NURSERY			35.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.232854		50.00
50.01	SURGERY-AMBULATORY	1.640682		50.01
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.274008		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.179523		54.00
54.01	CATH LAB	0.000000		54.01
54.02	ULTRASOUND	0.493827		54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
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	0.158599		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.181850		65.00
65.01	SLEEP LAB	0.275222		65.01
66.00	PHYSICAL THERAPY	0.301496		66.00
66.01	SPORTS MEDICINE	0.000000		66.01
67.00	OCCUPATIONAL THERAPY	0.149403		67.00
68.00	SPEECH PATHOLOGY	0.275676		68.00
69.00	ELECTROCARDIOLOGY	0.304087		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.417820		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.171743		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.262424		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.120976		73.00
76.00	ENDOSCOPY	0.333753		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.253404		91.00
91.01	PATIENT SERVICES	0.000000		91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.608037		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet C Part I Date/Time Prepared: 1/27/2012 11:56 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		23,649,641	0	0	30.00	
31.00	INTENSIVE CARE UNIT		3,162,526	0	0	31.00	
35.00	SPECIAL CARE NURSERY		2,592,872	0	0	35.00	
41.00	SUBPROVIDER - IRF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		2,167,158	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		19,956,232	0	0	50.00	
50.01	SURGERY-AMBULATORY		1,737,231	0	0	50.01	
51.00	RECOVERY ROOM		0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		3,753,543	0	0	52.00	
53.00	ANESTHESIOLOGY		0	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		7,744,074	0	0	54.00	
54.01	CATH LAB		0	0	0	54.01	
54.02	ULTRASOUND		1,565,252	0	0	54.02	
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
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		3,433,427	0	0	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
65.00	RESPIRATORY THERAPY	0	2,379,697	0	0	65.00	
65.01	SLEEP LAB	0	271,571	0	0	65.01	
66.00	PHYSICAL THERAPY	0	699,330	0	0	66.00	
66.01	SPORTS MEDICINE	0	0	0	0	66.01	
67.00	OCCUPATIONAL THERAPY	0	56,141	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	28,278	0	0	68.00	
69.00	ELECTROCARDIOLOGY		195,783	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY		148,949	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,437,794	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		5,371,771	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		3,164,752	0	0	73.00	
76.00	ENDOSCOPY		1,966,752	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		0	0	0	90.00	
91.00	EMERGENCY		5,247,016	0	0	91.00	
91.01	PATIENT SERVICES		0	0	0	91.01	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,299,873	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF		0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	ISLET ACQUISITION		0	0	0	111.00	
113.00	INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)	0	98,029,663	0	0	200.00	
201.00	Less Observation Beds		3,299,873	0	0	201.00	
202.00	Total (see instructions)	0	94,729,790	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/27/2012 11:56 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	24,510,987		24,510,987		30.00
31.00	INTENSIVE CARE UNIT	4,811,059		4,811,059		31.00
35.00	SPECIAL CARE NURSERY	5,553,170		5,553,170		35.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	4,563,053		4,563,053		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	48,234,346	37,468,369	85,702,715	0.232854	50.00
50.01	SURGERY-AMBULATORY	32,966	1,025,881	1,058,847	1.640682	50.01
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	13,256,629	442,022	13,698,651	0.274008	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,920,919	36,215,991	43,136,910	0.179523	54.00
54.01	CATH LAB	0	0	0	0.000000	54.01
54.02	ULTRASOUND	466,320	2,703,317	3,169,637	0.493827	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
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	10,060,719	11,587,735	21,648,454	0.158599	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	8,701,470	4,384,564	13,086,034	0.181850	65.00
65.01	SLEEP LAB	4,668	982,068	986,736	0.275222	65.01
66.00	PHYSICAL THERAPY	1,964,578	354,954	2,319,532	0.301496	66.00
66.01	SPORTS MEDICINE	0	0	0	0.000000	66.01
67.00	OCCUPATIONAL THERAPY	351,599	24,171	375,770	0.149403	67.00
68.00	SPEECH PATHOLOGY	69,707	32,870	102,577	0.275676	68.00
69.00	ELECTROCARDIOLOGY	407,535	236,303	643,838	0.304087	69.00
