

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: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet 5 Parts I-III Date/Time Prepared: 1/26/2012 3:12 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input type="checkbox"/> Electronically filed cost report	Date:	Time:
	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 MARION GENERAL HOSPITAL for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

Title _____

Date _____

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	26,794	-952,670	0	964,293	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	17,443	0		88,846	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 Skilled Nursing Facility	0	0	0		0	7.00
8.00 Nursing Facility	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	44,237	-952,670	0	1,053,139	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 3:12 pm		
		Beginning: 1.00	Ending: 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 1.00	XVIII 2.00	XIX 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	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 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)		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 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	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 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150011

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

Worksheet S-2
Part I
Date/Time Prepared:
1/26/2012 3:12 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		
Inpatient Psychiatric Facility PPS								
70.00	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	
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				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				
Long Term Care Hospital PPS								
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					N	80.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 3:12 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		85.00	
86.00	Did this facility establish a new other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00	
			V	XIX		
			1.00	2.00		
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(C). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	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.		N	N	N	N
			1.00	2.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		N	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000		7,500,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with ≤ 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		Y		Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N			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 COMPLEX IDENTIFICATION DATA		Provider CCN: 150011		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 3:12 pm	
		1.00	2.00				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N				140.00
		1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			141.00
142.00	Street:	PO Box:					142.00
143.00	City:	State:		Zip Code:			143.00
						1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y				144.00
145.00	If costs for renal services are claimed on worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N				145.00
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
						Part A 1.00	Part B 2.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital		N				155.00
156.00	Subprovider - IPF		N				156.00
157.00	Subprovider - IRF		N				157.00
158.00	Subprovider - Other		N				158.00
159.00	SNF		N				159.00
160.00	HHA		N				160.00
161.00	CMHC		N				161.00
							1.00
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		N				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 3:12 pm
		Y/N 1.00	Date 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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N 1.00	Legal Oper. 2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description 0	Y/N 1.00	Date 2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/16/2011	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: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 3:12 pm
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	Description	Part A			
		Y/N	Date		
	0	1.00	2.00		
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N			27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N			31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N			33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	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.	N			35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	were home office costs claimed on the cost report?	N			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150011

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

worksheet S-3
Part I
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	
	Line Number				
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	78	28,470	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)		78	28,470	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	19	6,935	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY					13.00
14.00 Total (see instructions)		97	35,405	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		115			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150011

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

worksheet S-3
Part I
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	9,357	1,449	16,313		1.00
2.00 HMO		1,452	3,035			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		262	34			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		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	9,357	1,449	16,313		7.00
8.00 INTENSIVE CARE UNIT	0	2,244	0	3,534		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	11,601	1,449	19,847		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	2,104	104	2,708		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		1,342	2,674		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		8,389				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: 150011

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

worksheet S-3
Part I
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,213	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	740.59	0.00	0	2,213	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	17.71	0.00	0	191	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	758.30	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

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)	477	4,927		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)	477	4,927		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	5	235		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150011

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

Worksheet S-3
Part II
Date/Time Prepared:
1/26/2012 3:12 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	Reclassificati on 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	42,806,524	0	42,806,524	1.00	
2.00	Non-physician anesthetist Part A		0	0	0	2.00	
3.00	Non-physician anesthetist Part B		0	0	0	3.00	
4.00	Physician-Part A		188,975	0	188,975	4.00	
4.01	Physicians - Part A - direct teaching		0	0	0	4.01	
5.00	Physician-Part B		0	0	0	5.00	
6.00	Non-physician-Part B		0	0	0	6.00	
7.00	Interns & residents (in an approved program)	21.00	0	0	0	7.00	
7.01	Contracted interns and residents (in approved programs)		0	0	0	7.01	
8.00	Home office personnel		0	0	0	8.00	
9.00	SNF	44.00	0	0	0	9.00	
10.00	Excluded area salaries (see instructions)		4,272,488	0	302,052	4,574,540	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		650,934	0	650,934	11.00	
12.00	Management and administrative services		0	0	0	12.00	
13.00	Contract labor: physician-Part A		0	0	0	13.00	
14.00	Home office salaries & wage-related costs		0	0	0	14.00	
15.00	Home office: physician Part A		0	0	0	15.00	
16.00	Teaching physician salaries (see instructions)		0	0	0	16.00	
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		9,772,935	0	9,772,935	17.00	
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		79,001	0	79,001	18.00	
19.00	Excluded areas		1,727,040	0	1,727,040	19.00	
20.00	Non-physician anesthetist Part A		0	0	0	20.00	
21.00	Non-physician anesthetist Part B		0	0	0	21.00	
22.00	Physician Part A		0	0	0	22.00	
23.00	Physician Part B		0	0	0	23.00	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00	
25.00	Interns & residents (in an approved program)		0	0	0	25.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	939,802	0	55,200	995,002	26.00
27.00	Administrative & General	5.00	6,980,784	0	-192,388	6,788,396	27.00
28.00	Administrative & General under contract (see inst.)		1,429,800	0	0	1,429,800	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	624,865	0	-25,184	599,681	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0	31.00
32.00	Housekeeping	9.00	0	0	0	0	32.00
33.00	Housekeeping under contract (see instructions)		978,575	0	0	978,575	33.00
34.00	Dietary	10.00	0	0	0	0	34.00
35.00	Dietary under contract (see instructions)		1,245,171	0	0	1,245,171	35.00
36.00	Cafeteria	11.00	0	0	0	0	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,290,875	0	-512,045	778,830	38.00
39.00	Central Services and Supply	14.00	259,320	0	19,956	279,276	39.00
40.00	Pharmacy	15.00	1,597,019	0	0	1,597,019	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0	41.00
42.00	Social Service	17.00	0	0	0	0	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

Provider CCN: 150011

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

Worksheet S-3
Part II
Date/Time Prepared:
1/26/2012 3:12 pm

		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)	1,723,244.00	24.84	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	1,081.00	174.81	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)	249,860.00	18.31	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	9,915.00	65.65	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	0.00	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) wkst S-3, Part IV line 24			17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25			18.00
19.00	EXcluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	35,760.00	27.82	26.00
27.00	Administrative & General	262,219.00	25.89	27.00
28.00	Administrative & General under contract (see inst.)	8,435.00	169.51	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	39,643.00	15.13	30.00
31.00	Laundry & Linen Service	0.00	0.00	31.00
32.00	Housekeeping	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	89,261.00	10.96	33.00
34.00	Dietary	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	67,548.00	18.43	35.00
36.00	Cafeteria	0.00	0.00	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	22,945.00	33.94	38.00
39.00	Central Services and Supply	16,167.00	17.27	39.00
40.00	Pharmacy	46,264.00	34.52	40.00
41.00	Medical Records & Medical Records Library	0.00	0.00	41.00
42.00	Social Service	0.00	0.00	42.00
43.00	Other General Service	0.00	0.00	43.00

Provider CCN: 150011

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

Worksheet S-3
Part III
Date/Time Prepared:
1/26/2012 3:12 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	Reclassificati on 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)	46,271,095	0	0	46,271,095	1.00
2.00	Excluded area salaries (see instructions)	4,272,488	0	302,052	4,574,540	2.00
3.00	Subtotal salaries (line 1 minus line 2)	41,998,607	0	-302,052	41,696,555	3.00
4.00	Subtotal other wages & related costs (see inst.)	650,934	0	0	650,934	4.00
5.00	Subtotal wage-related costs (see inst.)	9,851,936	0	0	9,851,936	5.00
6.00	Total (sum of lines 3 thru 5)	52,501,477	0	-302,052	52,199,425	6.00
7.00	Total overhead cost (see instructions)	15,346,211	0	-654,461	14,691,750	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150011

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

worksheet S-3
Part III
Date/Time Prepared:
1/26/2012 3:12 pm

		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)	1,888,488.00	24.50	1.00
2.00	Excluded area salaries (see instructions)	249,860.00	18.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,638,628.00	25.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,915.00	65.65	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	23.63	5.00
6.00	Total (sum of lines 3 thru 5)	1,648,543.00	31.66	6.00
7.00	Total overhead cost (see instructions)	588,242.00	24.98	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/26/2012 3:12 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		584,073	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		-585,861	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)		6,083,135	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		110,685	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		34,374	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)		148,691	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'workers' Compensation Insurance		425,787	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		2,768,149	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		44,374	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		159,528	23.00
24.00	Total wage Related cost (Sum of lines 1 -23)		9,772,935	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		79,001	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150011

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

Worksheet S-3
Part V
Date/Time Prepared:
1/26/2012 3:12 pm

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

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
1.00					
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (worksheet C, Part I line 200 column 3 divided by line 200 column 8)			0.331988	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		0		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		0		6.00
7.00	Medicaid cost (line 1 times line 6)		0		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	0	0	0	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	0	0	0	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)	0	0	0	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)		0		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		781,064		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		-781,064		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		-259,304		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		-259,304		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		-259,304		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150011

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

Worksheet A

Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT		10,992,317	10,992,317	-516,468	10,475,849	1.00
4.00	EMPLOYEE BENEFITS	939,802	11,968,827	12,908,629	76,388	12,985,017	4.00
5.00	ADMINISTRATIVE & GENERAL	6,980,784	12,627,654	19,608,438	-171,682	19,436,756	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	CAFETERIA	0	0	0	1,201,221	1,201,221	6.01
6.02	CAFETERIA	0	0	0	0	0	6.02
7.00	OPERATION OF PLANT	624,865	3,299,804	3,924,669	245,530	4,170,199	7.00
8.00	LAUNDRY & LINEN SERVICE	0	350,736	350,736	0	350,736	8.00
9.00	HOUSEKEEPING	0	2,099,747	2,099,747	3,441	2,103,188	9.00
10.00	DIETARY	0	1,857,882	1,857,882	-1,246,205	611,677	10.00
13.00	NURSING ADMINISTRATION	1,290,875	30,691	1,321,566	-512,045	809,521	13.00
14.00	CENTRAL SERVICES & SUPPLY	259,320	313,769	573,089	19,956	593,045	14.00
15.00	PHARMACY	1,597,019	8,747,167	10,344,186	-8,352,341	1,991,845	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,933,008	716,243	8,649,251	97,046	8,746,297	30.00
31.00	INTENSIVE CARE UNIT	2,582,685	191,095	2,773,780	-55,200	2,718,580	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	884,700	669,652	1,554,352	0	1,554,352	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,954,038	2,259,565	4,213,603	109,538	4,323,141	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	2,943,822	2,684,418	5,628,240	-1,110,824	4,517,416	54.00
57.00	CT SCAN	0	0	0	684,206	684,206	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	428,358	428,358	58.00
59.00	CARDIAC CATHETERIZATION	427,167	1,849,108	2,276,275	53,424	2,329,699	59.00
60.00	LABORATORY	2,537,416	3,540,516	6,077,932	21,229	6,099,161	60.00
60.01	ONCOLOGY	944,089	448,523	1,392,612	0	1,392,612	60.01
60.02	RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00	RESPIRATORY THERAPY	1,054,907	799,402	1,854,309	79,702	1,934,011	65.00
66.00	PHYSICAL THERAPY	1,172,652	549,140	1,721,792	0	1,721,792	66.00
69.00	ELECTROCARDIOLOGY	558,709	87,107	645,816	82,092	727,908	69.00
69.01	CARDIAC REHAB	90,163	7,322	97,485	29,153	126,638	69.01
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	8,352,341	8,352,341	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	149,133	52,263	201,396	38,047	239,443	90.00
91.00	EMERGENCY	3,435,365	644,857	4,080,222	-43,659	4,036,563	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	1,058,217	65,578	1,123,795	13,283	1,137,078	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	790,066	156,531	946,597	38,808	985,405	95.00
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	40,208,802	67,009,914	107,218,716	-434,661	106,784,055	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,871	14,871	14,871	29,742	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	2,385,707	8,994,975	11,380,682	241,740	11,622,422	192.01
192.02	VISITOR MEALS	0	0	0	0	0	192.02
192.03	GREAT BEGINNINGS/MATERNAL	109,348	3,034	112,382	6,660	119,042	192.03
192.04	LIFELINE	70,947	38,435	109,382	8,273	117,655	192.04
192.05	LEASED PROPERTIES	0	1,001,532	1,001,532	-154,095	847,437	192.05
192.06	NOT USED	0	0	0	0	0	192.06
192.07	NOT USED	0	0	0	0	0	192.07
192.08	PARISH NURSING	31,720	20,512	52,232	13,935	66,167	192.08
192.09	BIOTERRORISM GRANT	0	34,052	34,052	25,184	59,236	192.09
192.10	BREAST PUMPS	0	2,678	2,678	1,312	3,990	192.10
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	MOW	0	0	0	0	0	194.01
194.02	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	ADVERTISING	0	0	0	276,781	276,781	194.03
200.00	TOTAL (SUM OF LINES 118-199)	42,806,524	77,120,003	119,926,527	0	119,926,527	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150011

