

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: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/26/2012 2:16 pm
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PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 1/26/2012 Time: 2:16 pm 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.
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. JOSEPH HOSPITAL & HEALTH CENTR 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	-122,095	264,141	0	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	132,036	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 Skilled Nursing Facility	0	0	0	0	0
8.00 Nursing Facility	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	9,941	264,141	0	0

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: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 2:14 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1907 WEST SYCAMORE			PO Box:							1.00	
2.00	City: KOKOMO			State: IN		Zip Code: 46901-		County: HOWARD			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ST. JOSEPH HOSPITAL & HEALTH CENTR		150010	29020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		ST. JOSEPH ACUTE REHAB UNIT		15T010	29020	5	07/01/2002	N	P	N	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF								N	N	N	7.00
8.00	Swing Beds - NF								N		N	8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FOHC											16.00
17.00	Hospital-Based (CMHC) 1											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						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.						Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3		N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			1,946	343	0	5	2,710	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.			256	104	0	0	11	0		25.00	
									1.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0		35.00	
							Beginning:	Ending:				
							1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.										36.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 2:14 pm		
		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.				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)	Y			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 2:14 pm		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	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.				Y			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)				N	N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 2:14 pm	
				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	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N	N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		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.			2	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	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 2:14 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
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	09/15/2011			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N					9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.						11.00
		Y/N					
		1.00					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	11/08/2011				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: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 2:14 pm
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.		N		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: 150010

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

Worksheet S-2
Part II
Date/Time Prepared:
1/26/2012 2:14 pm

		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	11/08/2011	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.			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.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 2:14 pm
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Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	
	Line Number				
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	135	49,275	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)		135	49,275	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 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		145	52,925	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		163			27.00
28.00 Observation Bed Days					28.00
28.02 SUBPROVIDER - IRF	41.00				28.02
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: 150010

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

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2012 2:14 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	9,102	1,643	19,923		1.00
2.00 HMO		388	3,032			2.00
3.00 HMO IPF		120	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	9,102	1,643	19,923		7.00
8.00 INTENSIVE CARE UNIT	0	1,198	0	2,195		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		329	1,318		13.00
14.00 Total (see instructions)	0	10,300	1,972	23,436		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	3,504	371	4,671		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		29	1,523		28.00
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
29.00 Ambulance Trips		2,059				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: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 2:14 pm
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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	2,056	1.00
2.00 HMO					77	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	761.90	0.00	0	2,056	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	25.50	0.00	0	267	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	787.40	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
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: 150010

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)	791	5,913		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	791	5,913		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	35	354		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
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
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: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet S-3 Part II Date/Time Prepared: 1/26/2012 2:14 pm	
	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	41,016,933	0	0	41,016,933	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0	4.01
5.00	Physician-Part B		0	0	0	0	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0	7.01
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		2,239,669	0	98,886	2,338,555	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		587,655	0	0	587,655	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		239,000	0	0	239,000	13.00
14.00	Home office salaries & wage-related costs		3,910,565	0	0	3,910,565	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		11,879,714	11,231,080	0	23,110,794	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		648,632	0	0	648,632	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	2,104,245	0	0	2,104,245	26.00
27.00	Administrative & General	5.00	6,637,561	0	0	6,637,561	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	913,846	0	0	913,846	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0	31.00
32.00	Housekeeping	9.00	1,046,807	0	0	1,046,807	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	1,115,088	0	-820,247	294,841	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	820,247	820,247	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	369,513	0	0	369,513	38.00
39.00	Central Services and Supply	14.00	0	0	0	0	39.00
40.00	Pharmacy	15.00	989,766	0	0	989,766	40.00
41.00	Medical Records & Medical Records Library	16.00	532,528	0	0	532,528	41.00
42.00	Social Service	17.00	343,272	0	0	343,272	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/26/2012 2:14 pm
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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)	1,584,723.00	25.88	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	0.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	115,654.00	20.22	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	12,510.00	46.97	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	780.00	306.41	13.00
14.00	Home office salaries & wage-related costs	69,892.00	55.95	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	87,343.00	24.09	26.00
27.00	Administrative & General	229,418.00	28.93	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	47,528.00	19.23	30.00
31.00	Laundry & Linen Service	0.00	0.00	31.00
32.00	Housekeeping	84,779.00	12.35	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	21,924.00	13.45	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	60,993.00	13.45	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	10,789.00	34.25	38.00
39.00	Central Services and Supply	0.00	0.00	39.00
40.00	Pharmacy	29,275.00	33.81	40.00
41.00	Medical Records & Medical Records Library	38,050.00	14.00	41.00
42.00	Social Service	13,176.00	26.05	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet S-3 Part III Date/Time Prepared: 1/26/2012 2:14 pm	
	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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	41,016,933	0	0	41,016,933	1.00	
2.00	Excluded area salaries (see instructions)	2,239,669	0	98,886	2,338,555	2.00	
3.00	Subtotal salaries (line 1 minus line 2)	38,777,264	0	-98,886	38,678,378	3.00	
4.00	Subtotal other wages & related costs (see inst.)	4,737,220	0	0	4,737,220	4.00	
5.00	Subtotal wage-related costs (see inst.)	11,879,714	0	0	11,879,714	5.00	
6.00	Total (sum of lines 3 thru 5)	55,394,198	0	-98,886	55,295,312	6.00	
7.00	Total overhead cost (see instructions)	14,052,626	0	0	14,052,626	7.00	

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/26/2012 2:14 pm
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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)	1,584,723.00	25.88	1.00
2.00	Excluded area salaries (see instructions)	115,654.00	20.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,469,069.00	26.33	3.00
4.00	Subtotal other wages & related costs (see inst.)	83,182.00	56.95	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	30.71	5.00
6.00	Total (sum of lines 3 thru 5)	1,552,251.00	35.62	6.00
7.00	Total overhead cost (see instructions)	623,275.00	22.55	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/26/2012 2:14 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	3,164,191	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)	5,171,953	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	75,261	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	49,203	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)	266,264	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	258,851	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,775,450	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	61,348	20.00
OTHER			
21.00	Executive Deferred Compensation	18,358	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	38,835	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,879,714	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: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/26/2012 2:14 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/26/2012 2:14 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.266890	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,860,322	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		41,009,960	6.00	
7.00	Medicaid cost (line 1 times line 6)		10,945,148	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		5,084,826	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		20,968	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,084,826	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	7,770,046	0	7,770,046	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,073,748	0	2,073,748	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,073,748	0	2,073,748	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?			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)		10,996,827	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		461,192	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		10,535,635	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,811,856	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,885,604	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,970,430	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/26/2012 2:14 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		5,232,781	5,232,781	1,496,057	6,728,838	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
4.00 EMPLOYEE BENEFITS	2,104,245	11,970,239	14,074,484	637,868	14,712,352	4.00
5.01 NONPATIENT TELEPHONES	0	217,500	217,500	-121,367	96,133	5.01
5.02 DATA PROCESSING	40,811	19,115	59,926	-117	59,809	5.02
5.03 PURCHASING, RECEIVING AND STORES	240,914	138,955	379,869	-16,442	363,427	5.03
5.04 ADMINISTRATION	650,298	55,264	705,562	-3,774	701,788	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	453,532	1,070,702	1,524,234	-10,397	1,513,837	5.05
5.06 ADMINISTRATIVE & GENERAL	5,252,006	9,463,345	14,715,351	-873,113	13,842,238	5.06
7.00 OPERATION OF PLANT	913,846	2,682,949	3,596,795	184,600	3,781,395	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	421,411	421,411	8.00
9.00 HOUSEKEEPING	1,046,807	410,807	1,457,614	-323,991	1,133,623	9.00
10.00 DIETARY	1,115,088	1,159,172	2,274,260	-1,673,339	600,921	10.00
11.00 CAFETERIA	0	0	0	1,672,922	1,672,922	11.00
13.00 NURSING ADMINISTRATION	369,513	9,204	378,717	-7,736	370,981	13.00
15.00 PHARMACY	989,766	3,913,877	4,903,643	-12,670	4,890,973	15.00
16.00 MEDICAL RECORDS & LIBRARY	532,528	48,928	581,456	-3,830	577,626	16.00
17.00 SOCIAL SERVICE	343,272	6,640	349,912	-117	349,795	17.00
23.00 ALLIED HEALTH	67,263	17,244	84,507	98,886	183,393	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,178,414	844,948	7,023,362	-327,462	6,695,900	30.00
31.00 INTENSIVE CARE UNIT	1,334,858	285,122	1,619,980	-149,253	1,470,727	31.00
41.00 SUBPROVIDER - IRF	1,148,157	202,539	1,350,696	-48,474	1,302,222	41.00
43.00 NURSERY	0	0	0	433,820	433,820	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,094,553	1,033,255	4,127,808	-237,399	3,890,409	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,640,340	397,235	2,037,575	-565,200	1,472,375	52.00
53.00 ANESTHESIOLOGY	0	137,535	137,535	-96,623	40,912	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,077,166	3,285,044	6,362,210	-282,637	6,079,573	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	147,638	435,893	583,531	-157,192	426,339	59.00
60.00 LABORATORY	2,131,019	2,913,643	5,044,662	-127,508	4,917,154	60.00
65.00 RESPIRATORY THERAPY	1,311,147	313,822	1,624,969	-62,869	1,562,100	65.00
66.00 PHYSICAL THERAPY	2,450,584	848,708	3,299,292	-431,285	2,868,007	66.00
69.00 ELECTROCARDIOLOGY	1,022,050	386,936	1,408,986	-96,852	1,312,134	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	369,204	7,020,288	7,389,492	-1,924,732	5,464,760	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,428,368	3,428,368	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	275,422	275,422	73.00
74.00 RENAL DIALYSIS	0	198,474	198,474	-7,810	190,664	74.00
76.00 PSYCH SERVICES	0	204,299	204,299	-44,100	160,199	76.00
76.02 ENDOSCOPY	299,983	225,633	525,616	-49,325	476,291	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	156,476	627,363	783,839	-107,618	676,221	90.00
91.00 EMERGENCY	1,511,206	448,262	1,959,468	-134,746	1,824,722	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	790,266	216,318	1,006,584	-30,038	976,546	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		678,326	678,326	-678,326	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	40,782,950	57,120,365	97,903,315	43,012	97,946,327	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FOUNDATION	0	0	0	0	0	194.00
194.01 CLINIC OF HOPE	233,983	83,957	317,940	-43,585	274,355	194.01
194.04 COMMUNITY RELATIONS	0	0	0	573	573	194.04
200.00 TOTAL (SUM OF LINES 118-199)	41,016,933	57,204,322	98,221,255	0	98,221,255	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/26/2012 2:14 pm
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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	CAP REL COSTS-BLDG & FIXT	39,109	6,767,947	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
4.00	EMPLOYEE BENEFITS	185,388	14,897,740	4.00
5.01	NONPATIENT TELEPHONES	93,147	189,280	5.01
5.02	DATA PROCESSING	3,202,880	3,262,689	5.02
5.03	PURCHASING, RECEIVING AND STORES	144,292	507,719	5.03
5.04	ADMINISTRATIVE	68,555	770,343	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	-161,616	1,352,221	5.05
5.06	ADMINISTRATIVE & GENERAL	-8,354,286	5,487,952	5.06
7.00	OPERATION OF PLANT	6,492	3,787,887	7.00
8.00	LAUNDRY & LINEN SERVICE	-107,474	313,937	8.00
9.00	HOUSEKEEPING	0	1,133,623	9.00
10.00	DIETARY	-82,109	518,812	10.00
11.00	CAFETERIA	-628,199	1,044,723	11.00
13.00	NURSING ADMINISTRATION	0	370,981	13.00
15.00	PHARMACY	-51,350	4,839,623	15.00
16.00	MEDICAL RECORDS & LIBRARY	248,772	826,398	16.00
17.00	SOCIAL SERVICE	0	349,795	17.00
23.00	ALLIED HEALTH	0	183,393	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-266,011	6,429,889	30.00
31.00	INTENSIVE CARE UNIT	-30,635	1,440,092	31.00
41.00	SUBPROVIDER - IRF	-113,400	1,188,822	41.00
43.00	NURSERY	0	433,820	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	3,890,409	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-236	1,472,139	52.00
53.00	ANESTHESIOLOGY	0	40,912	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-370,743	5,708,830	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	426,339	59.00
60.00	LABORATORY	-110,001	4,807,153	60.00
65.00	RESPIRATORY THERAPY	-36,600	1,525,500	65.00
66.00	PHYSICAL THERAPY	-71,604	2,796,403	66.00
69.00	ELECTROCARDIOLOGY	0	1,312,134	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,464,760	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	3,428,368	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	275,422	73.00
74.00	RENAL DIALYSIS	0	190,664	74.00
76.00	PSYCH SERVICES	0	160,199	76.00
76.02	ENDOSCOPY	0	476,291	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-385,675	290,546	90.00
91.00	EMERGENCY	-56,900	1,767,822	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	976,546	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-6,838,204	91,108,123	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	FOUNDATION	0	0	194.00
194.01	CLINIC OF HOPE	0	274,355	194.01
194.04	COMMUNITY RELATIONS	1,211,852	1,212,425	194.04
200.00	TOTAL (SUM OF LINES 118-199)	-5,626,352	92,594,903	200.00

RECLASSIFICATIONS

Provider CCN: 150010

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

Worksheet A-6

Date/Time Prepared:
1/26/2012 2:14 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS TRANSFER					
1.00	EMPLOYEE BENEFITS	4.00	0	637,868	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
TOTALS			0	637,868	
B - UTILITIES TRANSFER					
1.00	OPERATION OF PLANT	7.00	0	190,113	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
TOTALS			0	190,113	
C - PHARMACY - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	275,422	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
TOTALS			0	275,422	
D - BUILDING RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	424,929	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
TOTALS			0	424,929	
E - RENT-LEASE EQUIPMENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	216,128	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