70.00	ELECTROENCEPHALOGRAPHY	216,970	139,521	356,491	0.417820	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,861,468	14,800,940	31,662,408	0.171743	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	15,995,880	4,473,957	20,469,837	0.262424	72.00
73.00	DRUGS CHARGED TO PATIENTS	18,587,923	7,572,293	26,160,216	0.120976	73.00
76.00	ENDOSCOPY	782,905	5,109,936	5,892,841	0.333753	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
91.00	EMERGENCY	3,212,557	17,493,609	20,706,166	0.253404	91.00
91.01	PATIENT SERVICES	0	0	0	0.000000	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,133,371	4,293,720	5,427,091	0.608037	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	186,700,799	149,342,221	336,043,020		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	186,700,799	149,342,221	336,043,020		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/27/2012 11:56 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
35.00	SPECIAL CARE NURSERY			35.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
50.01	SURGERY-AMBULATORY	0.000000		50.01
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	CATH LAB	0.000000		54.01
54.02	ULTRASOUND	0.000000		54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
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
65.00	RESPIRATORY THERAPY	0.000000		65.00
65.01	SLEEP LAB	0.000000		65.01
66.00	PHYSICAL THERAPY	0.000000		66.00
66.01	SPORTS MEDICINE	0.000000		66.01
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	ENDOSCOPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
91.01	PATIENT SERVICES	0.000000		91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/27/2012 11:56 am	
		Title XVIII		Hospital		PPS	
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)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,461,423	0	2,461,423	16,670	147.66	30.00
31.00	INTENSIVE CARE UNIT	167,511		167,511	1,368	122.45	31.00
35.00	SPECIAL CARE NURSERY	73,782		73,782	1,453	50.78	35.00
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	241,110		241,110	2,278	105.84	43.00
200.00	Total (lines 30-199)	2,943,826		2,943,826	21,769		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/27/2012 11:56 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	4,874	719,695	30.00
31.00	INTENSIVE CARE UNIT	434	53,143	31.00
35.00	SPECIAL CARE NURSERY	0	0	35.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	5,308	772,838	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,608,064	85,702,715	0.018763	14,625,311	274,415	50.00
50.01	SURGERY-AMBULATORY	296,265	1,058,847	0.279800	0	0	50.01
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	307,986	13,698,651	0.022483	7,926	178	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,286,609	43,136,910	0.029826	2,754,837	82,166	54.00
54.01	CATH LAB	0	0	0.000000	0	0	54.01
54.02	ULTRASOUND	152,146	3,169,637	0.048001	82,455	3,958	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
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	114,845	21,648,454	0.005305	3,986,774	21,150	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	121,170	13,086,034	0.009259	1,714,031	15,870	65.00
65.01	SLEEP LAB	61,461	986,736	0.062287	0	0	65.01
66.00	PHYSICAL THERAPY	48,213	2,319,532	0.020786	925,579	19,239	66.00
66.01	SPORTS MEDICINE	0	0	0.000000	0	0	66.01
67.00	OCCUPATIONAL THERAPY	479	375,770	0.001275	191,885	245	67.00
68.00	SPEECH PATHOLOGY	214	102,577	0.002086	44,053	92	68.00
69.00	ELECTROCARDIOLOGY	541	643,838	0.000840	143,583	121	69.00
70.00	ELECTROENCEPHALOGRAPHY	13,395	356,491	0.037575	213,627	8,027	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	135,486	31,662,408	0.004279	5,662,266	24,229	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	14,202	20,469,837	0.000694	6,474,339	4,493	72.00
73.00	DRUGS CHARGED TO PATIENTS	11,256	26,160,216	0.000430	5,436,385	2,338	73.00
76.00	ENDOSCOPY	227,157	5,892,841	0.038548	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	375,040	20,706,166	0.018112	1,615,261	29,256	91.00
91.01	PATIENT SERVICES	0	0	0.000000	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	343,447	5,427,091	0.063284	494,862	31,317	92.00
200.00	Total (Lines 50-199)	5,117,976	296,604,751		44,373,174	517,094	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	SPECIAL CARE NURSERY	0	0	0	0	0	35.00
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
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XVIII		Hospital	PPS
			Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	16,670	0.00	4,874	0	30.00
31.00	INTENSIVE CARE UNIT	1,368	0.00	434	0	31.00
35.00	SPECIAL CARE NURSERY	1,453	0.00	0	0	35.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	42.00
43.00	NURSERY	2,278	0.00	0	0	43.00
200.00	Total (lines 30-199)	21,769		5,308	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