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

worksheet A
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-263,090	10,212,759	1.00
4.00	EMPLOYEE BENEFITS	771,217	13,756,234	4.00
5.00	ADMINISTRATIVE & GENERAL	-3,938,128	15,498,628	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
6.01	CAFETERIA	-32,079	1,169,142	6.01
6.02	CAFETERIA	0	0	6.02
7.00	OPERATION OF PLANT	-101,449	4,068,750	7.00
8.00	LAUNDRY & LINEN SERVICE	-7,254	343,482	8.00
9.00	HOUSEKEEPING	-2,894	2,100,294	9.00
10.00	DIETARY	-4,296	607,381	10.00
13.00	NURSING ADMINISTRATION	-44	809,477	13.00
14.00	CENTRAL SERVICES & SUPPLY	-13,380	579,665	14.00
15.00	PHARMACY	-75,953	1,915,892	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-31,532	8,714,765	30.00
31.00	INTENSIVE CARE UNIT	-3,119	2,715,461	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	-74,132	1,480,220	41.00
42.00	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-34,454	4,288,687	50.00
51.00	RECOVERY ROOM	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	-321,381	4,196,035	54.00
57.00	CT SCAN	0	684,206	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	428,358	58.00
59.00	CARDIAC CATHETERIZATION	-27,038	2,302,661	59.00
60.00	LABORATORY	-59,959	6,039,202	60.00
60.01	ONCOLOGY	-2,055	1,390,557	60.01
60.02	RADIATION ONCOLOGY	0	0	60.02
65.00	RESPIRATORY THERAPY	-5,437	1,928,574	65.00
66.00	PHYSICAL THERAPY	0	1,721,792	66.00
69.00	ELECTROCARDIOLOGY	-53,675	674,233	69.00
69.01	CARDIAC REHAB	-45	126,593	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	-800	8,351,541	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-450	238,993	90.00
91.00	EMERGENCY	-163,348	3,873,215	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	1,137,078	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	-69,410	915,995	95.00
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-4,514,185	102,269,870	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,742	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	-312,930	11,309,492	192.01
192.02	VISITOR MEALS	0	0	192.02
192.03	GREAT BEGINNINGS/MATERNAL	0	119,042	192.03
192.04	LIFELINE	0	117,655	192.04
192.05	LEASED PROPERTIES	0	847,437	192.05
192.06	NOT USED	0	0	192.06
192.07	NOT USED	0	0	192.07
192.08	PARISH NURSING	0	66,167	192.08
192.09	BIOTERRORISM GRANT	0	59,236	192.09
192.10	BREAST PUMPS	0	3,990	192.10
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE	0	0	194.00
194.01	MOW	0	0	194.01
194.02	MENTAL HEALTH	0	0	194.02
194.03	ADVERTISING	0	276,781	194.03
200.00	TOTAL (SUM OF LINES 118-199)	-4,827,115	115,099,412	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SATELLITE OFFICE					
1.00	ELECTROCARDIOLOGY	69.00	1,158	1,202	1.00
TOTALS			1,158	1,202	
B - CAFETERIA					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	60,147	1.00
2.00	CAFETERIA	6.01	0	1,201,221	2.00
TOTALS			0	1,261,368	
C - ADMIN DIRECTOR					
1.00	EMPLOYEE BENEFITS	4.00	55,200	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	5,021	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	19,956	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	97,046	0	4.00
5.00	OPERATING ROOM	50.00	109,538	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	53,424	0	6.00
7.00	RESPIRATORY THERAPY	65.00	79,702	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	67,184	0	8.00
9.00	CARDIAC REHAB	69.01	17,808	0	9.00
10.00	CLINIC	90.00	13,283	0	10.00
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	13,283	0	11.00
12.00	AMBULANCE SERVICES	95.00	38,808	0	12.00
13.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	14,871	0	13.00
14.00	GREAT BEGINNINGS/MATERNAL	192.03	5,251	0	14.00
15.00	LIFELINE	192.04	8,273	0	15.00
16.00	PARISH NURSING	192.08	10,944	0	16.00
17.00	BIOTERRORISM GRANT	192.09	25,184	0	17.00
18.00	BREAST PUMPS	192.10	1,312	0	18.00
TOTALS			636,088	0	
D - ADVERTISING					
1.00	ADVERTISING	194.03	197,409	79,372	1.00
TOTALS			197,409	79,372	
E - LEASED PROPERTY					
1.00	EMPLOYEE BENEFITS	4.00	0	21,188	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	39,931	2.00
3.00	OPERATION OF PLANT	7.00	0	270,714	3.00
4.00	HOUSEKEEPING	9.00	0	3,441	4.00
5.00	DIETARY	10.00	0	15,163	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,740	6.00
7.00	LABORATORY	60.00	0	23,589	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	12,548	8.00
9.00	CARDIAC REHAB	69.01	0	11,345	9.00
10.00	CLINIC	90.00	0	24,764	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.01	0	241,740	11.00
12.00	GREAT BEGINNINGS/MATERNAL	192.03	0	1,409	12.00
13.00	PARISH NURSING	192.08	0	2,991	13.00
TOTALS			0	670,563	
F - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,352,341	1.00
TOTALS			0	8,352,341	
G - CT/MRI RECLASS					
1.00	CT SCAN	57.00	357,870	326,336	1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	224,027	204,331	2.00
TOTALS			581,897	530,667	
500.00	Grand Total: Increases		1,416,552	10,895,513	500.00

		Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - SATELLITE OFFICE							
1.00	LABORATORY	60.00	1,158	1,202	0		1.00
	TOTALS		1,158	1,202			
B - CAFETERIA							
1.00	DIETARY	10.00	0	1,261,368	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	1,261,368			
C - ADMIN DIRECTOR							
1.00	OPERATION OF PLANT	7.00	25,184	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	512,045	0	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	55,200	0	0		3.00
4.00	EMERGENCY	91.00	43,659	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
	TOTALS		636,088	0			
D - ADVERTISING							
1.00	ADMINISTRATIVE & GENERAL	5.00	197,409	79,372	0		1.00
	TOTALS		197,409	79,372			
E - LEASED PROPERTY							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	516,468	10		1.00
2.00	LEASED PROPERTIES	192.05	0	154,095	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	TOTALS		0	670,563			
F - PHARMACY RECLASS							
1.00	PHARMACY	15.00	0	8,352,341	0		1.00
	TOTALS		0	8,352,341			
G - CT/MRI RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	581,897	530,667	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		581,897	530,667			
500.00	Grand Total: Decreases		1,416,552	10,895,513			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150011

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/26/2012 3:12 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,283,204	1,129,284	0	1,129,284	492,591	1.00
2.00	Land Improvements	1,683,188	81,214	0	81,214	0	2.00
3.00	Buildings and Fixtures	64,733,303	432,036	0	432,036	0	3.00
4.00	Building Improvements	616,509	229,839	0	229,839	0	4.00
5.00	Fixed Equipment	29,820,257	0	0	0	0	5.00
6.00	Movable Equipment	58,744,310	4,511,350	0	4,511,350	2,579,886	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	158,880,771	6,383,723	0	6,383,723	3,072,477	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	158,880,771	6,383,723	0	6,383,723	3,072,477	10.00
SUMMARY OF CAPITAL							
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
	9.00	10.00	11.00	12.00	13.00		
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	10,992,317	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	10,992,317	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150011

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/26/2012 3:12 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,919,897	0			1.00
2.00	Land Improvements	1,764,402	0			2.00
3.00	Buildings and Fixtures	65,165,339	0			3.00
4.00	Building Improvements	846,348	0			4.00
5.00	Fixed Equipment	29,820,257	0			5.00
6.00	Movable Equipment	60,675,774	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	162,192,017	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	162,192,017	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	NEW CAP REL COSTS-BLDG & FIXT	0	10,992,317			1.00
3.00	Total (sum of lines 1-2)	0	10,992,317			3.00
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	10,995,054	-516,468
3.00	Total (sum of lines 1-2)	0	0	0	10,995,054	-516,468

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet A-7 Parts I-III Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-265,827	0	0	0	10,212,759	1.00
3.00	Total (sum of lines 1-2)	-265,827	0	0	0	10,212,759	3.00

		Expense Classification on Worksheet A To/From which the Amount is to be Adjusted			
	Basis/Code (2)	Amount	Cost Center	Line #	
	1.00	2.00	3.00	4.00	
1.00	Investment income - buildings and fixtures (chapter 2)		0NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0*** Cost Center Deleted ***	2.00	2.00
3.00	Investment income - other (chapter 2)	0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0		0.00	7.00
8.00	Television and radio service (chapter 21)	0		0.00	8.00
9.00	Parking lot (chapter 21)	0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2 -526,424			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0		0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1 0			12.00
13.00	Laundry and linen service	0		0.00	13.00
14.00	Cafeteria-employees and guests	B -25,473	CAFETERIA	6.01	14.00
15.00	Rental of quarters to employee and others	0		0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients	0		0.00	16.00
17.00	Sale of drugs to other than patients	0		0.00	17.00
18.00	Sale of medical records and abstracts	0		0.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0		0.00	19.00
20.00	Vending machines	0		0.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3 0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3 0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)	0	*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - buildings and fixtures	0	0NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - movable equipment	0	*** Cost Center Deleted ***	2.00	27.00
28.00	Non-physician Anesthetist	0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant	0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3 0	*** Cost Center Deleted ***	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3 0	*** Cost Center Deleted ***	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0		0.00	32.00
33.00		0		0.00	33.00
34.00	RETURNED CHECK FEE	B -940	ADMINISTRATIVE & GENERAL	5.00	34.00
35.00	ITEMIZED BILL FEES	B -135	ADMINISTRATIVE & GENERAL	5.00	35.00
36.00	PHONE SERVICE FEE	B -501	ADMINISTRATIVE & GENERAL	5.00	36.00
37.00	PHYSICIAN PRIV APPLICATION	B -4,965	ADMINISTRATIVE & GENERAL	5.00	37.00
38.00	SALE OF MEDICAL RECORDS & ABSTRACTS	B -58,083	ADMINISTRATIVE & GENERAL	5.00	38.00
39.00	MEDICAL STAFF CME	B -1,500	EMPLOYEE BENEFITS	4.00	39.00
40.00	CHILD SEAT SAFETY INSPECTION	B -450	ADMINISTRATIVE & GENERAL	5.00	40.00
41.00	HEALTH SCREENING FEES-LAB	B -9,243	LABORATORY	60.00	41.00
42.00	HEALTH SCREENING FEES-RAD	B -98	RADIOLOGY-DIAGNOSTIC	54.00	42.00
43.00	HEALTH SCREENING FEES-RES CARE	B -45	RESPIRATORY THERAPY	65.00	43.00
44.00	MED STAFF OTHER SCREENING	B 747	ADMINISTRATIVE & GENERAL	5.00	44.00
45.00	FLU SHOT HEALTH SCREENING	B -14,600	ADMINISTRATIVE & GENERAL	5.00	45.00
45.01	OTHER HEALTH SCREENING-BONE DENSITY	B -420	RADIOLOGY-DIAGNOSTIC	54.00	45.01
45.02	BOD FEE JOINT VENTURE	B -900	ADMINISTRATIVE & GENERAL	5.00	45.02
45.03	EMERGENCY DRUGS SALES	B -400	PHARMACY	15.00	45.03
45.04	REBATE	B -74,218	ADMINISTRATIVE & GENERAL	5.00	45.04
45.05	RENTAL OF PROVIDER SPACE BY SUPPLIER	B -1,200	ADMINISTRATIVE & GENERAL	5.00	45.05
45.06	PAGER RENTAL	B -6,150	ADMINISTRATIVE & GENERAL	5.00	45.06
45.07	RIVER VIEW RADIOLOGY	B -7,690	RADIOLOGY-DIAGNOSTIC	54.00	45.07
45.08	RIVER VIEW TRANSCRIPT	B -28,763	ADMINISTRATIVE & GENERAL	5.00	45.08