RECLASSIFICATIONS

Provider CCN: 150010

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

Worksheet A-6
Date/Time Prepared:
1/26/2012 2:14 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS					
F - TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	79,546	1.00
2.00	RESPIRATORY THERAPY	65.00	0	754	2.00
3.00		0.00	0	0	3.00
TOTALS					
G - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	421,411	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
TOTALS					
H - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	97,128	1.00
TOTALS					
I - NURSERY					
1.00	NURSERY	43.00	325,126	108,694	1.00
TOTALS					
J - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	601,381	1.00
TOTALS					
K - INTEREST - 2005 SERIES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	76,945	1.00
TOTALS					
L - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,324,941	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS					
M - MARKETING					
1.00	COMMUNITY RELATIONS	194.04	0	573	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
TOTALS					

RECLASSIFICATIONS

Provider CCN: 150010

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	
N - CHARITABLE EXPENSES					
1.00	ADMINISTRATIVE & GENERAL	5.06	0	77,410	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
	TOTALS		0	77,410	
O - DIETARY-CAFETERIA					
1.00	CAFETERIA	11.00	820,247	852,675	1.00
	TOTALS		820,247	852,675	
P - IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,428,368	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
	TOTALS		0	3,428,368	
Q - PARAMED					
1.00	ALLIED HEALTH	23.00	98,886	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		98,886	0	
500.00	Grand Total: Increases		1,244,259	8,814,286	500.00

RECLASSIFICATIONS

Provider CCN: 150010

Period:
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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	PURCHASING, RECEIVING AND STORES	5.03	0	196	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.06	0	634,413	0		2.00
3.00	HOUSEKEEPING	9.00	0	701	0		3.00
4.00	PHARMACY	15.00	0	15	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	205	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,900	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	30	0		7.00
8.00	OPERATING ROOM	50.00	0	34	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	244	0		9.00
10.00	LABORATORY	60.00	0	130	0		10.00
TOTALS			0	637,868			
B - UTILITIES TRANSFER							
1.00	NONPATIENT TELEPHONES	5.01	0	101,554	0		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	10,004	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.06	0	25,846	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,256	0		4.00
5.00	OPERATING ROOM	50.00	0	150	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,038	0		6.00
7.00	LABORATORY	60.00	0	404	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	24,710	0		8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,887	0		9.00
10.00	CLINIC OF HOPE	194.01	0	15,264	0		10.00
TOTALS			0	190,113			
C - PHARMACY - CHARGEABLE DRUGS							
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	101	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.06	0	34,054	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	499	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	13	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	271	0		5.00
6.00	OPERATING ROOM	50.00	0	4,721	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	797	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	68,461	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	68,049	0		9.00
10.00	LABORATORY	60.00	0	204	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	1,344	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	501	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	68,786	0		13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,977	0		14.00
15.00	RENAL DIALYSIS	74.00	0	787	0		15.00
16.00	CLINIC	90.00	0	7,335	0		16.00
17.00	EMERGENCY	91.00	0	1,446	0		17.00
18.00	AMBULANCE SERVICES	95.00	0	4,693	0		18.00
19.00	CLINIC OF HOPE	194.01	0	11,383	0		19.00
TOTALS			0	275,422			
D - BUILDING RENT							
1.00	ADMINISTRATIVE & GENERAL	5.06	0	5,727	9		1.00
2.00	DIETARY	10.00	0	60	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,994	0		3.00
4.00	LABORATORY	60.00	0	3,105	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	344,473	0		5.00
6.00	PSYCH SERVICES	76.00	0	44,100	0		6.00
7.00	CLINIC OF HOPE	194.01	0	16,470	0		7.00
TOTALS			0	424,929			
E - RENT-LEASE EQUIPMENT							
1.00	NONPATIENT TELEPHONES	5.01	0	19,813	9		1.00
2.00	DATA PROCESSING	5.02	0	117	0		2.00
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	15,976	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.04	0	361	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	276	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.06	0	52,846	0		6.00
7.00	OPERATION OF PLANT	7.00	0	5,002	0		7.00
8.00	HOUSEKEEPING	9.00	0	46	0		8.00
9.00	DIETARY	10.00	0	160	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	5,212	0		10.00
11.00	PHARMACY	15.00	0	117	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	359	0		12.00

RECLASSIFICATIONS

Provider CCN: 150010

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				
13.00	SOCIAL SERVICE	17.00	0	117	0		13.00	
14.00	ADULTS & PEDIATRICS	30.00	0	1,865	0		14.00	
15.00	INTENSIVE CARE UNIT	31.00	0	46	0		15.00	
16.00	SUBPROVIDER - IRF	41.00	0	321	0		16.00	
17.00	OPERATING ROOM	50.00	0	505	0		17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	208	0		18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	685	0		19.00	
20.00	LABORATORY	60.00	0	24,616	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	0	51,930	0		21.00	
22.00	PHYSICAL THERAPY	66.00	0	10,843	0		22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	432	0		23.00	
24.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	15,676	0		24.00	
25.00	CLINIC	90.00	0	7,746	0		25.00	
26.00	EMERGENCY	91.00	0	690	0		26.00	
27.00	AMBULANCE SERVICES	95.00	0	46	0		27.00	
28.00	CLINIC OF HOPE	194.01	0	117	0		28.00	
	TOTALS		0	216,128				
F - TAXES								
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	74	9		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.06	0	64,663	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,563	0		3.00	
	TOTALS		0	80,300				
G - LAUNDRY								
1.00	HOUSEKEEPING	9.00	0	320,760	0		1.00	
2.00	OPERATING ROOM	50.00	0	66,531	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,435	0		3.00	
4.00	PHYSICAL THERAPY	66.00	0	24,982	0		4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,703	0		5.00	
	TOTALS		0	421,411				
H - INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.06	0	97,128	9		1.00	
	TOTALS		0	97,128				
I - NURSERY								
1.00	DELIVERY ROOM & LABOR ROOM	52.00	325,126	108,694	0		1.00	
	TOTALS		325,126	108,694				
J - INTEREST								
1.00	INTEREST EXPENSE	113.00	0	601,381	9		1.00	
	TOTALS		0	601,381				
K - INTEREST - 2005 SERIES								
1.00	INTEREST EXPENSE	113.00	0	76,945	9		1.00	
	TOTALS		0	76,945				
L - MEDICAL SUPPLIES								
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	10	0		1.00	
2.00	ADMINISTRATIVE	5.04	0	3,413	0		2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	117	0		3.00	
4.00	ADMINISTRATIVE & GENERAL	5.06	0	1,309	0		4.00	
5.00	OPERATION OF PLANT	7.00	0	511	0		5.00	
6.00	HOUSEKEEPING	9.00	0	2,484	0		6.00	
7.00	DIETARY	10.00	0	157	0		7.00	
8.00	NURSING ADMINISTRATION	13.00	0	2,524	0		8.00	
9.00	PHARMACY	15.00	0	12,538	0		9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	10	0		10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	323,198	0		11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	149,116	0		12.00	
13.00	SUBPROVIDER - IRF	41.00	0	47,882	0		13.00	
14.00	OPERATING ROOM	50.00	0	32,206	0		14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	130,375	0		15.00	
16.00	ANESTHESIOLOGY	53.00	0	817	0		16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	83,977	0		17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	127,864	0		18.00	
19.00	LABORATORY	60.00	0	94,253	0		19.00	
20.00	RESPIRATORY THERAPY	65.00	0	10,349	0		20.00	
21.00	PHYSICAL THERAPY	66.00	0	25,776	0		21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	27,571	0		22.00	
23.00	RENAL DIALYSIS	74.00	0	7,023	0		23.00	
24.00	ENDOSCOPY	76.02	0	48,767	0		24.00	
25.00	CLINIC	90.00	0	35,891	0		25.00	
26.00	EMERGENCY	91.00	0	131,176	0		26.00	
27.00	AMBULANCE SERVICES	95.00	0	25,299	0		27.00	

RECLASSIFICATIONS

Provider CCN: 150010

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	CLINIC OF HOPE	194.01	0	328	0		28.00
	TOTALS		0	1,324,941			
M - MARKETING							
1.00	ADMINISTRATIVE & GENERAL	5.06	0	163	0		1.00
2.00	DIETARY	10.00	0	40	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	48	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	259	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	63	0		5.00
	TOTALS		0	573			
N - CHARITABLE EXPENSES							
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	85	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.06	0	34,374	0		2.00
3.00	OPERATING ROOM	50.00	0	36,668	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	215	0		4.00
5.00	LABORATORY	60.00	0	4,673	0		5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,372	0		6.00
7.00	CLINIC OF HOPE	194.01	0	23	0		7.00
	TOTALS		0	77,410			
O - DIETARY-CAFETERIA							
1.00	DIETARY	10.00	820,247	852,675	0		1.00
	TOTALS		820,247	852,675			
P - IMPLANTABLES							
1.00	OPERATING ROOM	50.00	0	96,584	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	27,345	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	26,620	0		3.00
4.00	LABORATORY	60.00	0	123	0		4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,219,058	0		5.00
6.00	ENDOSCOPY	76.02	0	558	0		6.00
7.00	CLINIC	90.00	0	56,646	0		7.00
8.00	EMERGENCY	91.00	0	1,434	0		8.00
	TOTALS		0	3,428,368			
Q - PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	96,178	0	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	2,708	0	0		2.00
	TOTALS		98,886	0			
500.00	Grand Total: Decreases		1,244,259	8,814,286			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150010

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	1,422,671	0	0	0	1.00
2.00	Land Improvements	2,350,783	0	0	10,166	2.00
3.00	Buildings and Fixtures	56,100,089	0	0	3,772	3.00
4.00	Building Improvements	7,254,567	1,689,209	0	61,008	4.00
5.00	Fixed Equipment	23,031,832	2,510,000	0	1,257,142	5.00
6.00	Movable Equipment	49,735,374	906,973	0	707,144	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	139,895,316	5,106,182	0	2,039,232	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	139,895,316	5,106,182	0	2,039,232	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	3,942,201	108,843	0	79,546	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,942,201	108,843	0	79,546	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
2.00	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: 150010

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,422,671	0		1.00		
2.00	Land Improvements	2,340,617	0		2.00		
3.00	Buildings and Fixtures	56,096,317	0		3.00		
4.00	Building Improvements	8,882,768	0		4.00		
5.00	Fixed Equipment	24,284,690	0		5.00		
6.00	Movable Equipment	49,935,203	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	142,962,266	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	142,962,266	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,005,033	5,232,781		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	1,005,033	5,232,781		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,477,367	108,843	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,477,367	108,843	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150010

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/26/2012 2:14 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	97,158	79,546	1,005,033	6,767,947	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	97,158	79,546	1,005,033	6,767,947	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150010

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

Worksheet A-8

Date/Time Prepared:
1/26/2012 2:14 pm

	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00			OCAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00			OCAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00		0		0.00 3.00
4.00		0		0.00 4.00
5.00		0		0.00 5.00
6.00		0		0.00 6.00
7.00	B	-18,125	NONPATIENT TELEPHONES	5.01 7.00
8.00	A	-2,959	OPERATION OF PLANT	7.00 8.00
9.00		0		0.00 9.00
10.00	A-8-2	-2,031,665		0.00 10.00
11.00		0		0.00 11.00
12.00	A-8-1	-1,584,021		0.00 12.00
13.00		0		0.00 13.00
14.00	B	-621,094	CAFETERIA	11.00 14.00
15.00		0		0.00 15.00
16.00		0		0.00 16.00
17.00		0		0.00 17.00
18.00	B	-3,080	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00		0		0.00 19.00
20.00		0		0.00 20.00
21.00		0		0.00 21.00
22.00		0		0.00 22.00
23.00	A-8-3		ORESPIRATORY THERAPY	65.00 23.00
24.00	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00			0*** Cost Center Deleted ***	114.00 25.00
26.00			OCAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00			OCAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00			0*** Cost Center Deleted ***	19.00 28.00
29.00			0	0.00 29.00
30.00	A-8-3		0*** Cost Center Deleted ***	67.00 30.00
31.00	A-8-3		0*** Cost Center Deleted ***	68.00 31.00
32.00			0	0.00 32.00
33.00	B	-7,667	PHYSICAL THERAPY	66.00 33.00
34.00	B	-50,937	PHYSICAL THERAPY	66.00 34.00
35.00	B	-8,760	DATA PROCESSING	5.02 35.00
36.00	A	-243,908	CAP REL COSTS-BLDG & FIXT	1.00 36.00
37.00	B	-3,716	ADMINISTRATIVE & GENERAL	5.06 37.00
38.00	B	-424,929	CAP REL COSTS-BLDG & FIXT	1.00 38.00
39.00	A	-229,870	ADMINISTRATIVE & GENERAL	5.06 39.00
41.00	B	-2,725	OPERATION OF PLANT	7.00 41.00
42.00	A	-6,989	ADMINISTRATIVE & GENERAL	5.06 42.00
43.00	B	-82,109	DIETARY	10.00 43.00
44.00	B	-6,018	ADULTS & PEDIATRICS	30.00 44.00
44.01	B	-901	ADMINISTRATIVE & GENERAL	5.06 44.01
44.02	B	-392	ADMINISTRATIVE & GENERAL	5.06 44.02
45.00	A	52,660	CASHIERING/ACCOUNTS RECEIVABLE	5.05 45.00
45.02	A	12,652	CAP REL COSTS-BLDG & FIXT	1.00 45.02
45.05	B	-103,770	RADIOLOGY-DIAGNOSTIC	54.00 45.05
45.08	B	-4,880	LABORATORY	60.00 45.08
45.12	A	-2,628	ADMINISTRATIVE & GENERAL	5.06 45.12
45.13	B	-236	DELIVERY ROOM & LABOR ROOM	52.00 45.13
45.15	B	-14,582	ADMINISTRATIVE & GENERAL	5.06 45.15
45.18	B	-51,350	PHARMACY	15.00 45.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 150010