50.01 SURGERY-AMBULATORY	0	0	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 CATH LAB	0	0	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
76.00 ENDOSCOPY	0	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
91.01 PATIENT SERVICES	0	0	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	85,702,715	0.000000	0.000000	14,625,311	50.00
50.01	SURGERY-AMBULATORY	0	1,058,847	0.000000	0.000000	0	50.01
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	13,698,651	0.000000	0.000000	7,926	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	43,136,910	0.000000	0.000000	2,754,837	54.00
54.01	CATH LAB	0	0	0.000000	0.000000	0	54.01
54.02	ULTRASOUND	0	3,169,637	0.000000	0.000000	82,455	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
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	21,648,454	0.000000	0.000000	3,986,774	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0	13,086,034	0.000000	0.000000	1,714,031	65.00
65.01	SLEEP LAB	0	986,736	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	2,319,532	0.000000	0.000000	925,579	66.00
66.01	SPORTS MEDICINE	0	0	0.000000	0.000000	0	66.01
67.00	OCCUPATIONAL THERAPY	0	375,770	0.000000	0.000000	191,885	67.00
68.00	SPEECH PATHOLOGY	0	102,577	0.000000	0.000000	44,053	68.00
69.00	ELECTROCARDIOLOGY	0	643,838	0.000000	0.000000	143,583	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	356,491	0.000000	0.000000	213,627	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,662,408	0.000000	0.000000	5,662,266	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	20,469,837	0.000000	0.000000	6,474,339	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	26,160,216	0.000000	0.000000	5,436,385	73.00
76.00	ENDOSCOPY	0	5,892,841	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	20,706,166	0.000000	0.000000	1,615,261	91.00
91.01	PATIENT SERVICES	0	0	0.000000	0.000000	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,427,091	0.000000	0.000000	494,862	92.00
200.00	Total (Lines 50-199)	0	296,604,751			44,373,174	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	5,441,690	0		50.00
50.01	SURGERY-AMBULATORY	0	0	0		50.01
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	7,515,041	0		54.00
54.01	CATH LAB	0	0	0		54.01
54.02	ULTRASOUND	0	276,701	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
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	643,143	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
65.00	RESPIRATORY THERAPY	0	231,582	0		65.00
65.01	SLEEP LAB	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	426	0		66.00
66.01	SPORTS MEDICINE	0	0	0		66.01
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	236,303	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	138,521	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,110,499	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	381,144	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	681,778	0		73.00
76.00	ENDOSCOPY	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	0	3,365,102	0		91.00
91.01	PATIENT SERVICES	0	0	0		91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	861,040	0		92.00
200.00	Total (Lines 50-199)	0	20,882,970	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/27/2012 11:56 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.232854	5,441,690	0	0	50.00
50.01 SURGERY-AMBULATORY	1.640682	0	0	0	50.01
51.00 RECOVERY ROOM	0.000000	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.274008	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.179523	7,515,041	307	6,800	54.00
54.01 CATH LAB	0.000000	0	0	0	54.01
54.02 ULTRASOUND	0.493827	276,701	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
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	0.158599	643,143	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0.181850	231,582	0	0	65.00
65.01 SLEEP LAB	0.275222	0	0	0	65.01
66.00 PHYSICAL THERAPY	0.301496	426	0	0	66.00
66.01 SPORTS MEDICINE	0.000000	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0.149403	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.275676	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.304087	236,303	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.417820	138,521	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.171743	1,110,499	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.262424	381,144	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.120976	681,778	0	0	73.00
76.00 ENDOSCOPY	0.333753	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	0.000000	0	0	0	90.00
91.00 EMERGENCY	0.253404	3,365,102	0	0	91.00
91.01 PATIENT SERVICES	0.000000	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.608037	861,040	0	0	92.00