		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
45.09	RIVER VIEW STERILIZATION	B	-11,911	CENTRAL SERVICES & SUPPLY	14.00 45.09
45.10	RIVER VIEW CONSLT RHIA CONSULT	B	-700	ADMINISTRATIVE & GENERAL	5.00 45.10
45.11	RIVER VIEW BADGES	B	-5	ADMINISTRATIVE & GENERAL	5.00 45.11
45.12	SALE OF SCRAP, WASTE, ETC	B	-15,766	ADMINISTRATIVE & GENERAL	5.00 45.12
45.13	EMPL UNIFORMS	B	-11	ADMINISTRATIVE & GENERAL	5.00 45.13
45.14	PCC MARKETING AG	B	-1,117	ADMINISTRATIVE & GENERAL	5.00 45.14
45.15	EDUCATIONAL WORKSHOP	B	-2,040	ADMINISTRATIVE & GENERAL	5.00 45.15
45.16	OPT HEALTH LINEN SVC	B	-3,030	LAUNDRY & LINEN SERVICE	8.00 45.16
45.17	AMBULANCE SVC-ASSISTS	B	-68,500	AMBULANCE SERVICES	95.00 45.17
45.18	AMBULANCE SVC-CORONER SVC	B	-124	AMBULANCE SERVICES	95.00 45.18
45.19	AMBULANCE SVC-LINENS SVC	B	-4,224	LAUNDRY & LINEN SERVICE	8.00 45.19
45.20			0		0.00 45.20
45.21	CONTRACT ARU OTHER ARU MEDICAL	B	-59,292	SUBPROVIDER - IRF	41.00 45.21
45.22	SCHOOL PHYS OTH SCHOOL PHYS	B	-6,000	ADMINISTRATIVE & GENERAL	5.00 45.22
45.23	PRECEPT OTHER PHARMACY STUDENT	B	-800	DRUGS CHARGED TO PATIENTS	73.00 45.23
45.24	SICK CHILD CARE PROGRAM	B	-913	ADULTS & PEDIATRICS	30.00 45.24
45.25	UNCLAIMED OTHER STATE MONIES RECOVER	B	-15	ADMINISTRATIVE & GENERAL	5.00 45.25
45.26	UNCLAIMED OTHER 125 MED/CHILD CARE	B	-7,165	ADMINISTRATIVE & GENERAL	5.00 45.26
45.27	UNCLAIMED OTHER MONIES EXPE	B	-35	ADMINISTRATIVE & GENERAL	5.00 45.27
45.28	VENDING MACHINE	B	-6,606	CAFETERIA	6.01 45.28
45.29	SANITARY NAPKIN SALES	B	-7	HOUSEKEEPING	9.00 45.29
45.30	PHYSICIAN RECRUITMENT	A	-774,259	ADMINISTRATIVE & GENERAL	5.00 45.30
45.31	PHYS IT SUBSIDY	A	-16,235	ADMINISTRATIVE & GENERAL	5.00 45.31
45.32	ED ANESTHESIOLOGIST	A	-1,163,857	ADMINISTRATIVE & GENERAL	5.00 45.32
45.33	GAIN ON DISPOSAL	A	40,324	ADMINISTRATIVE & GENERAL	5.00 45.33
45.34	TELEVISION AND RADIO SERVICE	A	-15,910	OPERATION OF PLANT	7.00 45.34
45.35	TELEPHONE SERVICE	A	-9,792	ADMINISTRATIVE & GENERAL	5.00 45.35
45.36	TELEPHONE SERVICE	A	-85,105	OPERATION OF PLANT	7.00 45.36
45.37	MISC REV	B	-141	ADMINISTRATIVE & GENERAL	5.00 45.37
45.38	MISC REV	B	-163	PHARMACY	15.00 45.38
45.39	MISC REV	B	-30	EMPLOYEE BENEFITS	4.00 45.39
45.40	ENTERTAINMENT EXPENSE	B	-424	ADMINISTRATIVE & GENERAL	5.00 45.40
45.41	EMPLOYEE USE OF AUTO	A	-3,427	ADMINISTRATIVE & GENERAL	5.00 45.41
45.42	DONATIONS	A	-204,613	ADMINISTRATIVE & GENERAL	5.00 45.42
45.43	VHA OPPORTUNITY	A	-399	EMPLOYEE BENEFITS	4.00 45.43
45.44	VHA OPPORTUNITY	A	-15,926	ADMINISTRATIVE & GENERAL	5.00 45.44
45.45	VHA OPPORTUNITY	A	-434	OPERATION OF PLANT	7.00 45.45
45.46	VHA OPPORTUNITY	A	-2,887	HOUSEKEEPING	9.00 45.46
45.47	VHA OPPORTUNITY	A	-4,296	DIETARY	10.00 45.47
45.48	VHA OPPORTUNITY	A	-3	NURSING ADMINISTRATION	13.00 45.48
45.49	VHA OPPORTUNITY	A	-1,469	CENTRAL SERVICES & SUPPLY	14.00 45.49
45.50	VHA OPPORTUNITY	A	-75,082	PHARMACY	15.00 45.50
45.51	VHA OPPORTUNITY	A	-30,619	ADULTS & PEDIATRICS	30.00 45.51
45.52	VHA OPPORTUNITY	A	-3,063	INTENSIVE CARE UNIT	31.00 45.52
45.53	VHA OPPORTUNITY	A	-1,966	SUBPROVIDER - IRF	41.00 45.53
45.54	VHA OPPORTUNITY	A	-34,454	OPERATING ROOM	50.00 45.54
45.55	VHA OPPORTUNITY	A	-24,328	RADIOLOGY-DIAGNOSTIC	54.00 45.55
45.56	VHA OPPORTUNITY	A	-43,316	LABORATORY	60.00 45.56
45.57	VHA OPPORTUNITY	A	-1,325	ONCOLOGY	60.01 45.57
45.58	VHA OPPORTUNITY	A	-45	CARDIAC REHAB	69.01 45.58
45.59	VHA OPPORTUNITY	A	-27,038	CARDIAC CATHETERIZATION	59.00 45.59
45.60	VHA OPPORTUNITY	A	-20	ELECTROCARDIOLOGY	69.00 45.60
45.61	VHA OPPORTUNITY	A	-450	CLINIC	90.00 45.61
45.62	VHA OPPORTUNITY	A	-5,090	EMERGENCY	91.00 45.62
45.63	VHA OPPORTUNITY	A	-786	AMBULANCE SERVICES	95.00 45.63
45.64	FINANCE BANK SERVICES CHARGES	A	-37,555	ADMINISTRATIVE & GENERAL	5.00 45.64
45.65	FINANCE DISCOUNT PAYMENTS	A	7,868	ADMINISTRATIVE & GENERAL	5.00 45.65
45.66	NONALLOWABLE 2008 BONDS	A	-240,868	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.66
45.67	INVESTMENT INCOME	B	-24,959	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.67
45.68	1991 ADDITIONS	A	1,969	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.68
45.69	BLDG COSTS	A	789	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.69
45.70	1992 ASSETS	A	-21	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.70
45.71	ELIMINATING ENTRIES	A	-312,930	PHYSICIANS' PRIVATE OFFICES	192.01 45.71
45.72	LOBBYING COSTS	A	-40	EMPLOYEE BENEFITS	4.00 45.72

ADJUSTMENTS TO EXPENSES

Provider CCN: 150011

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

worksheet A-8

Date/Time Prepared:
1/26/2012 3:12 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
45.73	LOBBYING COSTS	A	-28,928	ADMINISTRATIVE & GENERAL	5.00 45.73
45.74	LOBBYING COSTS	A	-41	NURSING ADMINISTRATION	13.00 45.74
45.75	LOBBYING COSTS	A	-308	PHARMACY	15.00 45.75
45.76	LOBBYING COSTS	A	-730	ONCOLOGY	60.01 45.76
45.77	LOBBYING COSTS	A	-56	INTENSIVE CARE UNIT	31.00 45.77
45.78	ED ON CALL SERVICE	A	-1,508,151	ADMINISTRATIVE & GENERAL	5.00 45.78
45.79	PENSION EXPENSE	A	773,186	EMPLOYEE BENEFITS	4.00 45.79
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-4,827,115		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150011

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

Worksheet A-8

Date/Time Prepared:
1/26/2012 3:12 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		0	33.00
34.00	RETURNED CHECK FEE	0	34.00
35.00	ITEMIZED BILL FEES	0	35.00
36.00	PHONE SERVICE FEE	0	36.00
37.00	PHYSICIAN PRIV APPLICATION	0	37.00
38.00	SALE OF MEDICAL RECORDS & ABSTRACTS	0	38.00
39.00	MEDICAL STAFF CME	0	39.00
40.00	CHILD SEAT SAFETY INSPECTION	0	40.00
41.00	HEALTH SCREENING FEES-LAB	0	41.00
42.00	HEALTH SCREENING FEES-RAD	0	42.00
43.00	HEALTH SCREENING FEES-RES CARE	0	43.00
44.00	MED STAFF OTHER SCREENING	0	44.00
45.00	FLU SHOT HEALTH SCREENING	0	45.00
45.01	OTHER HEALTH SCREENING-BONE DENSITY	0	45.01
45.02	BOD FEE JOINT VENTURE	0	45.02
45.03	EMERGENCY DRUGS SALES	0	45.03
45.04	REBATE	0	45.04
45.05	RENTAL OF PROVIDER SPACE BY SUPPLIER	0	45.05
45.06	PAGER RENTAL	0	45.06
45.07	RIVER VIEW RADIOLOGY	0	45.07
45.08	RIVER VIEW TRANSCRIPT	0	45.08
45.09	RIVER VIEW STERILIZATION	0	45.09
45.10	RIVER VIEW CONSLT RHIA CONSULT	0	45.10
45.11	RIVER VIEW BADGES	0	45.11
45.12	SALE OF SCRAP, WASTE, ETC	0	45.12
45.13	EMPL UNIFORMS	0	45.13
45.14	PCC MARKETING AG	0	45.14
45.15	EDUCATIONAL WORKSHOP	0	45.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 150011

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

worksheet A-8

Date/Time Prepared:
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		Wkst. A-7 Ref.	
		5.00	
45.16	OPT HEALTH LINEN SVC	0	45.16
45.17	AMBULANCE SVC-ASSISTS	0	45.17
45.18	AMBULANCE SVC-CORONER SVC	0	45.18
45.19	AMBULANCE SVC-LINENS SVC	0	45.19
45.20		0	45.20
45.21	CONTRACT ARU OTHER ARU MEDICAL	0	45.21
45.22	SCHOOL PHYS OTH SCHOOL PHYS	0	45.22
45.23	PRECEPT OTHER PHARMACY STUDENT	0	45.23
45.24	SICK CHILD CARE PROGRAM	0	45.24
45.25	UNCLAIMED OTHER STATE MONIES RECOVER	0	45.25
45.26	UNCLAIMED OTHER 125 MED/CHILD CARE	0	45.26
45.27	UNCLAIMED OTHER MONIES EXPE	0	45.27
45.28	VENDING MACHINE	0	45.28
45.29	SANITARY NAPKIN SALES	0	45.29
45.30	PHYSICIAN RECRUITMENT	0	45.30
45.31	PHYS IT SUBSIDY	0	45.31
45.32	ED ANESTHESIOLOGIST	0	45.32
45.33	GAIN ON DISPOSAL	0	45.33
45.34	TELEVISION AND RADIO SERVICE	0	45.34
45.35	TELEPHONE SERVICE	0	45.35
45.36	TELEPHONE SERVICE	0	45.36
45.37	MISC REV	0	45.37
45.38	MISC REV	0	45.38
45.39	MISC REV	0	45.39
45.40	ENTERTAINMENT EXPENSE	0	45.40
45.41	EMPLOYEE USE OF AUTO	0	45.41
45.42	DONATIONS	0	45.42
45.43	VHA OPPORTUNITY	0	45.43
45.44	VHA OPPORTUNITY	0	45.44
45.45	VHA OPPORTUNITY	0	45.45
45.46	VHA OPPORTUNITY	0	45.46
45.47	VHA OPPORTUNITY	0	45.47
45.48	VHA OPPORTUNITY	0	45.48
45.49	VHA OPPORTUNITY	0	45.49
45.50	VHA OPPORTUNITY	0	45.50
45.51	VHA OPPORTUNITY	0	45.51
45.52	VHA OPPORTUNITY	0	45.52
45.53	VHA OPPORTUNITY	0	45.53
45.54	VHA OPPORTUNITY	0	45.54
45.55	VHA OPPORTUNITY	0	45.55
45.56	VHA OPPORTUNITY	0	45.56
45.57	VHA OPPORTUNITY	0	45.57
45.58	VHA OPPORTUNITY	0	45.58
45.59	VHA OPPORTUNITY	0	45.59
45.60	VHA OPPORTUNITY	0	45.60
45.61	VHA OPPORTUNITY	0	45.61
45.62	VHA OPPORTUNITY	0	45.62
45.63	VHA OPPORTUNITY	0	45.63
45.64	FINANCE BANK SERVICES CHARGES	0	45.64
45.65	FINANCE DISCOUNT PAYMENTS	0	45.65
45.66	NONALLOWABLE 2008 BONDS	11	45.66
45.67	INVESTMENT INCOME	11	45.67
45.68	1991 ADDITIONS	9	45.68
45.69	BLDG COSTS	9	45.69
45.70	1992 ASSETS	9	45.70
45.71	ELIMINATING ENTRIES	0	45.71
45.72	LOBBYING COSTS	0	45.72
45.73	LOBBYING COSTS	0	45.73
45.74	LOBBYING COSTS	0	45.74
45.75	LOBBYING COSTS	0	45.75
45.76	LOBBYING COSTS	0	45.76
45.77	LOBBYING COSTS	0	45.77
45.78	ED ON CALL SERVICE	0	45.78
45.79	PENSION EXPENSE	0	45.79
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150011

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2012 3:12 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	41.00	REHAB UNIT	16,025	6,825	1.00
2.00	69.00	EKG	53,655	53,655	2.00
3.00	65.00	RESPIRATORY	5,392	5,392	3.00
4.00	91.00	EMERGENCY	158,258	158,258	4.00
5.00	60.00	LAB	7,400	7,400	5.00
6.00	54.00	RADIOLOGY	288,845	288,845	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
200.00		TOTAL (lines 1.00 through 199.00)	529,575	520,375	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150011

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2012 3:12 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	9,200	142,500	46	3,151	158	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	9,200		46	3,151	158	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150011

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2012 3:12 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	3,151	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	3,151	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150011

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

worksheet A-8-2

Date/Time Prepared:
1/26/2012 3:12 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	6,049	12,874	1.00
2.00	0	53,655	2.00
3.00	0	5,392	3.00
4.00	0	158,258	4.00
5.00	0	7,400	5.00
6.00	0	288,845	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
200.00	6,049	526,424	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