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

Worksheet A-8

Date/Time Prepared:
1/26/2012 2:14 pm

		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
45.19	WOMENS HEALTH OTHER OP REV	B	-24,792	RADIOLOGY-DIAGNOSTIC	54.00 45.19
45.20	SYCAMORE PRIMARY CARE	B	-107,285	CAP REL COSTS-BLDG & FIXT	1.00 45.20
45.23	CAFETERIA/VENDING REVENUE	B	-7,105	CAFETERIA	11.00 45.23
45.24	ORGANIZATIONAL LEARNING	B	-19,971	ADMINISTRATIVE & GENERAL	5.06 45.24
45.25	MISSION SERVICES GRANT	B	-24,000	ADMINISTRATIVE & GENERAL	5.06 45.25
45.26	PLANT OPERATIONS GRANT	B	-1,200	OPERATION OF PLANT	7.00 45.26
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,626,352		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150010

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

Worksheet A-8

Date/Time Prepared:
1/26/2012 2:14 pm

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	SOUTHWAY REHAB OTH OP REV	0	33.00
34.00	FOREST PARK REHAB OTH OP REV	0	34.00
35.00	INFORMATION SERVICES OTHER OP REV	0	35.00
36.00	INTEREST INCOME	9	36.00
37.00	ORGANIZATIONAL LEARNING OTHER OP REV	0	37.00
38.00	RENTAL INCOME	9	38.00
39.00	INCENTIVE OVER-ACCRUAL	0	39.00
41.00	PLANT OPERATIONS OTHER OP REV	0	41.00
42.00	PATIENT TELEVISION	0	42.00
43.00	FOOD SERVICES OTHER OP REV	0	43.00
44.00	TRINITY OTHER OP REV	0	44.00
44.01	FINANCIAL SERVICES	0	44.01
44.02	OTHER OP REVENUE	0	44.02
45.00	COLLECTION AGENCY FEES	0	45.00
45.02	1994 AHA LIVES	9	45.02
45.05	RADIATION OTHER OP REV	0	45.05
45.08	LABORATORY OTHER OP REV	0	45.08
45.12	LOBBY EXPENSE	0	45.12
45.13	LABOR & DELIVERY OTHER OP REV	0	45.13
45.15	SYCAMORE PRIMARY CARE OTHER OP REV	0	45.15
45.18	PHARMACY NON-PATIENT SALES	0	45.18
45.19	WOMENS HEALTH OTHER OP REV	0	45.19
45.20	SYCAMORE PRIMARY CARE	9	45.20
45.23	CAFETERIA/VENDING REVENUE	0	45.23
45.24	ORGANIZATIONAL LEARNING	0	45.24
45.25	MISSION SERVICES GRANT	0	45.25
45.26	PLANT OPERATIONS GRANT	0	45.26

Provider CCN: 150010

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

Worksheet A-8

Date/Time Prepared:
 1/26/2012 2:14 pm

		Wkst. A-7 Ref.	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	5.00	50.00

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

Provider CCN: 150010

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

Worksheet A-8-1

Date/Time Prepared:
1/26/2012 2:14 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	CAP REL COSTS-BLDG & FIXT	NCI LINEN	1.00
2.00	8.00	LAUNDRY & LINEN SERVICE	NCI LINEN	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	TRI MEDX CAPITAL	3.00
4.00	5.06	ADMINISTRATIVE & GENERAL	TRI MEDX OTHER	4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	SVH CAPITAL	4.01
4.02	4.00	EMPLOYEE BENEFITS	SVH PENSION	4.02
4.03	5.06	ADMINISTRATIVE & GENERAL	SVH A&G - SALARIES	4.03
4.10	1.00	CAP REL COSTS-BLDG & FIXT	ASCENSION HEALTH-INTEREST	4.10
4.11	5.06	ADMINISTRATIVE & GENERAL	ASCENSION HEALTH-INTEREST	4.11
4.12	0.00		ASCENSION HEALTH-SERVICE FEE	4.12
4.14	194.04	COMMUNITY RELATIONS	SVH MARKETING-SALARIES	4.14
4.15	194.04	COMMUNITY RELATIONS	SVH MARKETING - OTHER	4.15
4.16	5.06	ADMINISTRATIVE & GENERAL	SVH A&G - OTHER	4.16
4.17	4.00	EMPLOYEE BENEFITS	SVH - EMP BENEFITS - SALARIES	4.17
4.18	4.00	EMPLOYEE BENEFITS	SVH - EMP BENEFITS - OTHER	4.18
4.19	5.01	NONPATIENT TELEPHONES	SVH - PHONES - SALARIES	4.19
4.20	5.01	NONPATIENT TELEPHONES	SVH - PHONES - OTHER	4.20
4.21	5.02	DATA PROCESSING	SVH IT - SALARIES	4.21
4.22	5.02	DATA PROCESSING	SVH IT - OTHER	4.22
4.23	5.03	PURCHASING, RECEIVING AND STORES	SVH - PURCHASING - SALARIES	4.23
4.24	5.03	PURCHASING, RECEIVING AND STORES	SVH - PURCHASING - OTHER	4.24
4.25	5.04	ADMINISTRATIVE	SVH - ADMINISTRATIVE - SALARIES	4.25
4.26	5.04	ADMINISTRATIVE	SVH - ADMINISTRATIVE - OTHER	4.26
4.27	5.05	CASHIERING/ACCOUNTS RECEIVABLE	SVH - CASHIER - SALARIES	4.27
4.28	5.05	CASHIERING/ACCOUNTS RECEIVABLE	SVH - CASHIER - OTHER	4.28
4.29	7.00	OPERATION OF PLANT	SVH - PLANT OPS - SALARIES	4.29
4.30	7.00	OPERATION OF PLANT	SVH - PLANT OPS - OTHER	4.30
4.31	5.03	PURCHASING, RECEIVING AND STORES	SVH - SUPPLY CHAIN - SALARIES	4.31
4.32	5.03	PURCHASING, RECEIVING AND STORES	SVH - SUPPLY CHAIN - OTHER	4.32
4.33	16.00	MEDICAL RECORDS & LIBRARY	SVH - MEDICAL RECS - SALARIES	4.33
4.34	16.00	MEDICAL RECORDS & LIBRARY	SVH - MEDICAL RECS - OTHER	4.34
4.45	4.00	EMPLOYEE BENEFITS	STV SELF INSURANCE	4.45
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/26/2012 2:14 pm
	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

(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: 150010

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

Worksheet A-8-1

Date/Time Prepared: 1/26/2012 2:14 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
						4.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	103,141	0	103,141	9	1.00	
2.00	313,937	421,411	-107,474	0	2.00	
3.00	18,532	19,918	-1,386	9	3.00	
4.00	1,062,720	1,142,217	-79,497	0	4.00	
4.01	1,017,922	0	1,017,922	9	4.01	
4.02	1,909,610	2,709,842	-800,232	0	4.02	
4.03	884,116	8,710,694	-7,826,578	0	4.03	
4.10	160,161	477,259	-317,098	9	4.10	
4.11	59,256	176,577	-117,321	0	4.11	
4.12	0	0	0	0	4.12	
4.14	266,873	0	266,873	0	4.14	
4.15	944,979	0	944,979	0	4.15	
4.16	760,319	0	760,319	0	4.16	
4.17	189,938	0	189,938	0	4.17	
4.18	1,041,154	0	1,041,154	0	4.18	
4.19	86,638	0	86,638	0	4.19	
4.20	24,634	0	24,634	0	4.20	
4.21	1,004,479	0	1,004,479	0	4.21	
4.22	2,207,161	0	2,207,161	0	4.22	
4.23	50,040	0	50,040	0	4.23	
4.24	92,181	0	92,181	0	4.24	
4.25	77,928	0	77,928	0	4.25	
4.26	-9,373	0	-9,373	0	4.26	
4.27	259,424	0	259,424	0	4.27	
4.28	-473,700	0	-473,700	0	4.28	
4.29	12,074	0	12,074	0	4.29	
4.30	1,302	0	1,302	0	4.30	
4.31	1,862	0	1,862	0	4.31	
4.32	209	0	209	0	4.32	
4.33	256,124	0	256,124	0	4.33	
4.34	-4,272	0	-4,272	0	4.34	
4.45	5,282,044	5,527,516	-245,472	0	4.45	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	17,601,413	19,185,434	-1,584,021	0	5.00

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

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

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

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

6.00		0.00	LAUNDRY FACILITY	6.00
7.00	ST VINCENT HEAL	0.00	HOSPITAL MGMT	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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/26/2012 2:14 pm
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Related Organization(s) and/or Home Office		
Name	Percentage of Ownership	Type of Business
4.00	5.00	6.00

(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: 150010

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2012 2:14 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	91.00	EMERGENCY MEDICAL GROUP	56,900	56,900	1.00
2.00	31.00	ICU WAGONER MEDICAL	30,635	30,635	2.00
3.00	54.00	WOMENS-LONGMEYER-COOK	23,243	23,243	3.00
4.00	30.00	PSYCH	89,714	89,714	4.00
5.00	30.00	PSYCH-WALKER	159,947	159,947	5.00
6.00	30.00	PSYCH-PALERONE	10,332	10,322	6.00
7.00	66.00	REHAB-MITCHELL	13,000	13,000	7.00
8.00	60.00	LAB-KOKOMO PATHOLOGIST	105,121	105,121	8.00
9.00	65.00	WAGONER MED GROUP	36,600	36,600	9.00
10.00	54.00	MILLER	49,443	49,443	10.00
11.00	54.00	IN PHYSICIANS	114,495	114,495	11.00
12.00	41.00	ARU	3,400	3,400	12.00
13.00	90.00	DIVERSIFIED & PRAXIS	2,063	2,063	13.00
15.00	5.06	DR. GARD	63,000	63,000	15.00
16.00	5.06	DR LEGRAND - ON CALL	123,000	123,000	16.00
17.00	5.06	DR. LEGRAND - PT CARE	12,000	12,000	17.00
19.00	5.06	KOKOMO SURGICAL GROUP	334,827	334,827	19.00
20.00	54.00	RADIATION	55,000	55,000	20.00
21.00	41.00	NEUROLOGY INDIANA	110,000	110,000	21.00
22.00	5.06	MERTO - INFECTIOUS DISEASE	43,333	43,333	22.00
24.00	5.06	DR. MILLER - ON CALL	66,000	66,000	24.00
26.00	5.06	DR. MITCHELL - ON CALL	72,000	72,000	26.00
27.00	5.06	DR YODER - ON CALL	74,000	74,000	27.00
28.00	90.00	DIVERSIFIED & PRAXIS	383,612	383,612	28.00
200.00		TOTAL (lines 1.00 through 199.00)	2,031,665	2,031,655	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150010

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2012 2:14 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	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
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
24.00	0	0	0	0	0	24.00
26.00	0	0	0	0	0	26.00
27.00	0	0	0	0	0	27.00
28.00	0	0	0	0	0	28.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150010

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2012 2:14 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	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
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
24.00	0	0	0	0	0	24.00
26.00	0	0	0	0	0	26.00
27.00	0	0	0	0	0	27.00
28.00	0	0	0	0	0	28.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150010

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2012 2:14 pm

	RCE		Adjustment	
	Disallowance			
	17.00		18.00	
1.00		0	56,900	1.00
2.00		0	30,635	2.00
3.00		0	23,243	3.00
4.00		0	89,714	4.00
5.00		0	159,947	5.00
6.00		0	10,332	6.00
7.00		0	13,000	7.00
8.00		0	105,121	8.00
9.00		0	36,600	9.00
10.00		0	49,443	10.00
11.00		0	114,495	11.00
12.00		0	3,400	12.00
13.00		0	2,063	13.00
15.00		0	63,000	15.00
16.00		0	123,000	16.00
17.00		0	12,000	17.00
19.00		0	334,827	19.00
20.00		0	55,000	20.00
21.00		0	110,000	21.00
22.00		0	43,333	22.00
24.00		0	66,000	24.00
26.00		0	72,000	26.00
27.00		0	74,000	27.00
28.00		0	383,612	28.00
200.00		0	2,031,665	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150010