200.00 Subtotal (see instructions)		20,882,970	307	6,800	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		20,882,970	307	6,800	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/27/2012 11:56 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	1,267,119	0	0		50.00
50.01 SURGERY-AMBULATORY	0	0	0		50.01
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,349,123	55	1,221		54.00
54.01 CATH LAB	0	0	0		54.01
54.02 ULTRASOUND	136,642	0	0		54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
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	102,002	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	42,113	0	0		65.00
65.01 SLEEP LAB	0	0	0		65.01
66.00 PHYSICAL THERAPY	128	0	0		66.00
66.01 SPORTS MEDICINE	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	71,857	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	57,877	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	190,720	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	100,021	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	82,479	0	0		73.00
76.00 ENDOSCOPY	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	852,730	0	0		91.00
91.01 PATIENT SERVICES	0	0	0		91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	523,544	0	0		92.00
200.00 Subtotal (see instructions)	4,776,355	55	1,221		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	4,776,355	55	1,221		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description	Title XIX			Hospital	Cost	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,461,423	0	2,461,423	16,670	147.66	30.00
31.00 INTENSIVE CARE UNIT	167,511		167,511	1,368	122.45	31.00
35.00 SPECIAL CARE NURSERY	73,782		73,782	1,453	50.78	35.00
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	241,110		241,110	2,278	105.84	43.00
200.00 Total (lines 30-199)	2,943,826		2,943,826	21,769		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XIX	Hospital	Cost	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,529	225,772				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
35.00	SPECIAL CARE NURSERY	0	0				35.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	1,529	225,772				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description		Title XIX			Hospital	Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,608,064	85,702,715	0.018763	2,656,571	49,845	50.00
50.01	SURGERY-AMBULATORY	296,265	1,058,847	0.279800	1,070	299	50.01
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	307,986	13,698,651	0.022483	1,391,121	31,277	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,286,609	43,136,910	0.029826	330,186	9,848	54.00
54.01	CATH LAB	0	0	0.000000	0	0	54.01
54.02	ULTRASOUND	152,146	3,169,637	0.048001	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
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	114,845	21,648,454	0.005305	620,033	3,289	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	121,170	13,086,034	0.009259	436,440	4,041	65.00
65.01	SLEEP LAB	61,461	986,736	0.062287	0	0	65.01
66.00	PHYSICAL THERAPY	48,213	2,319,532	0.020786	36,287	754	66.00
66.01	SPORTS MEDICINE	0	0	0.000000	0	0	66.01
67.00	OCCUPATIONAL THERAPY	479	375,770	0.001275	10,064	13	67.00
68.00	SPEECH PATHOLOGY	214	102,577	0.002086	2,490	5	68.00
69.00	ELECTROCARDIOLOGY	541	643,838	0.000840	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	13,395	356,491	0.037575	3,343	126	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	135,486	31,662,408	0.004279	6,026	26	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	14,202	20,469,837	0.000694	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	11,256	26,160,216	0.000430	1,101,431	474	73.00
76.00	ENDOSCOPY	227,157	5,892,841	0.038548	20,280	782	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	375,040	20,706,166	0.018112	111,944	2,028	91.00
91.01	PATIENT SERVICES	0	0	0.000000	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,427,091	0.000000	0	0	92.00
200.00	Total (Lines 50-199)	4,774,529	296,604,751		6,727,286	102,807	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	Cost 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
35.00	SPECIAL CARE NURSERY	0	0	0	0	0	35.00
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
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/27/2012 11:56 am	
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)	Cost	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,670	0.00	1,529	0	30.00	
31.00	INTENSIVE CARE UNIT	1,368	0.00	0	0	31.00	
35.00	SPECIAL CARE NURSERY	1,453	0.00	0	0	35.00	
41.00	SUBPROVIDER - IRF	0	0.00	0	0	41.00	
42.00	SUBPROVIDER	0	0.00	0	0	42.00	
43.00	NURSERY	2,278	0.00	0	0	43.00	
200.00	Total (Lines 30-199)	21,769		1,529	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150157