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

Worksheet B
Part I
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT				
	0	1.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	10,212,759	10,212,759				1.00
4.00 EMPLOYEE BENEFITS	13,756,234	411,832	14,168,066			4.00
5.00 ADMINISTRATIVE & GENERAL	15,498,628	1,629,262	2,300,289	19,428,179	19,428,179	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01 CAFETERIA	1,169,142	152,116	0	1,321,258	268,311	6.01
6.02 CAFETERIA	0	0	0	0	0	6.02
7.00 OPERATION OF PLANT	4,068,750	2,515,886	203,206	6,787,842	1,378,421	7.00
8.00 LAUNDRY & LINEN SERVICE	343,482	66,413	0	409,895	83,238	8.00
9.00 HOUSEKEEPING	2,100,294	99,651	0	2,199,945	446,747	9.00
10.00 DIETARY	607,381	204,172	0	811,553	164,804	10.00
13.00 NURSING ADMINISTRATION	809,477	21,991	263,911	1,095,379	222,441	13.00
14.00 CENTRAL SERVICES & SUPPLY	579,665	74,896	94,634	749,195	152,141	14.00
15.00 PHARMACY	1,915,892	95,976	541,159	2,553,027	518,448	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	8,714,765	1,219,064	2,721,014	12,654,843	2,569,874	30.00
31.00 INTENSIVE CARE UNIT	2,715,461	314,474	856,453	3,886,388	789,217	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	1,480,220	299,959	299,786	2,079,965	422,383	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,288,687	610,852	699,255	5,598,794	1,136,958	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	4,196,035	585,373	800,352	5,581,760	1,133,499	54.00
57.00 CT SCAN	684,206	40,998	121,266	846,470	171,894	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	428,358	130,125	75,913	634,396	128,828	58.00
59.00 CARDIAC CATHETERIZATION	2,302,661	158,336	162,851	2,623,848	532,830	59.00
60.00 LABORATORY	6,039,202	341,209	859,426	7,239,837	1,470,208	60.00
60.01 ONCOLOGY	1,390,557	0	319,910	1,710,467	347,348	60.01
60.02 RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 RESPIRATORY THERAPY	1,928,574	144,293	384,469	2,457,336	499,016	65.00
66.00 PHYSICAL THERAPY	1,721,792	27,677	397,360	2,146,829	435,961	66.00
69.00 ELECTROCARDIOLOGY	674,233	253,590	212,480	1,140,303	231,564	69.00
69.01 CARDIAC REHAB	126,593	40,746	36,587	203,926	41,412	69.01
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	8,351,541	0	0	8,351,541	1,695,964	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	238,993	88,970	55,036	382,999	77,776	90.00
91.00 EMERGENCY	3,873,215	348,277	1,149,300	5,370,792	1,090,657	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	1,137,078	163,646	363,084	1,663,808	337,873	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	915,995	130,470	280,869	1,327,334	269,544	95.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	102,269,870	10,170,254	13,198,610	101,257,909	16,617,357	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,742	42,317	5,039	77,098	15,656	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	11,309,492	0	808,411	12,117,903	2,460,807	192.01
192.02 VISITOR MEALS	0	0	0	0	0	192.02
192.03 GREAT BEGINNINGS/MATERNAL	119,042	0	38,833	157,875	32,060	192.03
192.04 LIFELINE	117,655	0	26,844	144,499	29,344	192.04
192.05 LEASED PROPERTIES	847,437	0	0	847,437	172,091	192.05
192.06 NOT USED	0	0	0	0	0	192.06
192.07 NOT USED	0	0	0	0	0	192.07
192.08 PARISH NURSING	66,167	0	14,457	80,624	16,372	192.08
192.09 BIOTERRORISM GRANT	59,236	0	8,534	67,770	13,762	192.09
192.10 BREAST PUMPS	3,990	188	445	4,623	939	192.10
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 MOW	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT				
194.02 MENTAL HEALTH	0	1.00	4.00	4A	5.00	
194.03 ADVERTISING	276,781	0	66,893	343,674	69,791	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	115,099,412	10,212,759	14,168,066	115,099,412	19,428,179	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	6.00	6.01	6.02	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	0					6.00
6.01 CAFETERIA	0	1,589,569				6.01
6.02 CAFETERIA	0	1,383,740	1,383,740			6.02
7.00 OPERATION OF PLANT	0	0	42,395	8,208,658		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	99,055	592,188	8.00
9.00 HOUSEKEEPING	0	0	0	148,629	0	9.00
10.00 DIETARY	0	0	0	304,521	58,947	10.00
13.00 NURSING ADMINISTRATION	0	0	24,538	32,800	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	17,289	111,706	7,731	14.00
15.00 PHARMACY	0	0	49,476	143,147	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	335,958	1,818,219	188,820	30.00
31.00 INTENSIVE CARE UNIT	0	0	86,608	469,034	36,742	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	39,384	447,386	18,121	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	82,563	911,079	43,976	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	104,993	873,078	53,264	54.00
57.00 CT SCAN	0	0	15,909	61,148	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	9,961	194,080	410	58.00
59.00 CARDIAC CATHETERIZATION	0	0	18,767	236,157	6,476	59.00
60.00 LABORATORY	0	0	120,366	508,909	899	60.00
60.01 ONCOLOGY	0	0	0	0	7,167	60.01
60.02 RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 RESPIRATORY THERAPY	0	0	40,024	215,212	6,114	65.00
66.00 PHYSICAL THERAPY	0	0	17,535	41,281	14,205	66.00
69.00 ELECTROCARDIOLOGY	0	0	27,987	378,226	3,917	69.00
69.01 CARDIAC REHAB	0	0	4,649	60,773	44	69.01
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
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	6,381	132,698	4,585	90.00
91.00 EMERGENCY	0	0	140,138	519,452	85,531	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	42,876	244,076	20,868	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	47,677	194,595	24,848	95.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	1,383,740	1,275,474	8,145,261	582,665	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	556	63,116	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	0	0	90,719	0	820	192.01
192.02 VISITOR MEALS	0	205,829	0	0	0	192.02
192.03 GREAT BEGINNINGS/MATERNAL	0	0	4,910	0	0	192.03
192.04 LIFELINE	0	0	3,456	0	0	192.04
192.05 LEASED PROPERTIES	0	0	0	0	8,703	192.05
192.06 NOT USED	0	0	0	0	0	192.06
192.07 NOT USED	0	0	0	0	0	192.07
192.08 PARISH NURSING	0	0	1,546	0	0	192.08
192.09 BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10 BREAST PUMPS	0	0	22	281	0	192.10
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 MOW	0	0	0	0	0	194.01
194.02 MENTAL HEALTH	0	0	0	0	0	194.02
194.03 ADVERTISING	0	0	7,057	0	0	194.03
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)	0	1,589,569	1,383,740	8,208,658	592,188	202.00

Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	9.00	10.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
6.01 CAFETERIA						6.01
6.02 CAFETERIA						6.02
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	2,795,321					9.00
10.00 DIETARY	37,756	1,377,581				10.00
13.00 NURSING ADMINISTRATION	18,878	0	1,394,036			13.00
14.00 CENTRAL SERVICES & SUPPLY	56,634	0	0	1,094,696		14.00
15.00 PHARMACY	56,634	0	54,280	0	3,375,012	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	652,634	747,920	368,576	140,121	0	30.00
31.00 INTENSIVE CARE UNIT	172,597	118,511	95,017	38,314	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	124,054	110,974	43,208	1,095	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	310,136	0	90,579	653,533	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	126,751	0	115,187	10,947	0	54.00
57.00 CT SCAN	0	0	17,453	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	26,968	0	10,928	0	0	58.00
59.00 CARDIAC CATHETERIZATION	80,905	0	20,590	21,894	0	59.00
60.00 LABORATORY	151,023	0	143,321	32,841	0	60.00
60.01 ONCOLOGY	0	0	43,171	3,284	0	60.01
60.02 RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 RESPIRATORY THERAPY	172,597	0	50,246	18,610	0	65.00
66.00 PHYSICAL THERAPY	0	0	40,176	0	0	66.00
69.00 ELECTROCARDIOLOGY	80,905	0	30,704	10,947	0	69.00
69.01 CARDIAC REHAB	67,421	0	5,100	0	0	69.01
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	3,375,012	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	53,937	0	7,001	0	0	90.00
91.00 EMERGENCY	453,068	18,638	153,744	65,682	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	94,389	92,111	47,038	1,095	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	18,878	0	52,306	5,473	0	95.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,756,165	1,088,154	1,388,625	1,003,836	3,375,012	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,787	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	5,446	0	0	58,019	0	192.01
192.02 VISITOR MEALS	0	0	0	0	0	192.02
192.03 GREAT BEGINNINGS/MATERNAL	0	0	5,386	0	0	192.03
192.04 LIFELINE	9,439	0	0	0	0	192.04
192.05 LEASED PROPERTIES	0	0	0	32,841	0	192.05
192.06 NOT USED	0	0	0	0	0	192.06
192.07 NOT USED	13,484	0	0	0	0	192.07
192.08 PARISH NURSING	0	0	0	0	0	192.08
192.09 BIOTERRORISM GRANT	0	0	25	0	0	192.09
192.10 BREAST PUMPS	0	0	0	0	0	192.10
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 MOW	0	177,036	0	0	0	194.01
194.02 MENTAL HEALTH	0	112,391	0	0	0	194.02
194.03 ADVERTISING	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

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

Worksheet B
Part I
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Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
202.00 TOTAL (sum lines 118-201)	9.00 2,795,321	10.00 1,377,581	13.00 1,394,036	14.00 1,094,696	15.00 3,375,012	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

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

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	EMPLOYEE BENEFITS				4.00
5.00	ADMINISTRATIVE & GENERAL				5.00
6.00	MAINTENANCE & REPAIRS				6.00
6.01	CAFETERIA				6.01
6.02	CAFETERIA				6.02
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	19,476,965	0	19,476,965	30.00
31.00	INTENSIVE CARE UNIT	5,692,428	0	5,692,428	31.00
40.00	SUBPROVIDER - IPF	0	0	0	40.00
41.00	SUBPROVIDER - IRF	3,286,570	0	3,286,570	41.00
42.00	SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	8,827,618	0	8,827,618	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	7,999,479	0	7,999,479	54.00
57.00	CT SCAN	1,112,874	0	1,112,874	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,005,571	0	1,005,571	58.00
59.00	CARDIAC CATHETERIZATION	3,541,467	0	3,541,467	59.00
60.00	LABORATORY	9,667,404	0	9,667,404	60.00
60.01	ONCOLOGY	2,111,437	0	2,111,437	60.01
60.02	RADIATION ONCOLOGY	0	0	0	60.02
65.00	RESPIRATORY THERAPY	3,459,155	0	3,459,155	65.00
66.00	PHYSICAL THERAPY	2,695,987	0	2,695,987	66.00
69.00	ELECTROCARDIOLOGY	1,904,553	0	1,904,553	69.00
69.01	CARDIAC REHAB	383,325	0	383,325	69.01
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	13,422,517	0	13,422,517	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	665,377	0	665,377	90.00
91.00	EMERGENCY	7,897,702	0	7,897,702	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	2,544,134	0	2,544,134	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	1,940,655	0	1,940,655	95.00
99.10	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	97,635,218	0	97,635,218	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	167,213	0	167,213	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	14,733,714	0	14,733,714	192.01
192.02	VISITOR MEALS	205,829	0	205,829	192.02
192.03	GREAT BEGINNINGS/MATERNAL	200,231	0	200,231	192.03
192.04	LIFELINE	186,738	0	186,738	192.04
192.05	LEASED PROPERTIES	1,061,072	0	1,061,072	192.05
192.06	NOT USED	0	0	0	192.06
192.07	NOT USED	13,484	0	13,484	192.07
192.08	PARISH NURSING	98,542	0	98,542	192.08
192.09	BIOTERRORISM GRANT	81,557	0	81,557	192.09
192.10	BREAST PUMPS	5,865	0	5,865	192.10
193.00	NONPAID WORKERS	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE	0	0	0	194.00
194.01	MOW	177,036	0	177,036	194.01
194.02	MENTAL HEALTH	112,391	0	112,391	194.02
194.03	ADVERTISING	420,522	0	420,522	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2010
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	115,099,412	0	115,099,412	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT				
	0	1.00	2A	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS	0	411,832	411,832	411,832		4.00
5.00 ADMINISTRATIVE & GENERAL	0	1,629,262	1,629,262	66,866	1,696,128	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01 CAFETERIA	0	152,116	152,116	0	23,425	6.01
6.02 CAFETERIA	0	0	0	0	0	6.02
7.00 OPERATION OF PLANT	0	2,515,886	2,515,886	5,907	120,342	7.00
8.00 LAUNDRY & LINEN SERVICE	0	66,413	66,413	0	7,267	8.00
9.00 HOUSEKEEPING	0	99,651	99,651	0	39,003	9.00
10.00 DIETARY	0	204,172	204,172	0	14,388	10.00
13.00 NURSING ADMINISTRATION	0	21,991	21,991	7,671	19,420	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	74,896	74,896	2,751	13,282	14.00
15.00 PHARMACY	0	95,976	95,976	15,731	45,263	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	1,219,064	1,219,064	79,086	224,332	30.00
31.00 INTENSIVE CARE UNIT	0	314,474	314,474	24,896	68,902	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	299,959	299,959	8,714	36,876	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	610,852	610,852	20,326	99,261	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	0	585,373	585,373	23,265	98,959	54.00
57.00 CT SCAN	0	40,998	40,998	3,525	15,007	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	130,125	130,125	2,207	11,247	58.00
59.00 CARDIAC CATHETERIZATION	0	158,336	158,336	4,734	46,518	59.00
60.00 LABORATORY	0	341,209	341,209	24,982	128,355	60.00
60.01 ONCOLOGY	0	0	0	9,299	30,325	60.01
60.02 RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 RESPIRATORY THERAPY	0	144,293	144,293	11,176	43,566	65.00
66.00 PHYSICAL THERAPY	0	27,677	27,677	11,551	38,061	66.00
69.00 ELECTROCARDIOLOGY	0	253,590	253,590	6,176	20,216	69.00
69.01 CARDIAC REHAB	0	40,746	40,746	1,064	3,615	69.01
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	148,064	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	88,970	88,970	1,600	6,790	90.00
91.00 EMERGENCY	0	348,277	348,277	33,408	95,219	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	163,646	163,646	10,554	29,498	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	130,470	130,470	8,164	23,532	95.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	10,170,254	10,170,254	383,653	1,450,733	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,317	42,317	146	1,367	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	0	0	0	23,499	214,838	192.01
192.02 VISITOR MEALS	0	0	0	0	0	192.02
192.03 GREAT BEGINNINGS/MATERNAL	0	0	0	1,129	2,799	192.03
192.04 LIFELINE	0	0	0	780	2,562	192.04
192.05 LEASED PROPERTIES	0	0	0	0	15,024	192.05
192.06 NOT USED	0	0	0	0	0	192.06
192.07 NOT USED	0	0	0	0	0	192.07
192.08 PARISH NURSING	0	0	0	420	1,429	192.08
192.09 BIOTERRORISM GRANT	0	0	0	248	1,201	192.09
192.10 BREAST PUMPS	0	188	188	13	82	192.10
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 MOW	0	0	0	0	0	194.01
194.02 MENTAL HEALTH	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT				
	0	1.00	2A	4.00	5.00	
194.03 ADVERTISING	0	0	0	1,944	6,093	194.03
200.00 Cross Foot Adjustments			0			200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	10,212,759	10,212,759	411,832	1,696,128	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