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

Worksheet B
Part I
Date/Time Prepared:
1/26/2012 2:14 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	6,767,947	6,767,947				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00 EMPLOYEE BENEFITS	14,897,740	265,745	0	15,163,485		4.00
5.01 NONPATIENT TELEPHONES	189,280	6,633	0	0	195,913	5.01
5.02 DATA PROCESSING	3,262,689	68,945	0	15,903	9,619	5.02
5.03 PURCHASING, RECEIVING AND STORES	507,719	84,740	0	93,879	4,810	5.03
5.04 ADMINISTRATION	770,343	34,078	0	253,408	3,848	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,352,221	39,053	0	176,732	4,489	5.05
5.06 ADMINISTRATIVE & GENERAL	5,487,952	805,341	0	2,046,602	25,971	5.06
7.00 OPERATION OF PLANT	3,787,887	953,324	0	356,108	3,848	7.00
8.00 LAUNDRY & LINEN SERVICE	313,937	10,738	0	0	321	8.00
9.00 HOUSEKEEPING	1,133,623	41,769	0	407,920	1,603	9.00
10.00 DIETARY	518,812	107,894	0	114,894	7,054	10.00
11.00 CAFETERIA	1,044,723	130,800	0	319,634	1,603	11.00
13.00 NURSING ADMINISTRATION	370,981	54,434	0	143,992	5,130	13.00
15.00 PHARMACY	4,839,623	66,312	0	385,692	4,810	15.00
16.00 MEDICAL RECORDS & LIBRARY	826,398	50,724	0	207,516	5,130	16.00
17.00 SOCIAL SERVICE	349,795	58,767	0	133,766	3,527	17.00
23.00 ALLIED HEALTH	183,393	18,573	0	64,745	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,429,889	610,344	0	2,407,594	12,826	30.00
31.00 INTENSIVE CARE UNIT	1,440,092	116,828	0	520,167	9,619	31.00
41.00 SUBPROVIDER - IRF	1,188,822	281,251	0	447,414	6,413	41.00
43.00 NURSERY	433,820	33,353	0	126,695	3,206	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,890,409	696,846	0	1,205,885	6,413	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,472,139	67,659	0	512,513	9,619	52.00
53.00 ANESTHESIOLOGY	40,912	5,742	0	0	6,734	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,708,830	535,243	0	1,161,631	11,543	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	426,339	8,292	0	56,476	2,245	59.00
60.00 LABORATORY	4,807,153	163,759	0	830,415	1,924	60.00
65.00 RESPIRATORY THERAPY	1,525,500	25,642	0	510,928	4,810	65.00
66.00 PHYSICAL THERAPY	2,796,403	235,295	0	954,944	13,788	66.00
69.00 ELECTROCARDIOLOGY	1,312,134	139,527	0	398,272	5,451	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,464,760	89,321	0	143,871	641	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	3,428,368	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	275,422	0	0	0	0	73.00
74.00 RENAL DIALYSIS	190,664	0	0	0	0	74.00
76.00 PSYCH SERVICES	160,199	95,167	0	0	6,092	76.00
76.02 ENDOSCOPY	476,291	0	0	116,897	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	290,546	62,187	0	60,976	321	90.00
91.00 EMERGENCY	1,767,822	400,898	0	588,887	9,619	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	976,546	82,253	0	307,951	641	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	91,108,123	6,447,477	0	15,072,307	193,668	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,330	0	0	321	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	299,140	0	0	962	192.00
194.00 FOUNDATION	0	0	0	0	0	194.00
194.01 CLINIC OF HOPE	274,355	0	0	91,178	962	194.01
194.04 COMMUNITY RELATIONS	1,212,425	0	0	0	0	194.04
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)	92,594,903	6,767,947	0	15,163,485	195,913	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150010

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

Worksheet B
Part I
Date/Time Prepared:
1/26/2012 2:14 pm

Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	3,357,156					5.02
5.03	PURCHASING, RECEIVING AND STORES	45,490	736,638				5.03
5.04	ADMINISTRATIVE	90,980	4,247	1,156,904			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	27,294	2,062	0	1,601,851		5.05
5.06	ADMINISTRATIVE & GENERAL	272,940	0	0	0	8,638,806	5.06
7.00	OPERATION OF PLANT	54,588	1,633	0	0	5,157,388	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	324,996	8.00
9.00	HOUSEKEEPING	27,294	8,004	0	0	1,620,213	9.00
10.00	DIETARY	45,490	0	0	0	794,144	10.00
11.00	CAFETERIA	0	0	0	0	1,496,760	11.00
13.00	NURSING ADMINISTRATION	36,392	452	0	0	611,381	13.00
15.00	PHARMACY	90,980	12,340	0	0	5,399,757	15.00
16.00	MEDICAL RECORDS & LIBRARY	109,176	1,739	0	0	1,200,683	16.00
17.00	SOCIAL SERVICE	45,490	630	0	0	591,975	17.00
23.00	ALLIED HEALTH	0	0	0	0	266,711	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	191,058	69,381	70,962	98,263	9,890,317	30.00
31.00	INTENSIVE CARE UNIT	318,429	27,159	19,524	27,035	2,478,853	31.00
41.00	SUBPROVIDER - IRF	100,078	11,080	17,474	24,197	2,076,729	41.00
43.00	NURSERY	9,098	0	10,701	14,818	631,691	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	573,170	26,252	142,099	196,768	6,737,842	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	45,490	37,370	32,265	44,678	2,221,733	52.00
53.00	ANESTHESIOLOGY	9,098	1,513	19,950	27,625	111,574	53.00
54.00	RADIOLOGY-DIAGNOSTIC	154,666	20,723	229,632	317,832	8,140,100	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	36,392	25,407	26,608	36,845	618,604	59.00
60.00	LABORATORY	272,940	21,909	169,191	234,284	6,501,575	60.00
65.00	RESPIRATORY THERAPY	36,392	3,593	56,022	77,576	2,240,463	65.00
66.00	PHYSICAL THERAPY	218,352	6,743	60,819	84,217	4,370,561	66.00
69.00	ELECTROCARDIOLOGY	0	8,256	46,040	63,753	1,973,433	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	379,473	27,615	38,239	6,143,920	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	19,557	27,081	3,475,006	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	37,500	51,927	364,849	73.00
74.00	RENAL DIALYSIS	9,098	2,234	1,361	1,885	205,242	74.00
76.00	PSYCH SERVICES	109,176	0	19,535	27,051	417,220	76.00
76.02	ENDOSCOPY	0	20,327	32,675	45,246	691,436	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	36,392	6,891	18,063	25,013	500,389	90.00
91.00	EMERGENCY	318,429	32,141	80,697	111,743	3,310,236	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	9,098	4,445	18,614	25,775	1,425,323	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,293,470	736,004	1,156,904	1,601,851	90,629,910	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	21,651	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	27,294	0	0	0	327,396	192.00
194.00	FOUNDATION	0	0	0	0	0	194.00
194.01	CLINIC OF HOPE	36,392	634	0	0	403,521	194.01
194.04	COMMUNITY RELATIONS	0	0	0	0	1,212,425	194.04
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,357,156	736,638	1,156,904	1,601,851	92,594,903	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/26/2012 2:14 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	ADMINISTRATIVE & GENERAL	8,638,806					5.06
7.00	OPERATION OF PLANT	530,680	5,688,068				7.00
8.00	LAUNDRY & LINEN SERVICE	33,441	13,542	371,979			8.00
9.00	HOUSEKEEPING	166,715	52,678	0	1,839,606		9.00
10.00	DIETARY	81,715	136,075	6,418	0	1,018,352	10.00
11.00	CAFETERIA	154,012	164,963	0	0	0	11.00
13.00	NURSING ADMINISTRATION	62,909	68,652	0	1,826	0	13.00
15.00	PHARMACY	555,619	83,632	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	123,547	63,972	0	2,739	0	16.00
17.00	SOCIAL SERVICE	60,912	74,116	0	913	0	17.00
23.00	ALLIED HEALTH	27,444	23,424	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,017,657	769,759	138,235	576,074	793,868	30.00
31.00	INTENSIVE CARE UNIT	255,067	147,343	25,737	136,943	30,401	31.00
41.00	SUBPROVIDER - IRF	213,689	354,710	27,935	136,943	194,083	41.00
43.00	NURSERY	64,999	42,064	0	27,389	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	693,304	878,856	48,152	273,887	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	228,610	85,331	34,841	232,804	0	52.00
53.00	ANESTHESIOLOGY	11,481	7,242	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	837,592	675,042	23,485	55,690	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	63,652	10,457	2,404	10,955	0	59.00
60.00	LABORATORY	668,993	206,531	323	56,603	0	60.00
65.00	RESPIRATORY THERAPY	230,537	32,339	26	2,739	0	65.00
66.00	PHYSICAL THERAPY	449,718	296,751	2,401	13,694	0	66.00
69.00	ELECTROCARDIOLOGY	203,060	175,969	4,141	30,128	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	632,191	112,651	0	51,126	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	357,568	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	37,542	0	0	21,911	0	73.00
74.00	RENAL DIALYSIS	21,119	0	0	9,130	0	74.00
76.00	PSYCH SERVICES	42,931	120,023	0	0	0	76.00
76.02	ENDOSCOPY	71,147	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	51,489	78,429	31	29,215	0	90.00
91.00	EMERGENCY	340,613	505,608	55,000	168,897	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	146,661	103,736	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,436,614	5,283,895	369,129	1,839,606	1,018,352	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,228	26,901	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	33,688	377,272	2,850	0	0	192.00
194.00	FOUNDATION	0	0	0	0	0	194.00
194.01	CLINIC OF HOPE	41,521	0	0	0	0	194.01
194.04	COMMUNITY RELATIONS	124,755	0	0	0	0	194.04
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)	8,638,806	5,688,068	371,979	1,839,606	1,018,352	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150010

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

Worksheet B
Part I
Date/Time Prepared:
1/26/2012 2:14 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	1,815,735					11.00
13.00 NURSING ADMINISTRATION	16,417	761,185				13.00
15.00 PHARMACY	44,546	0	6,083,554			15.00
16.00 MEDICAL RECORDS & LIBRARY	57,898	0	0	1,448,839		16.00
17.00 SOCIAL SERVICE	20,049	0	0	0	747,965	17.00
23.00 ALLIED HEALTH	9,501	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	399,411	182,345	0	88,869	530,177	30.00
31.00 INTENSIVE CARE UNIT	74,817	34,156	0	24,450	58,412	31.00
41.00 SUBPROVIDER - IRF	80,771	36,874	0	21,884	124,302	41.00
43.00 NURSERY	18,264	8,338	0	13,401	35,074	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	188,201	85,920	0	177,959	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	77,722	35,482	0	40,407	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	24,984	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	174,908	79,851	0	287,566	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	7,255	3,312	0	33,322	0	59.00
60.00 LABORATORY	143,000	65,284	0	211,888	0	60.00
65.00 RESPIRATORY THERAPY	71,984	32,863	0	70,160	0	65.00
66.00 PHYSICAL THERAPY	137,823	62,920	0	76,167	0	66.00
69.00 ELECTROCARDIOLOGY	60,292	27,525	0	57,658	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	32,618	14,891	0	34,584	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,492	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	6,083,554	46,963	0	73.00
74.00 RENAL DIALYSIS	0	0	0	1,705	0	74.00
76.00 PSYCH SERVICES	0	0	0	24,465	0	76.00
76.02 ENDOSCOPY	14,947	6,824	0	40,921	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	14,034	6,407	0	22,622	0	90.00
91.00 EMERGENCY	85,567	39,064	0	101,061	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	70,515	32,192	0	23,311	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,800,540	754,248	6,083,554	1,448,839	747,965	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FOUNDATION	0	0	0	0	0	194.00
194.01 CLINIC OF HOPE	15,195	6,937	0	0	0	194.01
194.04 COMMUNITY RELATIONS	0	0	0	0	0	194.04
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)	1,815,735	761,185	6,083,554	1,448,839	747,965	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/26/2012 2:14 pm
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Cost Center Description	ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00					1.00
2.00					2.00
4.00					4.00
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
5.05					5.05
5.06					5.06
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
13.00					13.00
15.00					15.00
16.00					16.00
17.00					17.00
23.00	327,080				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	0	14,386,712	0	14,386,712	30.00
31.00	0	3,266,179	0	3,266,179	31.00
41.00	0	3,267,920	0	3,267,920	41.00
43.00	0	841,220	0	841,220	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	0	9,084,121	0	9,084,121	50.00
51.00	0	0	0	0	51.00
52.00	0	2,956,930	0	2,956,930	52.00
53.00	0	155,281	0	155,281	53.00
54.00	327,080	10,601,314	0	10,601,314	54.00
57.00	0	0	0	0	57.00
58.00	0	0	0	0	58.00
59.00	0	749,961	0	749,961	59.00
60.00	0	7,854,197	0	7,854,197	60.00
65.00	0	2,681,111	0	2,681,111	65.00
66.00	0	5,410,035	0	5,410,035	66.00
69.00	0	2,532,206	0	2,532,206	69.00
71.00	0	7,021,981	0	7,021,981	71.00
72.00	0	3,857,066	0	3,857,066	72.00
73.00	0	6,554,819	0	6,554,819	73.00
74.00	0	237,196	0	237,196	74.00
76.00	0	604,639	0	604,639	76.00
76.02	0	825,275	0	825,275	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	0	702,616	0	702,616	90.00
91.00	0	4,606,046	0	4,606,046	91.00
92.00					92.00
92.01	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	0	1,801,738	0	1,801,738	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	0	0	0	0	113.00
118.00	327,080	89,998,563	0	89,998,563	118.00
NONREIMBURSABLE COST CENTERS					
190.00	0	50,780	0	50,780	190.00
192.00	0	741,206	0	741,206	192.00
194.00	0	0	0	0	194.00
194.01	0	467,174	0	467,174	194.01
194.04	0	1,337,180	0	1,337,180	194.04
200.00	0	0	0	0	200.00
201.00	0	0	0	0	201.00
202.00	327,080	92,594,903	0	92,594,903	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150010