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

Worksheet D
Part IV
Date/Time Prepared:
1/27/2012 11:56 am

Cost Center Description		Title XIX			Hospital	Cost	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	SURGERY-AMBULATORY	0	0	0	0	0	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	CATH LAB	0	0	0	0	0	54.01
54.02	ULTRASOUND	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	SLEEP LAB	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
91.01	PATIENT SERVICES	0	0	0	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description		Title XIX			Hospital		Cost
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	85,702,715	0.000000	0.000000	2,656,571	50.00
50.01	SURGERY-AMBULATORY	0	1,058,847	0.000000	0.000000	1,070	50.01
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	13,698,651	0.000000	0.000000	1,391,121	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	43,136,910	0.000000	0.000000	330,186	54.00
54.01	CATH LAB	0	0	0.000000	0.000000	0	54.01
54.02	ULTRASOUND	0	3,169,637	0.000000	0.000000	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
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	21,648,454	0.000000	0.000000	620,033	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0	13,086,034	0.000000	0.000000	436,440	65.00
65.01	SLEEP LAB	0	986,736	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	2,319,532	0.000000	0.000000	36,287	66.00
66.01	SPORTS MEDICINE	0	0	0.000000	0.000000	0	66.01
67.00	OCCUPATIONAL THERAPY	0	375,770	0.000000	0.000000	10,064	67.00
68.00	SPEECH PATHOLOGY	0	102,577	0.000000	0.000000	2,490	68.00
69.00	ELECTROCARDIOLOGY	0	643,838	0.000000	0.000000	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	356,491	0.000000	0.000000	3,343	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,662,408	0.000000	0.000000	6,026	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	20,469,837	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	26,160,216	0.000000	0.000000	1,101,431	73.00
76.00	ENDOSCOPY	0	5,892,841	0.000000	0.000000	20,280	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	20,706,166	0.000000	0.000000	111,944	91.00
91.01	PATIENT SERVICES	0	0	0.000000	0.000000	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,427,091	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	296,604,751			6,727,286	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	OPERATING ROOM	0	0	0		50.00
50.01	SURGERY-AMBULATORY	0	0	0		50.01
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	CATH LAB	0	0	0		54.01
54.02	ULTRASOUND	0	0	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	0	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
65.00	RESPIRATORY THERAPY	0	0	0		65.00
65.01	SLEEP LAB	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	0	0		66.00
66.01	SPORTS MEDICINE	0	0	0		66.01
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	ENDOSCOPY	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	0	0	0		91.00
91.01	PATIENT SERVICES	0	0	0		91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (Lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/27/2012 11:56 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,670	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,670	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)		16,670	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,874	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,649,641	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)		23,649,641	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		24,510,987	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.964859	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		23,649,641	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,418.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,914,695	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,914,695	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/27/2012 11:56 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,162,526	1,368	2,311.79	434	1,003,317	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	SPECIAL CARE NURSERY	2,592,872	1,453	1,784.50	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,379,152	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,297,164	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)					772,838	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					517,094	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,289,932	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,007,232	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,326	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,418.69	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,299,873	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,461,423	23,649,641	0.104079	3,299,873	343,447	90.00
91.00	Nursing School cost	0	23,649,641	0.000000	3,299,873	0	91.00
92.00	Allied health cost	0	23,649,641	0.000000	3,299,873	0	92.00
93.00	All other Medical Education	0	23,649,641	0.000000	3,299,873	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/27/2012 11:56 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			16,670 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			16,670 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)			16,670 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)			1,529 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)			2,278 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			23,649,641 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)			23,649,641 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			24,510,987 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.964859 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			23,649,641 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,418.69 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,169,177 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)			2,169,177 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description			Title XIX	Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	2,167,158	2,278	951.34	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,162,526	1,368	2,311.79	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	SPECIAL CARE NURSERY	2,592,872	1,453	1,784.50	0	47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,422,452	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,591,629	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0 54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)					0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00
58.00	Bonus payment (see instructions)					0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00
62.00	Relief payment (see instructions)					0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				2,326	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,418.69	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,299,873	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/27/2012 11:56 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		7,314,473		30.00
31.00	INTENSIVE CARE UNIT		1,628,870		31.00
35.00	SPECIAL CARE NURSERY		0		35.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.232854	14,625,311	3,405,562	50.00
50.01	SURGERY-AMBULATORY	1.640682	0	0	50.01
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.274008	7,926	2,172	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.179523	2,754,837	494,557	54.00
54.01	CATH LAB	0.000000	0	0	54.01
54.02	ULTRASOUND	0.493827	82,455	40,719	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
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	0.158599	3,986,774	632,298	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.181850	1,714,031	311,697	65.00
65.01	SLEEP LAB	0.275222	0	0	65.01
66.00	PHYSICAL THERAPY	0.301496	925,579	279,058	66.00
66.01	SPORTS MEDICINE	0.000000	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.149403	191,885	28,668	67.00
68.00	SPEECH PATHOLOGY	0.275676	44,053	12,144	68.00
69.00	ELECTROCARDIOLOGY	0.304087	143,583	43,662	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.417820	213,627	89,258	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.171743	5,662,266	972,455	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.262424	6,474,339	1,699,022	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.120976	5,436,385	657,672	73.00
76.00	ENDOSCOPY	0.333753	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.253404	1,615,261	409,314	91.00
91.01	PATIENT SERVICES	0.000000	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.608037	494,862	300,894	92.00