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

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Cost Center Description		MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.00	6.01	6.02	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS	0					6.00
6.01	CAFETERIA	0	175,541				6.01
6.02	CAFETERIA	0	152,811	152,811			6.02
7.00	OPERATION OF PLANT	0	0	4,682	2,646,817		7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	31,939	105,619	8.00
9.00	HOUSEKEEPING	0	0	0	47,924	0	9.00
10.00	DIETARY	0	0	0	98,190	10,513	10.00
13.00	NURSING ADMINISTRATION	0	0	2,710	10,576	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	1,909	36,019	1,379	14.00
15.00	PHARMACY	0	0	5,464	46,157	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	37,102	586,271	33,677	30.00
31.00	INTENSIVE CARE UNIT	0	0	9,564	151,236	6,553	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	4,349	144,256	3,232	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	9,118	293,770	7,843	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	11,595	281,517	9,500	54.00
57.00	CT SCAN	0	0	1,757	19,717	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,100	62,580	73	58.00
59.00	CARDIAC CATHETERIZATION	0	0	2,073	76,147	1,155	59.00
60.00	LABORATORY	0	0	13,292	164,094	160	60.00
60.01	ONCOLOGY	0	0	0	0	1,278	60.01
60.02	RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00	RESPIRATORY THERAPY	0	0	4,420	69,393	1,090	65.00
66.00	PHYSICAL THERAPY	0	0	1,936	13,311	2,534	66.00
69.00	ELECTROCARDIOLOGY	0	0	3,091	121,956	699	69.00
69.01	CARDIAC REHAB	0	0	513	19,596	8	69.01
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
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	705	42,787	818	90.00
91.00	EMERGENCY	0	0	15,476	167,493	15,255	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	4,735	78,700	3,722	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	5,265	62,746	4,432	95.00
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	152,811	140,856	2,626,375	103,921	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	61	20,351	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	0	0	10,018	0	146	192.01
192.02	VISITOR MEALS	0	22,730	0	0	0	192.02
192.03	GREAT BEGINNINGS/MATERNAL	0	0	542	0	0	192.03
192.04	LIFELINE	0	0	382	0	0	192.04
192.05	LEASED PROPERTIES	0	0	0	0	1,552	192.05
192.06	NOT USED	0	0	0	0	0	192.06
192.07	NOT USED	0	0	0	0	0	192.07
192.08	PARISH NURSING	0	0	171	0	0	192.08
192.09	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	BREAST PUMPS	0	0	2	91	0	192.10
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	MOW	0	0	0	0	0	194.01
194.02	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	ADVERTISING	0	0	779	0	0	194.03
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	175,541	152,811	2,646,817	105,619	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

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

Worksheet B
Part II
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	9.00	10.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
6.01 CAFETERIA						6.01
6.02 CAFETERIA						6.02
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	186,578					9.00
10.00 DIETARY	2,520	329,783				10.00
13.00 NURSING ADMINISTRATION	1,260	0	63,628			13.00
14.00 CENTRAL SERVICES & SUPPLY	3,780	0	0	134,016		14.00
15.00 PHARMACY	3,780	0	2,477	0	214,848	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	43,563	179,046	16,824	17,154	0	30.00
31.00 INTENSIVE CARE UNIT	11,520	28,371	4,337	4,691	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	8,280	26,566	1,972	134	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	20,701	0	4,134	80,009	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	8,460	0	5,257	1,340	0	54.00
57.00 CT SCAN	0	0	797	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,800	0	499	0	0	58.00
59.00 CARDIAC CATHETERIZATION	5,400	0	940	2,680	0	59.00
60.00 LABORATORY	10,080	0	6,542	4,020	0	60.00
60.01 ONCOLOGY	0	0	1,970	402	0	60.01
60.02 RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 RESPIRATORY THERAPY	11,520	0	2,293	2,278	0	65.00
66.00 PHYSICAL THERAPY	0	0	1,834	0	0	66.00
69.00 ELECTROCARDIOLOGY	5,400	0	1,401	1,340	0	69.00
69.01 CARDIAC REHAB	4,500	0	233	0	0	69.01
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	214,848	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	3,600	0	320	0	0	90.00
91.00 EMERGENCY	30,241	4,462	7,017	8,041	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	6,300	22,051	2,147	134	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,260	0	2,387	670	0	95.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	183,965	260,496	63,381	122,893	214,848	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	720	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	363	0	0	7,103	0	192.01
192.02 VISITOR MEALS	0	0	0	0	0	192.02
192.03 GREAT BEGINNINGS/MATERNAL	0	0	246	0	0	192.03
192.04 LIFELINE	630	0	0	0	0	192.04
192.05 LEASED PROPERTIES	0	0	0	4,020	0	192.05
192.06 NOT USED	0	0	0	0	0	192.06
192.07 NOT USED	900	0	0	0	0	192.07
192.08 PARISH NURSING	0	0	0	0	0	192.08
192.09 BIOTERRORISM GRANT	0	0	1	0	0	192.09
192.10 BREAST PUMPS	0	0	0	0	0	192.10
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 MOW	0	42,381	0	0	0	194.01
194.02 MENTAL HEALTH	0	26,906	0	0	0	194.02
194.03 ADVERTISING	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150011			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/26/2012 3:12 pm	
Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY			
202.00 TOTAL (sum lines 118-201)	186,578	329,783	63,628	134,016	214,848	202.00		

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

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

worksheet B
Part II
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	EMPLOYEE BENEFITS				4.00
5.00	ADMINISTRATIVE & GENERAL				5.00
6.00	MAINTENANCE & REPAIRS				6.00
6.01	CAFETERIA				6.01
6.02	CAFETERIA				6.02
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	2,436,119	0	2,436,119	30.00
31.00	INTENSIVE CARE UNIT	624,544	0	624,544	31.00
40.00	SUBPROVIDER - IPF	0	0	0	40.00
41.00	SUBPROVIDER - IRF	534,338	0	534,338	41.00
42.00	SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	1,146,014	0	1,146,014	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	1,025,266	0	1,025,266	54.00
57.00	CT SCAN	81,801	0	81,801	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	209,631	0	209,631	58.00
59.00	CARDIAC CATHETERIZATION	297,983	0	297,983	59.00
60.00	LABORATORY	692,734	0	692,734	60.00
60.01	ONCOLOGY	43,274	0	43,274	60.01
60.02	RADIATION ONCOLOGY	0	0	0	60.02
65.00	RESPIRATORY THERAPY	290,029	0	290,029	65.00
66.00	PHYSICAL THERAPY	96,904	0	96,904	66.00
69.00	ELECTROCARDIOLOGY	413,869	0	413,869	69.00
69.01	CARDIAC REHAB	70,275	0	70,275	69.01
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	362,912	0	362,912	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	145,590	0	145,590	90.00
91.00	EMERGENCY	724,889	0	724,889	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	321,487	0	321,487	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	238,926	0	238,926	95.00
99.10	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,756,585	0	9,756,585	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,962	0	64,962	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	255,967	0	255,967	192.01
192.02	VISITOR MEALS	22,730	0	22,730	192.02
192.03	GREAT BEGINNINGS/MATERNAL	4,716	0	4,716	192.03
192.04	LIFELINE	4,354	0	4,354	192.04
192.05	LEASED PROPERTIES	20,596	0	20,596	192.05
192.06	NOT USED	0	0	0	192.06
192.07	NOT USED	900	0	900	192.07
192.08	PARISH NURSING	2,020	0	2,020	192.08
192.09	BIOTERRORISM GRANT	1,450	0	1,450	192.09
192.10	BREAST PUMPS	376	0	376	192.10
193.00	NONPAID WORKERS	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE	0	0	0	194.00
194.01	MOW	42,381	0	42,381	194.01
194.02	MENTAL HEALTH	26,906	0	26,906	194.02
194.03	ADVERTISING	8,816	0	8,816	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

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

Worksheet B
Part II
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	10,212,759	0	10,212,759	202.00

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	325,082					1.00
4.00 EMPLOYEE BENEFITS	13,109	41,811,522				4.00
5.00 ADMINISTRATIVE & GENERAL	51,861	6,788,396	-19,428,179	95,671,233		5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	260,112	6.00
6.01 CAFETERIA	4,842	0	0	1,321,258	4,842	6.01
6.02 CAFETERIA	0	0	0	0	0	6.02
7.00 OPERATION OF PLANT	80,083	599,681	0	6,787,842	80,083	7.00
8.00 LAUNDRY & LINEN SERVICE	2,114	0	0	409,895	2,114	8.00
9.00 HOUSEKEEPING	3,172	0	0	2,199,945	3,172	9.00
10.00 DIETARY	6,499	0	0	811,553	6,499	10.00
13.00 NURSING ADMINISTRATION	700	778,830	0	1,095,379	700	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,384	279,276	0	749,195	2,384	14.00
15.00 PHARMACY	3,055	1,597,019	0	2,553,027	3,055	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	38,804	8,030,054	0	12,654,843	38,804	30.00
31.00 INTENSIVE CARE UNIT	10,010	2,527,485	0	3,886,388	10,010	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	9,548	884,700	0	2,079,965	9,548	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	19,444	2,063,576	0	5,598,794	19,444	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	18,633	2,361,925	0	5,581,760	18,633	54.00
57.00 CT SCAN	1,305	357,870	0	846,470	1,305	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,142	224,027	0	634,396	4,142	58.00
59.00 CARDIAC CATHETERIZATION	5,040	480,591	0	2,623,848	5,040	59.00
60.00 LABORATORY	10,861	2,536,258	0	7,239,837	10,861	60.00
60.01 ONCOLOGY	0	944,089	0	1,710,467	0	60.01
60.02 RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 RESPIRATORY THERAPY	4,593	1,134,609	0	2,457,336	4,593	65.00
66.00 PHYSICAL THERAPY	881	1,172,652	0	2,146,829	881	66.00
69.00 ELECTROCARDIOLOGY	8,072	627,051	0	1,140,303	8,072	69.00
69.01 CARDIAC REHAB	1,297	107,971	0	203,926	1,297	69.01
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	8,351,541	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	2,832	162,416	0	382,999	2,832	90.00
91.00 EMERGENCY	11,086	3,391,706	0	5,370,792	11,086	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	5,209	1,071,500	0	1,663,808	5,209	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	4,153	828,874	0	1,327,334	4,153	95.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	323,729	38,950,556	-19,428,179	81,829,730	258,759	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,347	14,871	0	77,098	1,347	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	0	2,385,707	0	12,117,903	0	192.01
192.02 VISITOR MEALS	0	0	0	0	0	192.02
192.03 GREAT BEGINNINGS/MATERNAL	0	114,599	0	157,875	0	192.03
192.04 LIFELINE	0	79,220	0	144,499	0	192.04
192.05 LEASED PROPERTIES	0	0	0	847,437	0	192.05
192.06 NOT USED	0	0	0	0	0	192.06
192.07 NOT USED	0	0	0	0	0	192.07
192.08 PARISH NURSING	0	42,664	0	80,624	0	192.08
192.09 BIOTERRORISM GRANT	0	25,184	0	67,770	0	192.09
192.10 BREAST PUMPS	6	1,312	0	4,623	6	192.10
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 MOW	0	0	0	0	0	194.01
194.02 MENTAL HEALTH	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