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

Worksheet B Part II Date/Time Prepared: 1/26/2012 2:14 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	265,745	0	265,745	4.00
5.01	NONPATIENT TELEPHONES	0	6,633	0	6,633	5.01
5.02	DATA PROCESSING	0	68,945	0	68,945	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	84,740	0	84,740	5.03
5.04	ADMINISTRATIVE	0	34,078	0	34,078	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	39,053	0	39,053	5.05
5.06	ADMINISTRATIVE & GENERAL	0	805,341	0	805,341	5.06
7.00	OPERATION OF PLANT	0	953,324	0	953,324	7.00
8.00	LAUNDRY & LINEN SERVICE	0	10,738	0	10,738	8.00
9.00	HOUSEKEEPING	0	41,769	0	41,769	9.00
10.00	DIETARY	0	107,894	0	107,894	10.00
11.00	CAFETERIA	0	130,800	0	130,800	11.00
13.00	NURSING ADMINISTRATION	0	54,434	0	54,434	13.00
15.00	PHARMACY	0	66,312	0	66,312	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	50,724	0	50,724	16.00
17.00	SOCIAL SERVICE	0	58,767	0	58,767	17.00
23.00	ALLIED HEALTH	0	18,573	0	18,573	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	610,344	0	610,344	30.00
31.00	INTENSIVE CARE UNIT	0	116,828	0	116,828	31.00
41.00	SUBPROVIDER - IRF	0	281,251	0	281,251	41.00
43.00	NURSERY	0	33,353	0	33,353	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	696,846	0	696,846	50.00
51.00	RECOVERY ROOM	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	67,659	0	67,659	52.00
53.00	ANESTHESIOLOGY	0	5,742	0	5,742	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	535,243	0	535,243	54.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	8,292	0	8,292	59.00
60.00	LABORATORY	0	163,759	0	163,759	60.00
65.00	RESPIRATORY THERAPY	0	25,642	0	25,642	65.00
66.00	PHYSICAL THERAPY	0	235,295	0	235,295	66.00
69.00	ELECTROCARDIOLOGY	0	139,527	0	139,527	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,321	0	89,321	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
76.00	PSYCH SERVICES	0	95,167	0	95,167	76.00
76.02	ENDOSCOPY	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	62,187	0	62,187	90.00
91.00	EMERGENCY	0	400,898	0	400,898	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	82,253	0	82,253	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,447,477	0	6,447,477	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,330	0	21,330	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	299,140	0	299,140	192.00
194.00	FOUNDATION	0	0	0	0	194.00
194.01	CLINIC OF HOPE	0	0	0	1,598	194.01
194.04	COMMUNITY RELATIONS	0	0	0	0	194.04
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0		0	201.00
202.00	TOTAL (sum lines 118-201)	0	6,767,947	0	6,767,947	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/26/2012 2:14 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES	6,633					5.01
5.02	DATA PROCESSING	326	69,550				5.02
5.03	PURCHASING, RECEIVING AND STORES	163	942	87,490			5.03
5.04	ADMINISTRATIVE	130	1,885	504	41,038		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	152	565	245	0	43,112	5.05
5.06	ADMINISTRATIVE & GENERAL	876	5,654	0	0	0	5.06
7.00	OPERATION OF PLANT	130	1,131	194	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	11	0	0	0	0	8.00
9.00	HOUSEKEEPING	54	565	951	0	0	9.00
10.00	DIETARY	239	942	0	0	0	10.00
11.00	CAFETERIA	54	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	174	754	54	0	0	13.00
15.00	PHARMACY	163	1,885	1,466	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	174	2,262	207	0	0	16.00
17.00	SOCIAL SERVICE	119	942	75	0	0	17.00
23.00	ALLIED HEALTH	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	434	3,958	8,241	2,510	2,636	30.00
31.00	INTENSIVE CARE UNIT	326	6,597	3,226	691	725	31.00
41.00	SUBPROVIDER - IRF	217	2,073	1,316	618	649	41.00
43.00	NURSERY	109	188	0	379	397	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	217	11,879	3,118	5,027	5,278	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	326	942	4,439	1,141	1,199	52.00
53.00	ANESTHESIOLOGY	228	188	180	706	741	53.00
54.00	RADIOLOGY-DIAGNOSTIC	391	3,204	2,461	8,232	8,668	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	76	754	3,018	941	988	59.00
60.00	LABORATORY	65	5,654	2,602	5,986	6,285	60.00
65.00	RESPIRATORY THERAPY	163	754	427	1,982	2,081	65.00
66.00	PHYSICAL THERAPY	467	4,524	801	2,152	2,259	66.00
69.00	ELECTROCARDIOLOGY	185	0	981	1,629	1,710	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22	0	45,067	977	1,026	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	692	726	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	1,327	1,393	73.00
74.00	RENAL DIALYSIS	0	188	265	48	51	74.00
76.00	PSYCH SERVICES	206	2,262	0	691	726	76.00
76.02	ENDOSCOPY	0	0	2,414	1,156	1,214	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	11	754	818	639	671	90.00
91.00	EMERGENCY	326	6,597	3,817	2,855	2,998	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	22	188	528	659	691	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,556	68,231	87,415	41,038	43,112	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	33	565	0	0	0	192.00
194.00	FOUNDATION	0	0	0	0	0	194.00
194.01	CLINIC OF HOPE	33	754	75	0	0	194.01
194.04	COMMUNITY RELATIONS	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,633	69,550	87,490	41,038	43,112	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/26/2012 2:14 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	ADMINISTRATIVE & GENERAL	847,737					5.06
7.00	OPERATION OF PLANT	52,074	1,013,094				7.00
8.00	LAUNDRY & LINEN SERVICE	3,281	2,412	16,442			8.00
9.00	HOUSEKEEPING	16,359	9,382	0	76,229		9.00
10.00	DIETARY	8,018	24,236	284	0	143,626	10.00
11.00	CAFETERIA	15,113	29,381	0	0	0	11.00
13.00	NURSING ADMINISTRATION	6,173	12,227	0	76	0	13.00
15.00	PHARMACY	54,521	14,896	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	12,123	11,394	0	113	0	16.00
17.00	SOCIAL SERVICE	5,977	13,201	0	38	0	17.00
23.00	ALLIED HEALTH	2,693	4,172	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	99,897	137,101	6,111	23,870	111,965	30.00
31.00	INTENSIVE CARE UNIT	25,029	26,243	1,138	5,675	4,288	31.00
41.00	SUBPROVIDER - IRF	20,969	63,177	1,235	5,675	27,373	41.00
43.00	NURSERY	6,378	7,492	0	1,135	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	68,032	156,532	2,128	11,349	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	22,433	15,198	1,540	9,647	0	52.00
53.00	ANESTHESIOLOGY	1,127	1,290	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	82,191	120,231	1,038	2,308	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	6,246	1,863	106	454	0	59.00
60.00	LABORATORY	65,646	36,785	14	2,346	0	60.00
65.00	RESPIRATORY THERAPY	22,622	5,760	1	113	0	65.00
66.00	PHYSICAL THERAPY	44,130	52,854	106	567	0	66.00
69.00	ELECTROCARDIOLOGY	19,926	31,342	183	1,248	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	62,035	20,064	0	2,119	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	35,087	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,684	0	0	908	0	73.00
74.00	RENAL DIALYSIS	2,072	0	0	378	0	74.00
76.00	PSYCH SERVICES	4,213	21,377	0	0	0	76.00
76.02	ENDOSCOPY	6,981	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	5,052	13,969	1	1,211	0	90.00
91.00	EMERGENCY	33,423	90,053	2,431	6,999	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	14,391	18,476	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	827,896	941,108	16,316	76,229	143,626	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	219	4,791	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	3,306	67,195	126	0	0	192.00
194.00	FOUNDATION	0	0	0	0	0	194.00
194.01	CLINIC OF HOPE	4,074	0	0	0	0	194.01
194.04	COMMUNITY RELATIONS	12,242	0	0	0	0	194.04
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)	847,737	1,013,094	16,442	76,229	143,626	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/26/2012 2:14 pm
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00	180,949					11.00
13.00	1,636	78,051				13.00
15.00	4,439	0	150,441			15.00
16.00	5,770	0	0	86,404		16.00
17.00	1,998	0	0	0	83,461	17.00
23.00	947	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	39,804	18,697	0	5,293	59,159	30.00
31.00	7,456	3,502	0	1,456	6,518	31.00
41.00	8,049	3,781	0	1,303	13,870	41.00
43.00	1,820	855	0	798	3,914	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	18,755	8,810	0	10,599	0	50.00
51.00	0	0	0	0	0	51.00
52.00	7,745	3,638	0	2,407	0	52.00
53.00	0	0	0	1,488	0	53.00
54.00	17,431	8,188	0	17,241	0	54.00
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	723	340	0	1,985	0	59.00
60.00	14,251	6,694	0	12,619	0	60.00
65.00	7,174	3,370	0	4,179	0	65.00
66.00	13,735	6,452	0	4,536	0	66.00
69.00	6,008	2,822	0	3,434	0	69.00
71.00	3,251	1,527	0	2,060	0	71.00
72.00	0	0	0	1,459	0	72.00
73.00	0	0	150,441	2,797	0	73.00
74.00	0	0	0	102	0	74.00
76.00	0	0	0	1,457	0	76.00
76.02	1,490	700	0	2,437	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	1,399	657	0	1,347	0	90.00
91.00	8,527	4,006	0	6,019	0	91.00
92.00						92.00
92.01	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	7,027	3,301	0	1,388	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	0	0	0	0	0	113.00
118.00	179,435	77,340	150,441	86,404	83,461	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
192.00	0	0	0	0	0	192.00
194.00	0	0	0	0	0	194.00
194.01	1,514	711	0	0	0	194.01
194.04	0	0	0	0	0	194.04
200.00						200.00
201.00	0	0	0	0	0	201.00
202.00	180,949	78,051	150,441	86,404	83,461	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150010

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

Worksheet B
Part II
Date/Time Prepared:
1/26/2012 2:14 pm

Cost Center Description		ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	NONPATIENT TELEPHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING, RECEIVING AND STORES					5.03
5.04	ADMINISTRATIVE					5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	ADMINISTRATIVE & GENERAL					5.06
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
23.00	ALLIED HEALTH	27,520				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		1,172,220	0	1,172,220	30.00
31.00	INTENSIVE CARE UNIT		218,814	0	218,814	31.00
41.00	SUBPROVIDER - IRF		439,397	0	439,397	41.00
43.00	NURSERY		59,038	0	59,038	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		1,019,703	0	1,019,703	50.00
51.00	RECOVERY ROOM		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		147,296	0	147,296	52.00
53.00	ANESTHESIOLOGY		11,690	0	11,690	53.00
54.00	RADIOLOGY-DIAGNOSTIC		827,184	0	827,184	54.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		26,776	0	26,776	59.00
60.00	LABORATORY		337,259	0	337,259	60.00
65.00	RESPIRATORY THERAPY		83,222	0	83,222	65.00
66.00	PHYSICAL THERAPY		384,613	0	384,613	66.00
69.00	ELECTROCARDIOLOGY		215,975	0	215,975	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		229,990	0	229,990	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		37,964	0	37,964	72.00
73.00	DRUGS CHARGED TO PATIENTS		160,550	0	160,550	73.00
74.00	RENAL DIALYSIS		3,104	0	3,104	74.00
76.00	PSYCH SERVICES		126,099	0	126,099	76.00
76.02	ENDOSCOPY		18,441	0	18,441	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		89,785	0	89,785	90.00
91.00	EMERGENCY		579,269	0	579,269	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		134,321	0	134,321	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE		0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,322,710	0	6,322,710	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN		26,351	0	26,351	190.00
192.00	PHYSICIANS' PRIVATE OFFICES		370,365	0	370,365	192.00
194.00	FOUNDATION		0	0	0	194.00
194.01	CLINIC OF HOPE		8,759	0	8,759	194.01
194.04	COMMUNITY RELATIONS		12,242	0	12,242	194.04
200.00	Cross Foot Adjustments	27,520	27,520	0	27,520	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	27,520	6,767,947	0	6,767,947	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150010

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

Worksheet B-1

Date/Time Prepared:
1/26/2012 2:14 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	DATA PROCESSING (# OF TERMINALS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (NO STATISTICAL)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	326,497				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00	EMPLOYEE BENEFITS	12,820	0	38,912,688		4.00
5.01	NONPATIENT TELEPHONES		0	0	611	5.01
5.02	DATA PROCESSING	3,326	0	40,811	30	369 5.02
5.03	PURCHASING, RECEIVING AND STORES	4,088	0	240,914	15	5 5.03
5.04	ADMINISTRATIVE	1,644	0	650,298	12	10 5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	1,884	0	453,532	14	3 5.05
5.06	ADMINISTRATIVE & GENERAL	38,851	0	5,252,006	81	30 5.06
7.00	OPERATION OF PLANT	45,990	0	913,846	12	6 7.00
8.00	LAUNDRY & LINEN SERVICE	518	0	0	1	0 8.00
9.00	HOUSEKEEPING	2,015	0	1,046,807	5	3 9.00
10.00	DIETARY	5,205	0	294,841	22	5 10.00
11.00	CAFETERIA	6,310	0	820,247	5	0 11.00
13.00	NURSING ADMINISTRATION	2,626	0	369,513	16	4 13.00
15.00	PHARMACY	3,199	0	989,766	15	10 15.00
16.00	MEDICAL RECORDS & LIBRARY	2,447	0	532,528	16	12 16.00
17.00	SOCIAL SERVICE	2,835	0	343,272	11	5 17.00
23.00	ALLIED HEALTH	896	0	166,149	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	29,444	0	6,178,414	40	21 30.00
31.00	INTENSIVE CARE UNIT	5,636	0	1,334,858	30	35 31.00
41.00	SUBPROVIDER - IRF	13,568	0	1,148,157	20	11 41.00
43.00	NURSERY	1,609	0	325,126	10	1 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	33,617	0	3,094,553	20	63 50.00
51.00	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,264	0	1,315,214	30	5 52.00
53.00	ANESTHESIOLOGY	277	0	0	21	1 53.00
54.00	RADIOLOGY-DIAGNOSTIC	25,821	0	2,980,988	36	17 54.00
57.00	CT SCAN	0	0	0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	400	0	144,930	7	4 59.00
60.00	LABORATORY	7,900	0	2,131,019	6	30 60.00
65.00	RESPIRATORY THERAPY	1,237	0	1,311,147	15	4 65.00
66.00	PHYSICAL THERAPY	11,351	0	2,450,584	43	24 66.00
69.00	ELECTROCARDIOLOGY	6,731	0	1,022,050	17	0 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,309	0	369,204	2	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	RENAL DIALYSIS	0	0	0	0	1 74.00
76.00	PSYCH SERVICES	4,591	0	0	19	12 76.00
76.02	ENDOSCOPY	0	0	299,983	0	0 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	3,000	0	156,476	1	4 90.00
91.00	EMERGENCY	19,340	0	1,511,206	30	35 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	3,968	0	790,266	2	1 95.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	311,037	0	38,678,705	604	362 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,029	0	0	1	0 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	14,431	0	0	3	3 192.00
194.00	FOUNDATION	0	0	0	0	0 194.00
194.01	CLINIC OF HOPE	0	0	233,983	3	4 194.01
194.04	COMMUNITY RELATIONS	0	0	0	0	0 194.04
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)	6,767,947	0	15,163,485	195,913	3,357,156 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.728971	0.000000	0.389680	320.643208	9,097.983740 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			265,745	6,633	69,550 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.006829	10.855974	188.482385 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150010