200.00	Total (sum of lines 50-94 and 96-98)		44,373,174	9,379,152	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)		44,373,174		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/27/2012 11:56 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,876,599		30.00
31.00	INTENSIVE CARE UNIT		311,074		31.00
35.00	SPECIAL CARE NURSERY		1,060,998		35.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.232854	2,656,571	618,593	50.00
50.01	SURGERY-AMBULATORY	1.640682	1,070	1,756	50.01
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.274008	1,391,121	381,178	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.179523	330,186	59,276	54.00
54.01	CATH LAB	0.000000	0	0	54.01
54.02	ULTRASOUND	0.493827	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
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	0.158599	620,033	98,337	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.181850	436,440	79,367	65.00
65.01	SLEEP LAB	0.275222	0	0	65.01
66.00	PHYSICAL THERAPY	0.301496	36,287	10,940	66.00
66.01	SPORTS MEDICINE	0.000000	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.149403	10,064	1,504	67.00
68.00	SPEECH PATHOLOGY	0.275676	2,490	686	68.00
69.00	ELECTROCARDIOLOGY	0.304087	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.417820	3,343	1,397	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.171743	6,026	1,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.262424	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.120976	1,101,431	133,247	73.00
76.00	ENDOSCOPY	0.333753	20,280	6,769	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.253404	111,944	28,367	91.00
91.01	PATIENT SERVICES	0.000000	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.608037	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		6,727,286	1,422,452	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)		6,727,286		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/27/2012 11:56 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		10,946,056	1.00
2.00	Outlier payments for discharges. (see instructions)		358,433	2.00
3.00	Managed Care Simulated Payments		2,228,900	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		112.63	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		1,268	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)		11,304,489	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		11,304,489	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/27/2012 11:56 am
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	959,621		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	0		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	0		58.00
59.00	Total (sum of amounts on lines 49 through 58)	12,264,110		59.00
60.00	Primary payer payments	0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	12,264,110		61.00
62.00	Deductibles billed to program beneficiaries	1,134,476		62.00
63.00	Coinsurance billed to program beneficiaries	19,586		63.00
64.00	Allowable bad debts (see instructions)	122,796		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	85,957		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	77,767		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	11,196,005		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Outlier payments reconciliation	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	11,196,005		71.00
72.00	Interim payments	11,092,524		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)	103,481		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2	0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/27/2012 11:56 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,276	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,776,355	2.00
3.00	PPS payments		3,177,977	3.00
4.00	Outlier payment (see instructions)		76,134	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,276	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		7,107	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)		7,107	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		7,107	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,831	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)		1,276	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)		3,254,111	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		807,588	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)		2,447,799	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)		2,447,799	30.00
31.00	Primary payer payments		425	31.00
32.00	Subtotal (line 30 minus line 31)		2,447,374	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		101,097	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		70,768	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		84,010	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,518,142	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-45	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)		2,518,187	40.00
41.00	Interim payments		2,446,504	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)		71,683	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150157		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/27/2012 11:56 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		11,092,524		2,446,504	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)		11,092,524		2,446,504	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		103,481		71,683	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		11,196,005		2,518,187	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/27/2012 11:56 am
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		3,591,629	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)		3,591,629	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)		3,591,629	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		3,248,671	8.00
9.00	Ancillary service charges		6,727,286	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)		9,975,957	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		9,975,957	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)		6,384,328	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 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 (line 7)		3,591,629	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		1,597,874	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)		0	27.00
28.00	Customary charges (title XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (see instructions)		3,591,629	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus line 29 minus line 30)		3,591,629	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)		3,591,629	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		3,591,629	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)		3,591,629	40.00
41.00	Interim payments		3,591,626	41.00
42.00	Balance due provider/program (line 40 minus 41)		3	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: 150157 Period: From 07/01/2010 To 06/30/2011 Worksheet G
 Date/Time Prepared: 1/27/2012 11:56 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	5,290,969	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	17,626,577	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	783,250	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,689,961	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)	26,390,757	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,151,823	0	0	0	12.00
13.00	Land improvements	2,224,113	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	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	102,031,577	0	0	0	19.00
20.00	Accumulated depreciation	-58,578,657	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)	47,828,856	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	467,279,118	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	4,961,219	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	472,240,337	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	546,459,950	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,471,373	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	155,865	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	6,599,947	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,227,185	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	21,976,921	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	21,976,921	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	43,204,106	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	503,255,844				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)	503,255,844	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	546,459,950	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150157