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

Worksheet B-1

Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5A	5.00	6.00	
194.03 ADVERTISING	0	197,409	0	343,674	0	194.03
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)	10,212,759	14,168,066		19,428,179	0	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	31.415947	0.338856		0.203072	0.000000	203.00
204.00 Cost to be allocated (per wkst. B, Part II)		411,832		1,696,128	0	204.00
205.00 Unit cost multiplier (wkst. B, Part II)		0.009850		0.017729	0.000000	205.00

Cost Center Description		CAFETERIA (MEALS SERVED)	CAFETERIA (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.01	6.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
6.01	CAFETERIA	197,656					6.01
6.02	CAFETERIA	172,062	1,293,907				6.02
7.00	OPERATION OF PLANT	0	39,643	175,187			7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	2,114	593,859		8.00
9.00	HOUSEKEEPING	0	0	3,172	0	53,899	9.00
10.00	DIETARY	0	0	6,499	59,113	728	10.00
13.00	NURSING ADMINISTRATION	0	22,945	700	0	364	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	16,167	2,384	7,753	1,092	14.00
15.00	PHARMACY	0	46,264	3,055	0	1,092	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	314,146	38,804	189,354	12,584	30.00
31.00	INTENSIVE CARE UNIT	0	80,985	10,010	36,846	3,328	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	36,827	9,548	18,172	2,392	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	77,203	19,444	44,100	5,980	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	0	98,177	18,633	53,414	2,444	54.00
57.00	CT SCAN	0	14,876	1,305	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	9,314	4,142	411	520	58.00
59.00	CARDIAC CATHETERIZATION	0	17,549	5,040	6,494	1,560	59.00
60.00	LABORATORY	0	112,552	10,861	902	2,912	60.00
60.01	ONCOLOGY	0	0	0	7,187	0	60.01
60.02	RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00	RESPIRATORY THERAPY	0	37,426	4,593	6,131	3,328	65.00
66.00	PHYSICAL THERAPY	0	16,397	881	14,245	0	66.00
69.00	ELECTROCARDIOLOGY	0	26,170	8,072	3,928	1,560	69.00
69.01	CARDIAC REHAB	0	4,347	1,297	44	1,300	69.01
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
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	5,967	2,832	4,598	1,040	90.00
91.00	EMERGENCY	0	131,040	11,086	85,772	8,736	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	40,092	5,209	20,927	1,820	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	44,582	4,153	24,918	364	95.00
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	172,062	1,192,669	173,834	584,309	53,144	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	520	1,347	0	208	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	0	84,829	0	822	105	192.01
192.02	VISITOR MEALS	25,594	0	0	0	0	192.02
192.03	GREAT BEGINNINGS/MATERNAL	0	4,591	0	0	0	192.03
192.04	LIFELINE	0	3,232	0	0	182	192.04
192.05	LEASED PROPERTIES	0	0	0	8,728	0	192.05
192.06	NOT USED	0	0	0	0	0	192.06
192.07	NOT USED	0	0	0	0	260	192.07
192.08	PARISH NURSING	0	1,446	0	0	0	192.08
192.09	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	BREAST PUMPS	0	21	6	0	0	192.10
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	MOW	0	0	0	0	0	194.01
194.02	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	ADVERTISING	0	6,599	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

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

worksheet B-1

Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	CAFETERIA (MEALS SERVED)	CAFETERIA (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	6.01	6.02	7.00	8.00	9.00	
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	1,589,569	1,383,740	8,208,658	592,188	2,795,321	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	8.042098	1.069428	46.856548	0.997186	51.862205	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	175,541	152,811	2,646,817	105,619	186,578	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.888114	0.118100	15.108524	0.177852	3.461623	205.00

Cost Center Description		DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		10.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
6.01	CAFETERIA						6.01
6.02	CAFETERIA						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	98,154					10.00
13.00	NURSING ADMINISTRATION	0	1,188,172				13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	1,000			14.00
15.00	PHARMACY	0	46,264	0	100		15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	53,290	314,146	128	0		30.00
31.00	INTENSIVE CARE UNIT	8,444	80,985	35	0		31.00
40.00	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	SUBPROVIDER - IRF	7,907	36,827	1	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	77,203	597	0		50.00
51.00	RECOVERY ROOM	0	0	0	0		51.00
54.00	RADIOLOGY-DIAGNOSTIC	0	98,177	10	0		54.00
57.00	CT SCAN	0	14,876	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	9,314	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	17,549	20	0		59.00
60.00	LABORATORY	0	122,156	30	0		60.00
60.01	ONCOLOGY	0	36,796	3	0		60.01
60.02	RADIATION ONCOLOGY	0	0	0	0		60.02
65.00	RESPIRATORY THERAPY	0	42,826	17	0		65.00
66.00	PHYSICAL THERAPY	0	34,243	0	0		66.00
69.00	ELECTROCARDIOLOGY	0	26,170	10	0		69.00
69.01	CARDIAC REHAB	0	4,347	0	0		69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	100		73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	5,967	0	0		90.00
91.00	EMERGENCY	1,328	131,040	60	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	6,563	40,092	1	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	44,582	5	0		95.00
99.10	CORF	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0	0		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	77,532	1,183,560	917	100		118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	PHYSICIANS' PRIVATE OFFICES	0	0	53	0		192.01
192.02	VISITOR MEALS	0	0	0	0		192.02
192.03	GREAT BEGINNINGS/MATERNAL	0	4,591	0	0		192.03
192.04	LIFELINE	0	0	0	0		192.04
192.05	LEASED PROPERTIES	0	0	30	0		192.05
192.06	NOT USED	0	0	0	0		192.06
192.07	NOT USED	0	0	0	0		192.07
192.08	PARISH NURSING	0	0	0	0		192.08
192.09	BIOTERRORISM GRANT	0	21	0	0		192.09
192.10	BREAST PUMPS	0	0	0	0		192.10
193.00	NONPAID WORKERS	0	0	0	0		193.00
194.00	OTHER NONREIMBURSABLE	0	0	0	0		194.00
194.01	MOW	12,614	0	0	0		194.01
194.02	MENTAL HEALTH	8,008	0	0	0		194.02
194.03	ADVERTISING	0	0	0	0		194.03

Cost Center Description		DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	13.00	14.00	15.00	
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per wkst. B, Part I)	1,377,581	1,394,036	1,094,696	3,375,012	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	14.034894	1.173261	1,094.696000	33,750.120000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	329,783	63,628	134,016	214,848	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	3.359853	0.053551	134.016000	2,148.480000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

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

Worksheet C
Part I
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital	PPS	
			Total Costs	Costs		Total Costs	
				RCE Disallowance			
1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	19,476,965		19,476,965	0	19,476,965	30.00
31.00	INTENSIVE CARE UNIT	5,692,428		5,692,428	0	5,692,428	31.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	3,286,570		3,286,570	6,049	3,292,619	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	8,827,618		8,827,618	0	8,827,618	50.00
51.00	RECOVERY ROOM	0		0	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	7,999,479		7,999,479	0	7,999,479	54.00
57.00	CT SCAN	1,112,874		1,112,874	0	1,112,874	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,005,571		1,005,571	0	1,005,571	58.00
59.00	CARDIAC CATHETERIZATION	3,541,467		3,541,467	0	3,541,467	59.00
60.00	LABORATORY	9,667,404		9,667,404	0	9,667,404	60.00
60.01	ONCOLOGY	2,111,437		2,111,437	0	2,111,437	60.01
60.02	RADIATION ONCOLOGY	0		0	0	0	60.02
65.00	RESPIRATORY THERAPY	3,459,155	0	3,459,155	0	3,459,155	65.00
66.00	PHYSICAL THERAPY	2,695,987	0	2,695,987	0	2,695,987	66.00
69.00	ELECTROCARDIOLOGY	1,904,553		1,904,553	0	1,904,553	69.00
69.01	CARDIAC REHAB	383,325		383,325	0	383,325	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	13,422,517		13,422,517	0	13,422,517	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	665,377		665,377	0	665,377	90.00
91.00	EMERGENCY	7,897,702		7,897,702	0	7,897,702	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,743,016		2,743,016	0	2,743,016	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	2,544,134		2,544,134	0	2,544,134	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,940,655		1,940,655	0	1,940,655	95.00
99.10	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	ISLET ACQUISITION	0		0	0	0	111.00
113.00	INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	100,378,234	0	100,378,234	6,049	100,384,283	200.00
201.00	Less Observation Beds	2,743,016		2,743,016		2,743,016	201.00
202.00	Total (see instructions)	97,635,218	0	97,635,218	6,049	97,641,267	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

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

Worksheet C
Part I
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	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	15,763,600		15,763,600		30.00
31.00	INTENSIVE CARE UNIT	6,962,166		6,962,166		31.00
40.00	SUBPROVIDER - IPF	0		0		40.00
41.00	SUBPROVIDER - IRF	2,894,350		2,894,350		41.00
42.00	SUBPROVIDER	0		0		42.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	29,384,539	20,686,428	50,070,967	0.176302	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	RADIOLOGY-DIAGNOSTIC	2,557,351	26,188,977	28,746,328	0.278278	54.00
57.00	CT SCAN	3,294,236	20,878,366	24,172,602	0.046039	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	546,065	5,438,658	5,984,723	0.168023	58.00
59.00	CARDIAC CATHETERIZATION	980,245	3,596,533	4,576,778	0.773790	59.00
60.00	LABORATORY	8,130,956	30,352,207	38,483,163	0.251211	60.00
60.01	ONCOLOGY	22,395	7,676,537	7,698,932	0.274251	60.01
60.02	RADIATION ONCOLOGY	0	0	0	0.000000	60.02
65.00	RESPIRATORY THERAPY	787,367	4,357,174	5,144,541	0.672393	65.00
66.00	PHYSICAL THERAPY	3,003,110	4,710,404	7,713,514	0.349515	66.00
69.00	ELECTROCARDIOLOGY	2,518,697	4,490,457	7,009,154	0.271724	69.00
69.01	CARDIAC REHAB	0	380,732	380,732	1.006811	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	7,876,195	38,359,274	46,235,469	0.290308	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	244	438,271	438,515	1.517341	90.00
91.00	EMERGENCY	4,890,312	33,491,102	38,381,414	0.205769	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,383,932	4,383,932	0.625698	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	3,892,767	3,892,767	0.653554	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	3,421,610	3,421,610	0.567176	95.00
99.10	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	89,611,828	212,743,429	302,355,257		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	89,611,828	212,743,429	302,355,257		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

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

Worksheet C
Part I
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.176302			50.00
51.00	RECOVERY ROOM	0.000000			51.00
54.00	RADIOLOGY-DIAGNOSTIC	0.278278			54.00
57.00	CT SCAN	0.046039			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.168023			58.00
59.00	CARDIAC CATHETERIZATION	0.773790			59.00
60.00	LABORATORY	0.251211			60.00
60.01	ONCOLOGY	0.274251			60.01
60.02	RADIATION ONCOLOGY	0.000000			60.02
65.00	RESPIRATORY THERAPY	0.672393			65.00
66.00	PHYSICAL THERAPY	0.349515			66.00
69.00	ELECTROCARDIOLOGY	0.271724			69.00
69.01	CARDIAC REHAB	1.006811			69.01
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	0.290308			73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	1.517341			90.00
91.00	EMERGENCY	0.205769			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.625698			92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.653554			92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.567176			95.00
99.10	CORF				99.10
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

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

Worksheet C
Part I
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Total Costs
			Total Costs	RCE	Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	19,476,965		19,476,965	0	0	30.00
31.00	INTENSIVE CARE UNIT	5,692,428		5,692,428	0	0	31.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	3,286,570		3,286,570	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	8,827,618		8,827,618	0	0	50.00
51.00	RECOVERY ROOM	0		0	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	7,999,479		7,999,479	0	0	54.00
57.00	CT SCAN	1,112,874		1,112,874	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,005,571		1,005,571	0	0	58.00
59.00	CARDIAC CATHETERIZATION	3,541,467		3,541,467	0	0	59.00
60.00	LABORATORY	9,667,404		9,667,404	0	0	60.00
60.01	ONCOLOGY	2,111,437		2,111,437	0	0	60.01
60.02	RADIATION ONCOLOGY	0		0	0	0	60.02
65.00	RESPIRATORY THERAPY	3,459,155	0	3,459,155	0	0	65.00
66.00	PHYSICAL THERAPY	2,695,987	0	2,695,987	0	0	66.00
69.00	ELECTROCARDIOLOGY	1,904,553		1,904,553	0	0	69.00
69.01	CARDIAC REHAB	383,325		383,325	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	13,422,517		13,422,517	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	665,377		665,377	0	0	90.00
91.00	EMERGENCY	7,897,702		7,897,702	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,743,016		2,743,016	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	2,544,134		2,544,134	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,940,655		1,940,655	0	0	95.00
99.10	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	ISLET ACQUISITION	0		0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	100,378,234	0	100,378,234	0	0	200.00
201.00	Less Observation Beds	2,743,016		2,743,016	0	0	201.00
202.00	Total (see instructions)	97,635,218	0	97,635,218	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