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

Worksheet B-1

Date/Time Prepared:
1/26/2012 2:14 pm

Cost Center Description		PURCHASING, RECEIVING AND STORES (COSTED REQUISITION)	ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES	4,783,578					5.03
5.04	ADMINISTRATIVE	27,578	341,040,621				5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	13,391		341,040,621			5.05
5.06	ADMINISTRATIVE & GENERAL	0		0	-8,638,806	83,956,097	5.06
7.00	OPERATION OF PLANT	10,604		0	0	5,157,388	7.00
8.00	LAUNDRY & LINEN SERVICE	0		0	0	324,996	8.00
9.00	HOUSEKEEPING	51,975		0	0	1,620,213	9.00
10.00	DIETARY	0		0	0	794,144	10.00
11.00	CAFETERIA	0		0	0	1,496,760	11.00
13.00	NURSING ADMINISTRATION	2,934		0	0	611,381	13.00
15.00	PHARMACY	80,136		0	0	5,399,757	15.00
16.00	MEDICAL RECORDS & LIBRARY	11,293		0	0	1,200,683	16.00
17.00	SOCIAL SERVICE	4,089		0	0	591,975	17.00
23.00	ALLIED HEALTH	0		0	0	266,711	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	450,549	20,920,276	20,920,276	0	9,890,317	30.00
31.00	INTENSIVE CARE UNIT	176,362	5,755,759	5,755,759	0	2,478,853	31.00
41.00	SUBPROVIDER - IRF	71,952	5,151,574	5,151,574	0	2,076,729	41.00
43.00	NURSERY	0	3,154,728	3,154,728	0	631,691	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	170,474	41,892,310	41,892,310	0	6,737,842	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	242,675	9,512,089	9,512,089	0	2,221,733	52.00
53.00	ANESTHESIOLOGY	9,824	5,881,363	5,881,363	0	111,574	53.00
54.00	RADIOLOGY-DIAGNOSTIC	134,568	67,671,104	67,671,104	0	8,140,100	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	164,986	7,844,278	7,844,278	0	618,604	59.00
60.00	LABORATORY	142,273	49,879,410	49,879,410	0	6,501,575	60.00
65.00	RESPIRATORY THERAPY	23,330	16,515,972	16,515,972	0	2,240,463	65.00
66.00	PHYSICAL THERAPY	43,785	17,930,012	17,930,012	0	4,370,561	66.00
69.00	ELECTROCARDIOLOGY	53,616	13,573,026	13,573,026	0	1,973,433	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,464,222	8,141,164	8,141,164	0	6,143,920	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	5,765,638	5,765,638	0	3,475,006	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	11,055,312	11,055,312	0	364,849	73.00
74.00	RENAL DIALYSIS	14,510	401,281	401,281	0	205,242	74.00
76.00	PSYCH SERVICES	0	5,759,177	5,759,177	0	417,220	76.00
76.02	ENDOSCOPY	132,001	9,633,002	9,633,002	0	691,436	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	44,751	5,325,224	5,325,224	0	500,389	90.00
91.00	EMERGENCY	208,719	23,790,352	23,790,352	0	3,310,236	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	28,864	5,487,570	5,487,570	0	1,425,323	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,779,461	341,040,621	341,040,621	-8,638,806	81,991,104	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	21,651	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	327,396	192.00
194.00	FOUNDATION	0	0	0	0	0	194.00
194.01	CLINIC OF HOPE	4,117	0	0	0	403,521	194.01
194.04	COMMUNITY RELATIONS	0	0	0	0	1,212,425	194.04
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)	736,638	1,156,904	1,601,851		8,638,806	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.153993	0.003392	0.004697		0.102897	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	87,490	41,038	43,112		847,737	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.018290	0.000120	0.000126		0.010097	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150010

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

Worksheet B-1

Date/Time Prepared:
1/26/2012 2:14 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
7.00 OPERATION OF PLANT	217,574					7.00
8.00 LAUNDRY & LINEN SERVICE	518	755,310				8.00
9.00 HOUSEKEEPING	2,015	0	2,015			9.00
10.00 DIETARY	5,205	13,031	0	73,526		10.00
11.00 CAFETERIA	6,310	0	0	0	1,193,284	11.00
13.00 NURSING ADMINISTRATION	2,626	0	2	0	10,789	13.00
15.00 PHARMACY	3,199	0	0	0	29,275	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,447	0	3	0	38,050	16.00
17.00 SOCIAL SERVICE	2,835	0	1	0	13,176	17.00
23.00 ALLIED HEALTH	896	0	0	0	6,244	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	29,444	280,689	631	57,318	262,490	30.00
31.00 INTENSIVE CARE UNIT	5,636	52,260	150	2,195	49,169	31.00
41.00 SUBPROVIDER - IRF	13,568	56,723	150	14,013	53,082	41.00
43.00 NURSERY	1,609	0	30	0	12,003	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	33,617	97,774	300	0	123,684	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,264	70,746	255	0	51,078	52.00
53.00 ANESTHESIOLOGY	277	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	25,821	47,686	61	0	114,948	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	400	4,881	12	0	4,768	59.00
60.00 LABORATORY	7,900	656	62	0	93,978	60.00
65.00 RESPIRATORY THERAPY	1,237	53	3	0	47,307	65.00
66.00 PHYSICAL THERAPY	11,351	4,876	15	0	90,576	66.00
69.00 ELECTROCARDIOLOGY	6,731	8,408	33	0	39,623	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,309	0	56	0	21,436	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	24	0	0	73.00
74.00 RENAL DIALYSIS	0	0	10	0	0	74.00
76.00 PSYCH SERVICES	4,591	0	0	0	0	76.00
76.02 ENDOSCOPY	0	0	0	0	9,823	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	3,000	62	32	0	9,223	90.00
91.00 EMERGENCY	19,340	111,678	185	0	56,234	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	3,968	0	0	0	46,342	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	202,114	749,523	2,015	73,526	1,183,298	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,029	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	14,431	5,787	0	0	0	192.00
194.00 FOUNDATION	0	0	0	0	0	194.00
194.01 CLINIC OF HOPE	0	0	0	0	9,986	194.01
194.04 COMMUNITY RELATIONS	0	0	0	0	0	194.04
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)	5,688,068	371,979	1,839,606	1,018,352	1,815,735	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	26.143142	0.492485	912.955831	13.850230	1.521629	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,013,094	16,442	76,229	143,626	180,949	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	4.656319	0.021769	37.830769	1.953404	0.151640	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150010