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

Worksheet G-1

Date/Time Prepared:
1/27/2012 11:56 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		402,831,740		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		113,602,214			2.00
3.00	Total (sum of line 1 and line 2)		516,433,954		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)		516,433,954		0	11.00
12.00	BEG BALANCE ADJUSTMENT	13,178,110		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)		13,178,110		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		503,255,844		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150157

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

Worksheet G-1

Date/Time Prepared:
1/27/2012 11:56 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00						1.00
		0			0	
2.00						2.00
3.00		0			0	3.00
4.00	0		0			4.00
	0		0			
5.00	0		0			5.00
	0		0			
6.00	0		0			6.00
	0		0			
7.00	0		0			7.00
	0		0			
8.00	0		0			8.00
	0		0			
9.00	0		0			9.00
10.00		0			0	10.00
		0			0	
11.00						11.00
	0		0			
12.00	0		0			12.00
	0		0			
13.00	0		0			13.00
	0		0			
14.00	0		0			14.00
	0		0			
15.00	0		0			15.00
	0		0			
16.00	0		0			16.00
	0		0			
17.00	0		0			17.00
		0			0	
18.00		0			0	18.00
		0			0	
19.00						19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150157

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

Worksheet G-2 Parts

Date/Time Prepared:
1/27/2012 11:56 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	24,510,987		24,510,987	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	24,510,987		24,510,987	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,811,059		4,811,059	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	SPECIAL CARE NURSERY	5,553,170		5,553,170	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,364,229		10,364,229	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,875,216		34,875,216	17.00
18.00	Ancillary services	149,724,403	202,911,997	352,636,400	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				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	0	3,796,924	3,796,924	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	184,599,619	206,708,921	391,308,540	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		132,996,964		29.00
30.00	BAD DEBTS	6,651,915			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)		6,651,915		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)		139,648,879		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150157

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

Worksheet G-3

Date/Time Prepared:
1/27/2012 11:56 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	391,308,540	1.00
2.00	Less contractual allowances and discounts on patients' accounts	217,921,954	2.00
3.00	Net patient revenues (line 1 minus line 2)	173,386,586	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	139,648,879	4.00
5.00	Net income from service to patients (line 3 minus line 4)	33,737,707	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	69,601,356	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	10,263,151	24.00
25.00	Total other income (sum of lines 6-24)	79,864,507	25.00
26.00	Total (line 5 plus line 25)	113,602,214	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	113,602,214	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150157	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/27/2012 11:56 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		889,985	1.00
2.00	Capital DRG outlier payments		35,550	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		47.03	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)		2.81	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		15.73	8.00
9.00	Sum of lines 7 and 8		18.54	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.83	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		34,086	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		959,621	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00