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

Worksheet C
Part I
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Title XIX			Hospital	Cost	
	Charges		Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient				
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,763,600		15,763,600		30.00
31.00	INTENSIVE CARE UNIT	6,962,166		6,962,166		31.00
40.00	SUBPROVIDER - IPF	0		0		40.00
41.00	SUBPROVIDER - IRF	2,894,350		2,894,350		41.00
42.00	SUBPROVIDER	0		0		42.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	29,384,539	20,686,428	50,070,967	0.176302	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	RADIOLOGY-DIAGNOSTIC	2,557,351	26,188,977	28,746,328	0.278278	54.00
57.00	CT SCAN	3,294,236	20,878,366	24,172,602	0.046039	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	546,065	5,438,658	5,984,723	0.168023	58.00
59.00	CARDIAC CATHETERIZATION	980,245	3,596,533	4,576,778	0.773790	59.00
60.00	LABORATORY	8,130,956	30,352,207	38,483,163	0.251211	60.00
60.01	ONCOLOGY	22,395	7,676,537	7,698,932	0.274251	60.01
60.02	RADIATION ONCOLOGY	0	0	0	0.000000	60.02
65.00	RESPIRATORY THERAPY	787,367	4,357,174	5,144,541	0.672393	65.00
66.00	PHYSICAL THERAPY	3,003,110	4,710,404	7,713,514	0.349515	66.00
69.00	ELECTROCARDIOLOGY	2,518,697	4,490,457	7,009,154	0.271724	69.00
69.01	CARDIAC REHAB	0	380,732	380,732	1.006811	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	7,876,195	38,359,274	46,235,469	0.290308	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	244	438,271	438,515	1.517341	90.00
91.00	EMERGENCY	4,890,312	33,491,102	38,381,414	0.205769	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,383,932	4,383,932	0.625698	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	3,892,767	3,892,767	0.653554	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	3,421,610	3,421,610	0.567176	95.00
99.10	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	89,611,828	212,743,429	302,355,257		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	89,611,828	212,743,429	302,355,257		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 3:12 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
40.00	SUBPROVIDER - IPF		40.00
41.00	SUBPROVIDER - IRF		41.00
42.00	SUBPROVIDER		42.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.000000	50.00
51.00	RECOVERY ROOM	0.000000	51.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
57.00	CT SCAN	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	LABORATORY	0.000000	60.00
60.01	ONCOLOGY	0.000000	60.01
60.02	RADIATION ONCOLOGY	0.000000	60.02
65.00	RESPIRATORY THERAPY	0.000000	65.00
66.00	PHYSICAL THERAPY	0.000000	66.00
69.00	ELECTROCARDIOLOGY	0.000000	69.00
69.01	CARDIAC REHAB	0.000000	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00
90.00	CLINIC	0.000000	90.00
91.00	EMERGENCY	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0.000000	95.00
99.10	CORF		99.10
SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION		109.00
110.00	INTESTINAL ACQUISITION		110.00
111.00	ISLET ACQUISITION		111.00
113.00	INTEREST EXPENSE		113.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,436,119	0	2,436,119	18,987	128.30	30.00
31.00 INTENSIVE CARE UNIT	624,544		624,544	3,534	176.72	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	534,338	0	534,338	2,708	197.32	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
200.00 Total (lines 30-199)	3,595,001		3,595,001	25,229		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 3:12 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	9,357	1,200,503	30.00
31.00	INTENSIVE CARE UNIT	2,244	396,560	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	2,104	415,161	41.00
42.00	SUBPROVIDER	0	0	42.00
200.00	Total (Lines 30-199)	13,705	2,012,224	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XVIII			Hospital	PPS		
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,146,014	50,070,967	0.022888	12,919,544	295,703	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	1,025,266	28,746,328	0.035666	1,629,863	58,131	54.00
57.00	CT SCAN	81,801	24,172,602	0.003384	2,116,844	7,163	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	209,631	5,984,723	0.035028	287,612	10,074	58.00
59.00	CARDIAC CATHETERIZATION	297,983	4,576,778	0.065108	631,246	41,099	59.00
60.00	LABORATORY	692,734	38,483,163	0.018001	4,868,013	87,629	60.00
60.01	ONCOLOGY	43,274	7,698,932	0.005621	20,071	113	60.01
60.02	RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
65.00	RESPIRATORY THERAPY	290,029	5,144,541	0.056376	512,144	28,873	65.00
66.00	PHYSICAL THERAPY	96,904	7,713,514	0.012563	745,045	9,360	66.00
69.00	ELECTROCARDIOLOGY	413,869	7,009,154	0.059047	743,769	43,917	69.00
69.01	CARDIAC REHAB	70,275	380,732	0.184579	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	362,912	46,235,469	0.007849	5,383,699	42,257	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	145,590	438,515	0.332007	244	81	90.00
91.00	EMERGENCY	724,889	38,381,414	0.018886	2,768,553	52,287	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	343,088	4,383,932	0.078260	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	321,487	3,892,767	0.082586	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	6,265,746	273,313,531		32,626,647	676,687	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	5.00	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	0	0 30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	0 31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	0 40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	0 41.00
42.00 SUBPROVIDER	0	0	0	0	0	0 42.00
200.00 Total (lines 30-199)	0	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XVIII			Hospital		PSA Adj. Nursing School	
	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	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	18,987	0.00	9,357	0	0		30.00
31.00 INTENSIVE CARE UNIT	3,534	0.00	2,244	0	0		31.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0		40.00
41.00 SUBPROVIDER - IRF	2,708	0.00	2,104	0	0		41.00
42.00 SUBPROVIDER	0	0.00	0	0	0		42.00
200.00 Total (lines 30-199)	25,229		13,705	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 3:12 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
	12.00	13.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
200.00 Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

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

Worksheet D
Part IV
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4) 5.00	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All other Medical Education cost			
	1.00	2.00	3.00	4.00			
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
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	ONCOLOGY	0	0	0	0	0	60.01
60.02	RADIATION ONCOLOGY	0	0	0	0	0	60.02
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
69.01	CARDIAC REHAB	0	0	0	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	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	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 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	50,070,967	0.000000	0.000000	12,919,544	50.00
51.00 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	0	28,746,328	0.000000	0.000000	1,629,863	54.00
57.00 CT SCAN	0	24,172,602	0.000000	0.000000	2,116,844	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	5,984,723	0.000000	0.000000	287,612	58.00
59.00 CARDIAC CATHETERIZATION	0	4,576,778	0.000000	0.000000	631,246	59.00
60.00 LABORATORY	0	38,483,163	0.000000	0.000000	4,868,013	60.00
60.01 ONCOLOGY	0	7,698,932	0.000000	0.000000	20,071	60.01
60.02 RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	60.02
65.00 RESPIRATORY THERAPY	0	5,144,541	0.000000	0.000000	512,144	65.00
66.00 PHYSICAL THERAPY	0	7,713,514	0.000000	0.000000	745,045	66.00
69.00 ELECTROCARDIOLOGY	0	7,009,154	0.000000	0.000000	743,769	69.00
69.01 CARDIAC REHAB	0	380,732	0.000000	0.000000	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	46,235,469	0.000000	0.000000	5,383,699	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	438,515	0.000000	0.000000	244	90.00
91.00 EMERGENCY	0	38,381,414	0.000000	0.000000	2,768,553	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,383,932	0.000000	0.000000	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	3,892,767	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	273,313,531			32,626,647	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

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

Worksheet D
Part IV
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Title XVIII			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	4,767,624	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	0	7,010,664	0	0	0	54.00
57.00 CT SCAN	0	6,734,054	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,782,487	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	2,091,974	0	0	0	59.00
60.00 LABORATORY	0	1,098,529	0	0	0	60.00
60.01 ONCOLOGY	0	3,947,725	0	0	0	60.01
60.02 RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 RESPIRATORY THERAPY	0	1,440,450	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	1,742	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	1,708,174	0	0	0	69.00
69.01 CARDIAC REHAB	0	178,290	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	18,220,903	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	269,376	0	0	0	90.00
91.00 EMERGENCY	0	7,303,016	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	810,790	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	1,990,665	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	59,356,463	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 ONCOLOGY	0	0	60.01
60.02 RADIATION ONCOLOGY	0	0	60.02
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
69.01 CARDIAC REHAB	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/26/2012 3:12 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.176302	4,767,624	0	4	50.00
51.00 RECOVERY ROOM	0.000000	0	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	0.278278	7,010,664	301	15	54.00
57.00 CT SCAN	0.046039	6,734,054	-111	298	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.168023	1,782,487	-73	184	58.00
59.00 CARDIAC CATHETERIZATION	0.773790	2,091,974	-24	36	59.00
60.00 LABORATORY	0.251211	1,098,529	-4,418	0	60.00
60.01 ONCOLOGY	0.274251	3,947,725	-3,310	0	60.01
60.02 RADIATION ONCOLOGY	0.000000	0	0	0	60.02
65.00 RESPIRATORY THERAPY	0.672393	1,440,450	-11	0	65.00
66.00 PHYSICAL THERAPY	0.349515	1,742	0	0	66.00
69.00 ELECTROCARDIOLOGY	0.271724	1,708,174	0	0	69.00
69.01 CARDIAC REHAB	1.006811	178,290	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.290308	18,220,903	-11,439	26,057	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	1.517341	269,376	0	0	90.00
91.00 EMERGENCY	0.205769	7,303,016	-1,982	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.625698	810,790	-701	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0.653554	1,990,665	-1,896	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	0.567176		0		95.00
200.00 Subtotal (see instructions)		59,356,463	-23,664	26,594	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		59,356,463	-23,664	26,594	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/26/2012 3:12 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	840,542	0	1		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
54.00 RADIOLOGY-DIAGNOSTIC	1,950,914	84	4		54.00
57.00 CT SCAN	310,029	-5	14		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	299,499	-12	31		58.00
59.00 CARDIAC CATHETERIZATION	1,618,749	-19	28		59.00
60.00 LABORATORY	275,963	-1,110	0		60.00
60.01 ONCOLOGY	1,082,668	-908	0		60.01
60.02 RADIATION ONCOLOGY	0	0	0		60.02
65.00 RESPIRATORY THERAPY	968,548	-7	0		65.00
66.00 PHYSICAL THERAPY	609	0	0		66.00
69.00 ELECTROCARDIOLOGY	464,152	0	0		69.00
69.01 CARDIAC REHAB	179,504	0	0		69.01
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	5,289,674	-3,321	7,565		73.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	408,735	0	0		90.00
91.00 EMERGENCY	1,502,734	-408	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	507,310	-439	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	1,301,007	-1,239	0		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	17,000,637	-7,384	7,643		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	17,000,637	-7,384	7,643		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150011 Component CCN: 15T011		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part II Date/Time Prepared: 1/26/2012 3:12 pm	
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	1,146,014	50,070,967	0.022888	6,930	159	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	1,025,266	28,746,328	0.035666	60,787	2,168	54.00
57.00	CT SCAN	81,801	24,172,602	0.003384	49,402	167	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	209,631	5,984,723	0.035028	16,800	588	58.00
59.00	CARDIAC CATHETERIZATION	297,983	4,576,778	0.065108	12,262	798	59.00
60.00	LABORATORY	692,734	38,483,163	0.018001	256,070	4,610	60.00
60.01	ONCOLOGY	43,274	7,698,932	0.005621	85	0	60.01
60.02	RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
65.00	RESPIRATORY THERAPY	290,029	5,144,541	0.056376	32,131	1,811	65.00
66.00	PHYSICAL THERAPY	96,904	7,713,514	0.012563	1,452,253	18,245	66.00
69.00	ELECTROCARDIOLOGY	413,869	7,009,154	0.059047	39,217	2,316	69.00
69.01	CARDIAC REHAB	70,275	380,732	0.184579	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	362,912	46,235,469	0.007849	352,117	2,764	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	145,590	438,515	0.332007	0	0	90.00
91.00	EMERGENCY	724,889	38,381,414	0.018886	18,911	357	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	343,088	4,383,932	0.078260	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	321,487	3,892,767	0.082586	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	6,265,746	273,313,531		2,296,965	33,983	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 pm
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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
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 ONCOLOGY	0	0	0	0	0	60.01
60.02 RADIATION ONCOLOGY	0	0	0	0	0	60.02
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
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	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	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	50,070,967	0.000000	0.000000	6,930	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	0	28,746,328	0.000000	0.000000	60,787	54.00
57.00	CT SCAN	0	24,172,602	0.000000	0.000000	49,402	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,984,723	0.000000	0.000000	16,800	58.00
59.00	CARDIAC CATHETERIZATION	0	4,576,778	0.000000	0.000000	12,262	59.00
60.00	LABORATORY	0	38,483,163	0.000000	0.000000	256,070	60.00
60.01	ONCOLOGY	0	7,698,932	0.000000	0.000000	85	60.01
60.02	RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	60.02
65.00	RESPIRATORY THERAPY	0	5,144,541	0.000000	0.000000	32,131	65.00
66.00	PHYSICAL THERAPY	0	7,713,514	0.000000	0.000000	1,452,253	66.00
69.00	ELECTROCARDIOLOGY	0	7,009,154	0.000000	0.000000	39,217	69.00
69.01	CARDIAC REHAB	0	380,732	0.000000	0.000000	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	46,235,469	0.000000	0.000000	352,117	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	438,515	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	38,381,414	0.000000	0.000000	18,911	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,383,932	0.000000	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	3,892,767	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	273,313,531			2,296,965	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	ONCOLOGY	0	0	0	0	0	60.01
60.02	RADIATION ONCOLOGY	0	0	0	0	0	60.02
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
69.01	CARDIAC REHAB	0	0	0	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	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	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011 Component CCN:15T011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 pm
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 ONCOLOGY	0	0	60.01
60.02 RADIATION ONCOLOGY	0	0	60.02
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
69.01 CARDIAC REHAB	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XIX			Hospital	Cost	
	Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,436,119	0	2,436,119	18,987	128.30	30.00
31.00 INTENSIVE CARE UNIT	624,544		624,544	3,534	176.72	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	534,338	0	534,338	2,708	197.32	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
200.00 Total (lines 30-199)	3,595,001		3,595,001	25,229		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 3:12 pm
Title XIX		Hospital	Cost