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

Worksheet B-1
Date/Time Prepared:
1/26/2012 2:14 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	ALLIED HEALTH (ASSIGNED TIME)	
		13.00	15.00	16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	ADMINISTRATIVE & GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	1,095,750					13.00
15.00	PHARMACY	0	100				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	341,040,621			16.00
17.00	SOCIAL SERVICE	0	0	0	28,107		17.00
23.00	ALLIED HEALTH	0	0	0	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	262,490	0	20,920,276	19,923	0	30.00
31.00	INTENSIVE CARE UNIT	49,169	0	5,755,759	2,195	0	31.00
41.00	SUBPROVIDER - IRF	53,082	0	5,151,574	4,671	0	41.00
43.00	NURSERY	12,003	0	3,154,728	1,318	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	123,684	0	41,892,310	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	51,078	0	9,512,089	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	5,881,363	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	114,948	0	67,671,104	0	100	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	4,768	0	7,844,278	0	0	59.00
60.00	LABORATORY	93,978	0	49,879,410	0	0	60.00
65.00	RESPIRATORY THERAPY	47,307	0	16,515,972	0	0	65.00
66.00	PHYSICAL THERAPY	90,576	0	17,930,012	0	0	66.00
69.00	ELECTROCARDIOLOGY	39,623	0	13,573,026	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,436	0	8,141,164	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,765,638	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	100	11,055,312	0	0	73.00
74.00	RENAL DIALYSIS	0	0	401,281	0	0	74.00
76.00	PSYCH SERVICES	0	0	5,759,177	0	0	76.00
76.02	ENDOSCOPY	9,823	0	9,633,002	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	9,223	0	5,325,224	0	0	90.00
91.00	EMERGENCY	56,234	0	23,790,352	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	46,342	0	5,487,570	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,085,764	100	341,040,621	28,107	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	FOUNDATION	0	0	0	0	0	194.00
194.01	CLINIC OF HOPE	9,986	0	0	0	0	194.01
194.04	COMMUNITY RELATIONS	0	0	0	0	0	194.04
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)	761,185	6,083,554	1,448,839	747,965	327,080	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.694670	60,835.540000	0.004248	26.611342	3,270.800000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	78,051	150,441	86,404	83,461	27,520	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.071231	1,504.410000	0.000253	2.969403	275.200000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 2:14 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,386,712		14,386,712	0	14,386,712	30.00
31.00	INTENSIVE CARE UNIT	3,266,179		3,266,179	0	3,266,179	31.00
41.00	SUBPROVIDER - IRF	3,267,920		3,267,920	0	3,267,920	41.00
43.00	NURSERY	841,220		841,220	0	841,220	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	9,084,121		9,084,121	0	9,084,121	50.00
51.00	RECOVERY ROOM	0		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,956,930		2,956,930	0	2,956,930	52.00
53.00	ANESTHESIOLOGY	155,281		155,281	0	155,281	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,601,314		10,601,314	0	10,601,314	54.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	749,961		749,961	0	749,961	59.00
60.00	LABORATORY	7,854,197		7,854,197	0	7,854,197	60.00
65.00	RESPIRATORY THERAPY	2,681,111	0	2,681,111	0	2,681,111	65.00
66.00	PHYSICAL THERAPY	5,410,035	0	5,410,035	0	5,410,035	66.00
69.00	ELECTROCARDIOLOGY	2,532,206		2,532,206	0	2,532,206	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,021,981		7,021,981	0	7,021,981	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	3,857,066		3,857,066	0	3,857,066	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,554,819		6,554,819	0	6,554,819	73.00
74.00	RENAL DIALYSIS	237,196		237,196	0	237,196	74.00
76.00	PSYCH SERVICES	604,639		604,639	0	604,639	76.00
76.02	ENDOSCOPY	825,275		825,275	0	825,275	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	702,616		702,616	0	702,616	90.00
91.00	EMERGENCY	4,606,046		4,606,046	0	4,606,046	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,021,674		1,021,674	0	1,021,674	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,801,738		1,801,738	0	1,801,738	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	91,020,237	0	91,020,237	0	91,020,237	200.00
201.00	Less Observation Beds	1,021,674		1,021,674		1,021,674	201.00
202.00	Total (see instructions)	89,998,563	0	89,998,563	0	89,998,563	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 2:14 pm
		Title XVIIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	19,580,612		19,580,612		30.00
31.00	INTENSIVE CARE UNIT	5,755,759		5,755,759		31.00
41.00	SUBPROVIDER - IRF	5,151,574		5,151,574		41.00
43.00	NURSERY	3,154,728		3,154,728		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	14,234,477	27,657,833	41,892,310	0.216845	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,691,509	820,580	9,512,089	0.310860	52.00
53.00	ANESTHESIOLOGY	2,165,311	3,716,052	5,881,363	0.026402	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,884,591	55,786,513	67,671,104	0.156659	54.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	1,792,441	6,051,837	7,844,278	0.095606	59.00
60.00	LABORATORY	19,506,894	30,372,516	49,879,410	0.157464	60.00
65.00	RESPIRATORY THERAPY	13,533,999	2,981,973	16,515,972	0.162334	65.00
66.00	PHYSICAL THERAPY	7,951,177	9,978,835	17,930,012	0.301731	66.00
69.00	ELECTROCARDIOLOGY	3,746,365	9,826,661	13,573,026	0.186562	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,199,391	2,941,773	8,141,164	0.862528	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,994,764	770,874	5,765,638	0.668975	72.00
73.00	DRUGS CHARGED TO PATIENTS	7,368,545	3,686,767	11,055,312	0.592911	73.00
74.00	RENAL DIALYSIS	387,028	14,253	401,281	0.591097	74.00
76.00	PSYCH SERVICES	0	5,759,177	5,759,177	0.104987	76.00
76.02	ENDOSCOPY	885,720	8,747,282	9,633,002	0.085672	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	13,884	5,311,340	5,325,224	0.131941	90.00
91.00	EMERGENCY	4,999,556	18,790,796	23,790,352	0.193610	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,339,664	1,339,664	0.762635	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	1,679	5,485,891	5,487,570	0.328331	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	141,000,004	200,040,617	341,040,621		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	141,000,004	200,040,617	341,040,621		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 2:14 pm
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
41.00	SUBPROVIDER - IRF				41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.216845			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.310860			52.00
53.00	ANESTHESIOLOGY	0.026402			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.156659			54.00
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.095606			59.00
60.00	LABORATORY	0.157464			60.00
65.00	RESPIRATORY THERAPY	0.162334			65.00
66.00	PHYSICAL THERAPY	0.301731			66.00
69.00	ELECTROCARDIOLOGY	0.186562			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.862528			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.668975			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.592911			73.00
74.00	RENAL DIALYSIS	0.591097			74.00
76.00	PSYCH SERVICES	0.104987			76.00
76.02	ENDOSCOPY	0.085672			76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.131941			90.00
91.00	EMERGENCY	0.193610			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.762635			92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.328331			95.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 2:14 pm
		Title XIX	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		14,386,712	0	0	30.00
31.00	INTENSIVE CARE UNIT		3,266,179	0	0	31.00
41.00	SUBPROVIDER - IRF		3,267,920	0	0	41.00
43.00	NURSERY		841,220	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		9,084,121	0	0	50.00
51.00	RECOVERY ROOM		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		2,956,930	0	0	52.00
53.00	ANESTHESIOLOGY		155,281	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		10,601,314	0	0	54.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		749,961	0	0	59.00
60.00	LABORATORY		7,854,197	0	0	60.00
65.00	RESPIRATORY THERAPY	0	2,681,111	0	0	65.00
66.00	PHYSICAL THERAPY	0	5,410,035	0	0	66.00
69.00	ELECTROCARDIOLOGY		2,532,206	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		7,021,981	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		3,857,066	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		6,554,819	0	0	73.00
74.00	RENAL DIALYSIS		237,196	0	0	74.00
76.00	PSYCH SERVICES		604,639	0	0	76.00
76.02	ENDOSCOPY		825,275	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		702,616	0	0	90.00
91.00	EMERGENCY		4,606,046	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,021,674	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		1,801,738	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	0	91,020,237	0	0	200.00
201.00	Less Observation Beds		1,021,674			201.00
202.00	Total (see instructions)	0	89,998,563	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 2:14 pm
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,580,612		19,580,612			30.00
31.00 INTENSIVE CARE UNIT	5,755,759		5,755,759			31.00
41.00 SUBPROVIDER - IRF	5,151,574		5,151,574			41.00
43.00 NURSERY	3,154,728		3,154,728			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	14,234,477	27,657,833	41,892,310	0.216845	0.000000	50.00
51.00 RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	8,691,509	820,580	9,512,089	0.310860	0.000000	52.00
53.00 ANESTHESIOLOGY	2,165,311	3,716,052	5,881,363	0.026402	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,884,591	55,786,513	67,671,104	0.156659	0.000000	54.00
57.00 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	1,792,441	6,051,837	7,844,278	0.095606	0.000000	59.00
60.00 LABORATORY	19,506,894	30,372,516	49,879,410	0.157464	0.000000	60.00
65.00 RESPIRATORY THERAPY	13,533,999	2,981,973	16,515,972	0.162334	0.000000	65.00
66.00 PHYSICAL THERAPY	7,951,177	9,978,835	17,930,012	0.301731	0.000000	66.00
69.00 ELECTROCARDIOLOGY	3,746,365	9,826,661	13,573,026	0.186562	0.000000	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,199,391	2,941,773	8,141,164	0.862528	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	4,994,764	770,874	5,765,638	0.668975	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	7,368,545	3,686,767	11,055,312	0.592911	0.000000	73.00
74.00 RENAL DIALYSIS	387,028	14,253	401,281	0.591097	0.000000	74.00
76.00 PSYCH SERVICES	0	5,759,177	5,759,177	0.104987	0.000000	76.00
76.02 ENDOSCOPY	885,720	8,747,282	9,633,002	0.085672	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	13,884	5,311,340	5,325,224	0.131941	0.000000	90.00
91.00 EMERGENCY	4,999,556	18,790,796	23,790,352	0.193610	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,339,664	1,339,664	0.762635	0.000000	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,679	5,485,891	5,487,570	0.328331	0.000000	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	141,000,004	200,040,617	341,040,621			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	141,000,004	200,040,617	341,040,621			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 2:14 pm
	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
41.00 SUBPROVIDER - IRF			41.00
43.00 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0.000000		50.00
51.00 RECOVERY ROOM	0.000000		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00 ANESTHESIOLOGY	0.000000		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00 CT SCAN	0.000000		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00 CARDIAC CATHETERIZATION	0.000000		59.00
60.00 LABORATORY	0.000000		60.00
65.00 RESPIRATORY THERAPY	0.000000		65.00
66.00 PHYSICAL THERAPY	0.000000		66.00
69.00 ELECTROCARDIOLOGY	0.000000		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00 RENAL DIALYSIS	0.000000		74.00
76.00 PSYCH SERVICES	0.000000		76.00
76.02 ENDOSCOPY	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0.000000		90.00
91.00 EMERGENCY	0.000000		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE			113.00
200.00 Subtotal (see instructions)			200.00
201.00 Less Observation Beds			201.00
202.00 Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/26/2012 2:14 pm	
		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	1,172,220	0	1,172,220	21,446	54.66	30.00
31.00	INTENSIVE CARE UNIT	218,814	0	218,814	2,195	99.69	31.00
41.00	SUBPROVIDER - IRF	439,397	0	439,397	4,671	94.07	41.00
43.00	NURSERY	59,038		59,038	1,318	44.79	43.00
200.00	Total (lines 30-199)	1,889,469		1,889,469	29,630		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/26/2012 2:14 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,102	497,515				30.00
31.00	INTENSIVE CARE UNIT	1,198	119,429				31.00
41.00	SUBPROVIDER - IRF	3,504	329,621				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	13,804	946,565				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/26/2012 2:14 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,019,703	41,892,310	0.024341	8,006,521	194,887	50.00
51.00 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	147,296	9,512,089	0.015485	5,376	83	52.00
53.00 ANESTHESIOLOGY	11,690	5,881,363	0.001988	1,114,876	2,216	53.00
54.00 RADIOLOGY-DIAGNOSTIC	827,184	67,671,104	0.012224	6,832,681	83,523	54.00
57.00 CT SCAN	0	0	0.000000	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00 CARDIAC CATHETERIZATION	26,776	7,844,278	0.003413	443,849	1,515	59.00
60.00 LABORATORY	337,259	49,879,410	0.006761	10,357,909	70,030	60.00
65.00 RESPIRATORY THERAPY	83,222	16,515,972	0.005039	4,437,898	22,363	65.00
66.00 PHYSICAL THERAPY	384,613	17,930,012	0.021451	2,190,825	46,995	66.00
69.00 ELECTROCARDIOLOGY	215,975	13,573,026	0.015912	3,279,395	52,182	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	229,990	8,141,164	0.028250	4,469,426	126,261	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	37,964	5,765,638	0.006585	4,965,183	32,696	72.00
73.00 DRUGS CHARGED TO PATIENTS	160,550	11,055,312	0.014522	4,509,510	65,487	73.00
74.00 RENAL DIALYSIS	3,104	401,281	0.007735	136,066	1,052	74.00
76.00 PSYCH SERVICES	126,099	5,759,177	0.021895	0	0	76.00
76.02 ENDOSCOPY	18,441	9,633,002	0.001914	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	89,785	5,325,224	0.016860	0	0	90.00
91.00 EMERGENCY	579,269	23,790,352	0.024349	1,961,257	47,755	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	83,245	1,339,664	0.062139	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	4,382,165	301,910,378		52,710,772	747,045	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/26/2012 2:14 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/26/2012 2:14 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	21,446	0.00	9,102	0	30.00	
31.00	INTENSIVE CARE UNIT	2,195	0.00	1,198	0	31.00	
41.00	SUBPROVIDER - IRF	4,671	0.00	3,504	0	41.00	
43.00	NURSERY	1,318	0.00	0	0	43.00	
200.00	Total (lines 30-199)	29,630		13,804	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 2:14 pm
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Cost Center Description		Title XVIII				Hospital	PPS
		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
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	327,080	0	327,080	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	PSYCH SERVICES	0	0	0	0	0	76.00
76.02	ENDOSCOPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	327,080	0	327,080	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 2:14 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	41,892,310	0.000000	0.000000	8,006,521	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	9,512,089	0.000000	0.000000	5,376	52.00
53.00	ANESTHESIOLOGY	0	5,881,363	0.000000	0.000000	1,114,876	53.00
54.00	RADIOLOGY-DIAGNOSTIC	327,080	67,671,104	0.004833	0.004833	6,832,681	54.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	7,844,278	0.000000	0.000000	443,849	59.00
60.00	LABORATORY	0	49,879,410	0.000000	0.000000	10,357,909	60.00
65.00	RESPIRATORY THERAPY	0	16,515,972	0.000000	0.000000	4,437,898	65.00
66.00	PHYSICAL THERAPY	0	17,930,012	0.000000	0.000000	2,190,825	66.00
69.00	ELECTROCARDIOLOGY	0	13,573,026	0.000000	0.000000	3,279,395	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,141,164	0.000000	0.000000	4,469,426	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	5,765,638	0.000000	0.000000	4,965,183	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	11,055,312	0.000000	0.000000	4,509,510	73.00
74.00	RENAL DIALYSIS	0	401,281	0.000000	0.000000	136,066	74.00
76.00	PSYCH SERVICES	0	5,759,177	0.000000	0.000000	0	76.00
76.02	ENDOSCOPY	0	9,633,002	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	5,325,224	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	23,790,352	0.000000	0.000000	1,961,257	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,339,664	0.000000	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	327,080	301,910,378			52,710,772	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 2:14 pm
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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)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	10,627,963	0	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,568	0	52.00
53.00	ANESTHESIOLOGY	0	1,079,459	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	33,022	19,619,712	94,822	54.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	903,393	0	59.00
60.00	LABORATORY	0	1,210,187	0	60.00
65.00	RESPIRATORY THERAPY	0	602,750	0	65.00
66.00	PHYSICAL THERAPY	0	36,360	0	66.00
69.00	ELECTROCARDIOLOGY	0	8,734,391	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,937,405	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	770,874	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,624,423	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
76.00	PSYCH SERVICES	0	84,504	0	76.00
76.02	ENDOSCOPY	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	7,537	0	90.00
91.00	EMERGENCY	0	5,285,275	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	390,866	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	33,022	54,918,667	94,822	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/26/2012 2:14 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges		
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.216845	10,627,963	0	0	50.00
51.00 RECOVERY ROOM	0.000000	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.310860	3,568	0	0	52.00
53.00 ANESTHESIOLOGY	0.026402	1,079,459	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.156659	19,619,712	-736	0	54.00
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.095606	903,393	0	0	59.00
60.00 LABORATORY	0.157464	1,210,187	0	0	60.00
65.00 RESPIRATORY THERAPY	0.162334	602,750	0	0	65.00
66.00 PHYSICAL THERAPY	0.301731	36,360	-648	0	66.00
69.00 ELECTROCARDIOLOGY	0.186562	8,734,391	-3,078	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.862528	1,937,405	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.668975	770,874	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.592911	3,624,423	61	2,618	73.00
74.00 RENAL DIALYSIS	0.591097	0	0	0	74.00
76.00 PSYCH SERVICES	0.104987	84,504	0	0	76.00
76.02 ENDOSCOPY	0.085672	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0.131941	7,537	0	0	90.00
91.00 EMERGENCY	0.193610	5,285,275	-2,739	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.762635	390,866	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	0.328331		0		95.00
200.00 Subtotal (see instructions)		54,918,667	-7,140	2,618	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		54,918,667	-7,140	2,618	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/26/2012 2:14 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	2,304,621	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,109	0	0		52.00
53.00 ANESTHESIOLOGY	28,500	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,073,604	-115	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	86,370	0	0		59.00
60.00 LABORATORY	190,561	0	0		60.00
65.00 RESPIRATORY THERAPY	97,847	0	0		65.00
66.00 PHYSICAL THERAPY	10,971	-196	0		66.00
69.00 ELECTROCARDIOLOGY	1,629,505	-574	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,671,066	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	515,695	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,148,960	36	1,552		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 PSYCH SERVICES	8,872	0	0		76.00
76.02 ENDOSCOPY	0	0	0		76.02
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	994	0	0		90.00
91.00 EMERGENCY	1,023,282	-530	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	298,088	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	13,090,045	-1,379	1,552		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	13,090,045	-1,379	1,552		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150010 Component CCN: 15T010		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part II Date/Time Prepared: 1/26/2012 2:14 pm	
		Title XVIIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,019,703	41,892,310	0.024341	54,855	1,335	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	147,296	9,512,089	0.015485	0	0	52.00
53.00	ANESTHESIOLOGY	11,690	5,881,363	0.001988	1,955	4	53.00
54.00	RADIOLOGY-DIAGNOSTIC	827,184	67,671,104	0.012224	322,234	3,939	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	26,776	7,844,278	0.003413	0	0	59.00
60.00	LABORATORY	337,259	49,879,410	0.006761	1,021,919	6,909	60.00
65.00	RESPIRATORY THERAPY	83,222	16,515,972	0.005039	534,710	2,694	65.00
66.00	PHYSICAL THERAPY	384,613	17,930,012	0.021451	3,635,265	77,980	66.00
69.00	ELECTROCARDIOLOGY	215,975	13,573,026	0.015912	261,716	4,164	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	229,990	8,141,164	0.028250	434,337	12,270	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	37,964	5,765,638	0.006585	2,239	15	72.00
73.00	DRUGS CHARGED TO PATIENTS	160,550	11,055,312	0.014522	562,594	8,170	73.00
74.00	RENAL DIALYSIS	3,104	401,281	0.007735	46,195	357	74.00
76.00	PSYCH SERVICES	126,099	5,759,177	0.021895	0	0	76.00
76.02	ENDOSCOPY	18,441	9,633,002	0.001914	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	89,785	5,325,224	0.016860	0	0	90.00
91.00	EMERGENCY	579,269	23,790,352	0.024349	3,008	73	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	83,245	1,339,664	0.062139	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	4,382,165	301,910,378		6,881,027	117,910	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 2:14 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
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	327,080	0	327,080	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 PSYCH SERVICES	0	0	0	0	0	76.00
76.02 ENDOSCOPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	327,080	0	327,080	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 2:14 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	41,892,310	0.000000	0.000000	54,855	50.00
51.00 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	9,512,089	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	5,881,363	0.000000	0.000000	1,955	53.00
54.00 RADIOLOGY-DIAGNOSTIC	327,080	67,671,104	0.004833	0.004833	322,234	54.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	7,844,278	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	49,879,410	0.000000	0.000000	1,021,919	60.00
65.00 RESPIRATORY THERAPY	0	16,515,972	0.000000	0.000000	534,710	65.00
66.00 PHYSICAL THERAPY	0	17,930,012	0.000000	0.000000	3,635,265	66.00
69.00 ELECTROCARDIOLOGY	0	13,573,026	0.000000	0.000000	261,716	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,141,164	0.000000	0.000000	434,337	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	5,765,638	0.000000	0.000000	2,239	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	11,055,312	0.000000	0.000000	562,594	73.00
74.00 RENAL DIALYSIS	0	401,281	0.000000	0.000000	46,195	74.00
76.00 PSYCH SERVICES	0	5,759,177	0.000000	0.000000	0	76.00
76.02 ENDOSCOPY	0	9,633,002	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	5,325,224	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	23,790,352	0.000000	0.000000	3,008	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,339,664	0.000000	0.000000	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	327,080	301,910,378			6,881,027	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150010	Period: From 07/01/2010	Worksheet D Part IV Date/Time Prepared: 1/26/2012 2:14 pm
	Component CCN: 15T010	To 06/30/2011	
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,557	0	0	54.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 PSYCH SERVICES	0	0	0	76.00
76.02 ENDOSCOPY	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (Lines 50-199)	1,557	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/26/2012 2:14 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,446	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,446	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		13,996	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,450	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)		9,102	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)		3,227	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)		14,386,712	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)		14,386,712	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		19,580,612	28.00
29.00	Private room charges (excluding swing-bed charges)		15,016,358	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,564,254	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.734743	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,072.90	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		612.65	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		460.25	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		338.17	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		4,733,027	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,653,685	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)		670.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,105,895	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)		6,105,895	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 2:14 pm		
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	3,266,179	2,195	1,488.01	1,198	1,782,636	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,814,859	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,703,390	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)					616,944	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					780,067	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,397,011	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,306,379	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,523	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					670.83	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,021,674	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/26/2012 2:14 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,172,220	14,386,712	0.081479	1,021,674	83,245	90.00
91.00	Nursing School cost	0	14,386,712	0.000000	1,021,674	0	91.00
92.00	Allied health cost	0	14,386,712	0.000000	1,021,674	0	92.00
93.00	All other Medical Education	0	14,386,712	0.000000	1,021,674	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 2:14 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,671 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,671 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			1,624 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,047 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)			3,504 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)			1,624 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)			3,267,920 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)			3,267,920 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			5,151,574 28.00
29.00	Private room charges (excluding swing-bed charges)			1,797,754 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			3,353,820 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.634354 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,106.99 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,100.70 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			6.29 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			3.99 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			6,480 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,261,440 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)			699.62 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,451,468 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)			2,451,468 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
					Component CCN: 15T010		Date/Time Prepared: 1/26/2012 2:14 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,193,425	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,644,893	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)					329,621	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					119,467	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					449,088	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,195,805	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)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 2:14 pm
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
90.00 Capital-related cost	439,397	3,267,920	0.134458	0	0
91.00 Nursing School cost	0	3,267,920	0.000000	0	0
92.00 Allied health cost	0	3,267,920	0.000000	0	0
93.00 All other Medical Education	0	3,267,920	0.000000	0	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 1/26/2012 2:14 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,446	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,446	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		13,996	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,450	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)		1,643	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,318	15.00
16.00	Nursery days (title V or XIX only)		329	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)		14,386,712	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)		14,386,712	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		19,580,358	28.00
29.00	Private room charges (excluding swing-bed charges)		15,016,358	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,564,254	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.734752	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,072.90	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		612.65	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		460.25	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		338.17	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		4,733,027	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,653,685	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)		450.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		739,580	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)		739,580	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 2:14 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	841,220	1,318	638.25	329	209,984	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,266,179	2,195	1,488.01	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,357,109	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,306,673	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,523	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					670.83	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,021,674	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/26/2012 2:14 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 2:14 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		9,651,532		30.00
31.00	INTENSIVE CARE UNIT		2,862,265		31.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.216845	8,006,521	1,736,174	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.310860	5,376	1,671	52.00
53.00	ANESTHESIOLOGY	0.026402	1,114,876	29,435	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.156659	6,832,681	1,070,401	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.095606	443,849	42,435	59.00
60.00	LABORATORY	0.157464	10,357,909	1,630,998	60.00
65.00	RESPIRATORY THERAPY	0.162334	4,437,898	720,422	65.00
66.00	PHYSICAL THERAPY	0.301731	2,190,825	661,040	66.00
69.00	ELECTROCARDIOLOGY	0.186562	3,279,395	611,810	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.862528	4,469,426	3,855,005	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.668975	4,965,183	3,321,583	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.592911	4,509,510	2,673,738	73.00
74.00	RENAL DIALYSIS	0.591097	136,066	80,428	74.00
76.00	PSYCH SERVICES	0.104987	0	0	76.00
76.02	ENDOSCOPY	0.085672	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.131941	0	0	90.00
91.00	EMERGENCY	0.193610	1,961,257	379,719	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.762635	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		52,710,772	16,814,859	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		52,710,772		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 2:14 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
41.00	SUBPROVIDER - IRF		3,843,841	41.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.216845	54,855	50.00
51.00	RECOVERY ROOM	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.310860	0	52.00
53.00	ANESTHESIOLOGY	0.026402	1,955	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.156659	322,234	54.00
57.00	CT SCAN	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0.095606	0	59.00
60.00	LABORATORY	0.157464	1,021,919	60.00
65.00	RESPIRATORY THERAPY	0.162334	534,710	65.00
66.00	PHYSICAL THERAPY	0.301731	3,635,265	66.00
69.00	ELECTROCARDIOLOGY	0.186562	261,716	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.862528	434,337	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.668975	2,239	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.592911	562,594	73.00
74.00	RENAL DIALYSIS	0.591097	46,195	74.00
76.00	PSYCH SERVICES	0.104987	0	76.00
76.02	ENDOSCOPY	0.085672	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.131941	0	90.00
91.00	EMERGENCY	0.193610	3,008	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.762635	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		6,881,027	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		6,881,027	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 2:14 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,159,875		30.00
31.00	INTENSIVE CARE UNIT		666,167		31.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.216845	467,527	101,381	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.310860	491,022	152,639	52.00
53.00	ANESTHESIOLOGY	0.026402	119,715	3,161	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.156659	512,391	80,271	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.095606	11,170	1,068	59.00
60.00	LABORATORY	0.157464	1,122,023	176,678	60.00
65.00	RESPIRATORY THERAPY	0.162334	347,063	56,340	65.00
66.00	PHYSICAL THERAPY	0.301731	391,300	118,067	66.00
69.00	ELECTROCARDIOLOGY	0.186562	205,254	38,293	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.862528	295,628	254,987	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.668975	27,342	18,291	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.592911	532,998	316,020	73.00
74.00	RENAL DIALYSIS	0.591097	6,489	3,836	74.00
76.00	PSYCH SERVICES	0.104987	0	0	76.00
76.02	ENDOSCOPY	0.085672	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.131941	0	0	90.00
91.00	EMERGENCY	0.193610	186,338	36,077	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.762635	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		4,716,260	1,357,109	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		4,716,260		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 2:14 pm
		Title XIX	Subprovider - IRF	
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		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
41.00	SUBPROVIDER - IRF		106,067	41.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000	0	50.00
51.00	RECOVERY ROOM	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	0	54.00
57.00	CT SCAN	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.000000	7,232	60.00
65.00	RESPIRATORY THERAPY	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0.000000	81,117	66.00
69.00	ELECTROCARDIOLOGY	0.000000	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	19,557	73.00
74.00	RENAL DIALYSIS	0.000000	0	74.00
76.00	PSYCH SERVICES	0.000000	0	76.00
76.02	ENDOSCOPY	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000	0	90.00
91.00	EMERGENCY	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		107,906	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		107,906	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/26/2012 2:14 pm	
		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		15,110,619		1.00
2.00	Outlier payments for discharges. (see instructions)		1,183,441		2.00
3.00	Managed Care Simulated Payments		681,672		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		140.83		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.72		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		21.35		31.00
32.00	Sum of lines 30 and 31		25.07		32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.90		33.00
34.00	Disproportionate share adjustment (see instructions)		1,495,951		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)		2,056		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		17,790,011		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)		17,790,011		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/26/2012 2:14 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,368,490		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)		33,022		58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,191,523		59.00
60.00	Primary payer payments		1,000		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,190,523		61.00
62.00	Deductibles billed to program beneficiaries		1,657,884		62.00
63.00	Coinsurance billed to program beneficiaries		59,191		63.00
64.00	Allowable bad debts (see instructions)		292,323		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		204,626		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		224,486		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,678,074		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)		17,678,074		71.00
72.00	Interim payments		17,800,169		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)		-122,095		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		1,036,589		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: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 2:14 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		173	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,995,223	2.00
3.00	PPS payments		10,414,705	3.00
4.00	Outlier payment (see instructions)		73,549	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.868	5.00
6.00	Line 2 times line 5		11,279,854	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		92.98	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		94,822	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		173	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		-4,522	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)		-4,522	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)		-4,522	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		4,695	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		-4,522	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)		10,583,076	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)		2,573,876	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)		8,004,678	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)		8,004,678	30.00
31.00	Primary payer payments		3,280	31.00
32.00	Subtotal (line 30 minus line 31)		8,001,398	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)		339,551	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		237,686	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		240,124	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		8,239,084	37.00
38.00	MSP-LCC reconciliation amount from PS&R		16	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)		8,239,068	40.00
41.00	Interim payments		7,974,927	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)		264,141	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 2:14 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 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)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
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)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
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)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			0 40.00
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
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: 150010		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/26/2012 2:14 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		17,519,168		7,911,368	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	06/28/2011	54,000		0	3.01	
3.02		03/03/2011	227,001	03/03/2011	63,559	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)		281,001		63,559	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)		17,800,169		7,974,927	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		264,141	6.01	
6.02	SETTLEMENT TO PROGRAM		122,095		0	6.02	
7.00	Total Medicare program liability (see instructions)		17,678,074		8,239,068	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/26/2012 2:14 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0
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		4,294,414		0
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)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	03/03/2011	6,132		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		6,132		0
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)		4,300,546		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		132,036		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		4,432,582		0
				Contractor Number	Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/26/2012 2:14 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,106,417 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0173 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			178,678 3.00
4.00	Outlier Payments			206,166 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.797260 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,491,261 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,491,261 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,491,261 19.00
20.00	Deductibles			52,244 20.00
21.00	Subtotal (line 19 minus line 20)			4,439,017 21.00
22.00	Coinsurance			26,872 22.00
23.00	Subtotal (line 21 minus line 22)			4,412,145 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			26,972 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			18,880 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			20,686 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,431,025 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,557 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,432,582 32.00
33.00	Interim payments			4,300,546 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			132,036 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2012 2:14 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		2,306,673	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)		2,306,673	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)		2,306,673	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		1,826,042	8.00
9.00	Ancillary service charges		4,716,260	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)		6,542,302	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)		6,542,302	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)		4,235,629	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)		2,306,673	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26, 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)		2,306,673	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)		2,306,673	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)		2,306,673	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		2,306,673	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)		2,306,673	40.00
41.00	Interim payments		2,306,673	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	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: 150010 Period: From 07/01/2010 To 06/30/2011 Worksheet G
 Date/Time Prepared: 1/26/2012 2:14 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,053,278	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	42,891,926	0	0	0	4.00
5.00	Other receivable	660,082	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-29,517,152	0	0	0	6.00
7.00	Inventory	1,374,555	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,870,800	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)	25,333,489	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,422,671	0	0	0	12.00
13.00	Land improvements	2,340,007	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	66,543,795	0	0	0	15.00
16.00	Accumulated depreciation	-42,754,717	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	74,219,894	0	0	0	19.00
20.00	Accumulated depreciation	-65,515,930	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)	36,255,720	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	110,346,333	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	-1,335,540	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	109,010,793	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	170,600,002	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,582,960	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,375,224	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	122,689	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	4,915,797	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,996,670	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	16,931,566	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,599,238	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,530,804	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	34,527,474	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	136,072,528				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)	136,072,528	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	170,600,002	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150010

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

Worksheet G-1

Date/Time Prepared:
1/26/2012 2:14 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		108,562,933		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		28,341,031			2.00
3.00	Total (sum of line 1 and line 2)		136,903,964		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)		136,903,964		0	11.00
12.00	ADJUSTMENTS	831,433		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)		831,433		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		136,072,531		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150010

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

Worksheet G-1

Date/Time Prepared:
1/26/2012 2:14 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150010

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

Worksheet G-2 Parts

Date/Time Prepared:
1/26/2012 2:14 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	19,580,612		19,580,612	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,151,574		5,151,574	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	24,732,186		24,732,186	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,755,759		5,755,759	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,755,759		5,755,759	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	30,487,945		30,487,945	17.00
18.00	Ancillary services	110,020,669		110,020,669	18.00
19.00	Outpatient services	0	195,044,437	195,044,437	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	1,679	5,485,891	5,487,570	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	140,510,293	200,530,328	341,040,621	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		98,221,255		29.00
30.00	BAD DEBT	10,170,722			30.00
31.00	ADJUSTMENT	1			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)		10,170,723		36.00
37.00		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)		108,391,978		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/26/2012 2:14 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	341,040,621	1.00
2.00	Less contractual allowances and discounts on patients' accounts	220,553,021	2.00
3.00	Net patient revenues (line 1 minus line 2)	120,487,600	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	108,391,978	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,095,622	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	48,503	6.00
7.00	Income from investments	16,336,331	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	628,199	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	51,350	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	578,515	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISCELLANEOUS INCOME	-1,397,489	24.00
24.01		0	24.01
25.00	Total other income (sum of lines 6-24)	16,245,409	25.00
26.00	Total (line 5 plus line 25)	28,341,031	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,341,031	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150010	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/26/2012 2:14 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,224,446	1.00
2.00	Capital DRG outlier payments		80,250	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		60.60	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.72	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		21.35	8.00
9.00	Sum of lines 7 and 8		25.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.21	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		63,794	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,368,490	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