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	1,449	185,907	30.00
31.00 INTENSIVE CARE UNIT	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	104	20,521	41.00
42.00 SUBPROVIDER	0	0	42.00
200.00 Total (lines 30-199)	1,553	206,428	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XIX			Hospital	Cost	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,146,014	50,070,967	0.022888	1,582,032	36,210	50.00
51.00 RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	1,025,266	28,746,328	0.035666	223,376	7,967	54.00
57.00 CT SCAN	81,801	24,172,602	0.003384	267,518	905	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	209,631	5,984,723	0.035028	61,607	2,158	58.00
59.00 CARDIAC CATHETERIZATION	297,983	4,576,778	0.065108	89,173	5,806	59.00
60.00 LABORATORY	692,734	38,483,163	0.018001	669,647	12,054	60.00
60.01 ONCOLOGY	43,274	7,698,932	0.005621	0	0	60.01
60.02 RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
65.00 RESPIRATORY THERAPY	290,029	5,144,541	0.056376	59,777	3,370	65.00
66.00 PHYSICAL THERAPY	96,904	7,713,514	0.012563	70,844	890	66.00
69.00 ELECTROCARDIOLOGY	413,869	7,009,154	0.059047	167,169	9,871	69.00
69.01 CARDIAC REHAB	70,275	380,732	0.184579	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	362,912	46,235,469	0.007849	680,179	5,339	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 CLINIC	145,590	438,515	0.332007	0	0	90.00
91.00 EMERGENCY	724,889	38,381,414	0.018886	400,392	7,562	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,383,932	0.000000	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	321,487	3,892,767	0.082586	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	5,922,658	273,313,531		4,271,714	92,132	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XIX			Hospital	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
	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
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
200.00 Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XIX			Hospital		Cost	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	18,987	0.00	1,449	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	3,534	0.00	0	0	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	2,708	0.00	104	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00
200.00 Total (lines 30-199)	25,229		1,553	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 3:12 pm
	Title XIX	Hospital	Cost

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
	12.00	13.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
200.00 Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XIX				Hospital	Cost	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	ONCOLOGY	0	0	0	0	0	60.01
60.02	RADIATION ONCOLOGY	0	0	0	0	0	60.02
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
69.01	CARDIAC REHAB	0	0	0	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	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	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

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

Worksheet D
Part IV
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Title XIX			Hospital		Cost
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	50,070,967	0.000000	0.000000	1,582,032	50.00
51.00 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	0	28,746,328	0.000000	0.000000	223,376	54.00
57.00 CT SCAN	0	24,172,602	0.000000	0.000000	267,518	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	5,984,723	0.000000	0.000000	61,607	58.00
59.00 CARDIAC CATHETERIZATION	0	4,576,778	0.000000	0.000000	89,173	59.00
60.00 LABORATORY	0	38,483,163	0.000000	0.000000	669,647	60.00
60.01 ONCOLOGY	0	7,698,932	0.000000	0.000000	0	60.01
60.02 RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	60.02
65.00 RESPIRATORY THERAPY	0	5,144,541	0.000000	0.000000	59,777	65.00
66.00 PHYSICAL THERAPY	0	7,713,514	0.000000	0.000000	70,844	66.00
69.00 ELECTROCARDIOLOGY	0	7,009,154	0.000000	0.000000	167,169	69.00
69.01 CARDIAC REHAB	0	380,732	0.000000	0.000000	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	46,235,469	0.000000	0.000000	680,179	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	438,515	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	38,381,414	0.000000	0.000000	400,392	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,383,932	0.000000	0.000000	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	3,892,767	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	273,313,531			4,271,714	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

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

Worksheet D
Part IV
Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Title XIX			Hospital		Cost
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 ONCOLOGY	0	0	0	0	0	60.01
60.02 RADIATION ONCOLOGY	0	0	0	0	0	60.02
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
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	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	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	Cost
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0			50.00
51.00	RECOVERY ROOM	0	0			51.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
57.00	CT SCAN	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
60.01	ONCOLOGY	0	0			60.01
60.02	RADIATION ONCOLOGY	0	0			60.02
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
69.01	CARDIAC REHAB	0	0			69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	0			90.00
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150011 Component CCN: 15T011		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part II Date/Time Prepared: 1/26/2012 3:12 pm	
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	Cost (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,146,014	50,070,967	0.022888	0	0	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	1,025,266	28,746,328	0.035666	375	13	54.00
57.00	CT SCAN	81,801	24,172,602	0.003384	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	209,631	5,984,723	0.035028	1,300	46	58.00
59.00	CARDIAC CATHETERIZATION	297,983	4,576,778	0.065108	0	0	59.00
60.00	LABORATORY	692,734	38,483,163	0.018001	8,493	153	60.00
60.01	ONCOLOGY	43,274	7,698,932	0.005621	0	0	60.01
60.02	RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
65.00	RESPIRATORY THERAPY	290,029	5,144,541	0.056376	198	11	65.00
66.00	PHYSICAL THERAPY	96,904	7,713,514	0.012563	83,043	1,043	66.00
69.00	ELECTROCARDIOLOGY	413,869	7,009,154	0.059047	0	0	69.00
69.01	CARDIAC REHAB	70,275	380,732	0.184579	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	362,912	46,235,469	0.007849	6,525	51	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	145,590	438,515	0.332007	0	0	90.00
91.00	EMERGENCY	724,889	38,381,414	0.018886	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,383,932	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	321,487	3,892,767	0.082586	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	5,922,658	273,313,531		99,934	1,317	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XIX				Subprovider - IRF	Cost
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 ONCOLOGY	0	0	0	0	0	60.01
60.02 RADIATION ONCOLOGY	0	0	0	0	0	60.02
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
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	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	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Cost
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	50,070,967	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	0	28,746,328	0.000000	0.000000	375	54.00
57.00	CT SCAN	0	24,172,602	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,984,723	0.000000	0.000000	1,300	58.00
59.00	CARDIAC CATHETERIZATION	0	4,576,778	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	38,483,163	0.000000	0.000000	8,493	60.00
60.01	ONCOLOGY	0	7,698,932	0.000000	0.000000	0	60.01
60.02	RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	60.02
65.00	RESPIRATORY THERAPY	0	5,144,541	0.000000	0.000000	198	65.00
66.00	PHYSICAL THERAPY	0	7,713,514	0.000000	0.000000	83,043	66.00
69.00	ELECTROCARDIOLOGY	0	7,009,154	0.000000	0.000000	0	69.00
69.01	CARDIAC REHAB	0	380,732	0.000000	0.000000	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	46,235,469	0.000000	0.000000	6,525	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	438,515	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	38,381,414	0.000000	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,383,932	0.000000	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	3,892,767	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	273,313,531			99,934	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	Cost
		11.00	12.00	13.00	21.00	22.00	
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
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	ONCOLOGY	0	0	0	0	0	60.01
60.02	RADIATION ONCOLOGY	0	0	0	0	0	60.02
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
69.01	CARDIAC REHAB	0	0	0	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	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	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011 Component CCN:15T011	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	ONCOLOGY	0	0	60.01
60.02	RADIATION ONCOLOGY	0	0	60.02
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
69.01	CARDIAC REHAB	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XVIII	Hospital	PPS
			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,987 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,987 2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		18,987 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)		9,357 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0 14.00
15.00	Total nursery days (title V or XIX only)		0 15.00
16.00	Nursery days (title V or XIX only)		0 16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)		19,476,965 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)		19,476,965 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)		15,763,600 28.00
29.00	Private room charges (excluding swing-bed charges)		0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)		15,763,600 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.235566 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		830.23 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		19,476,965 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,025.81 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,598,504 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)		9,598,504 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150011

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

Worksheet D-1

Date/Time Prepared:
1/26/2012 3:12 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)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	5,692,428	3,534	1,610.76	2,244	3,614,545	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)					7,533,781	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,746,830	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)					1,597,063	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					676,687	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,273,750	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,473,080	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title v or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					2,674	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,025.81	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,743,016	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,436,119	19,476,965	0.125077	2,743,016	343,088	90.00
91.00 Nursing School cost	0	19,476,965	0.000000	2,743,016	0	91.00
92.00 Allied health cost	0	19,476,965	0.000000	2,743,016	0	92.00
93.00 All other Medical Education	0	19,476,965	0.000000	2,743,016	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150011 Component CCN:15T011	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 3:12 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)	2,708	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,708	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,708	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,104	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,292,619	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)	3,292,619	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,292,619	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,215.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,558,233	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)	2,558,233	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011 Component CCN: 15T011		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/26/2012 3:12 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title v & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	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							
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					743,032	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,301,265	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)					415,161	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					33,983	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					449,144	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,852,121	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: 150011	Period: From 07/01/2010 To 06/30/2011	worksheet D-1
		Component CCN: 15T011		Date/Time Prepared: 1/26/2012 3:12 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	534,338	3,292,619	0.162284	0	0	90.00
91.00 Nursing School cost	0	3,292,619	0.000000	0	0	91.00
92.00 Allied health cost	0	3,292,619	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,292,619	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			18,987 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			18,987 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			18,987 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)			1,449 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			19,476,965 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)			19,476,965 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			19,476,965 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,025.81 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,486,399 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,486,399 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150011

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

Worksheet D-1

Date/Time Prepared:
1/26/2012 3:12 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)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title v & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	5,692,428	3,534	1,610.76	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)				991,195	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,477,594	49.00
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)				0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)				0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)				0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges				0	54.00
55.00 Target amount per discharge				0.00	55.00
56.00 Target amount (line 54 x line 55)				0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00 Bonus payment (see instructions)				0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00 Relief payment (see instructions)				0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00 Total title v or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)				2,674	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,025.81	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)				2,743,016	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150011

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

Worksheet D-1

Date/Time Prepared:
1/26/2012 3:12 pm

Cost Center Description	Cost	Title XIX		Hospital	
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
90.00 Capital-related cost	0	0	0.000000	0	0 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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 3:12 pm
	Title XIX	Subprovider - IRF	Cost

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)		2,708	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,708	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,708	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)		104	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,286,570	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)		3,286,570	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,286,570	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,213.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		126,220	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)		126,220	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1	
		Component CCN: 15T011	Date/Time Prepared: 1/26/2012 3:12 pm		
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (Col. 1 ÷ Col. 2)	Program Days	Program Cost (Col. 3 x Col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	0	0	0.00	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)				33,508
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				159,728
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)				0
52.00	Total Program excludable cost (sum of lines 50 and 51)				0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
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
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150011	Period: From 07/01/2010	Worksheet D-1
	Component CCN: 15T011	To 06/30/2011	Date/Time Prepared: 1/26/2012 3:12 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: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 3:12 pm
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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		6,602,846		30.00
31.00	INTENSIVE CARE UNIT		4,522,294		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.176302	12,919,544	2,277,741	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	0.278278	1,629,863	453,555	54.00
57.00	CT SCAN	0.046039	2,116,844	97,457	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.168023	287,612	48,325	58.00
59.00	CARDIAC CATHETERIZATION	0.773790	631,246	488,452	59.00
60.00	LABORATORY	0.251211	4,868,013	1,222,898	60.00
60.01	ONCOLOGY	0.274251	20,071	5,504	60.01
60.02	RADIATION ONCOLOGY	0.000000	0	0	60.02
65.00	RESPIRATORY THERAPY	0.672393	512,144	344,362	65.00
66.00	PHYSICAL THERAPY	0.349515	745,045	260,404	66.00
69.00	ELECTROCARDIOLOGY	0.271724	743,769	202,100	69.00
69.01	CARDIAC REHAB	1.006811	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.290308	5,383,699	1,562,931	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	1.517341	244	370	90.00
91.00	EMERGENCY	0.205769	2,768,553	569,682	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.625698	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.653554	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)		32,626,647	7,533,781	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)		32,626,647		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3
		Component CCN: 15T011	Date/Time Prepared: 1/26/2012 3:12 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		9,145	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		2,250,598	41.00
42.00	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.176302	6,930	1,222 50.00
51.00	RECOVERY ROOM	0.000000	0	0 51.00
54.00	RADIOLOGY-DIAGNOSTIC	0.278278	60,787	16,916 54.00
57.00	CT SCAN	0.046039	49,402	2,274 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.168023	16,800	2,823 58.00
59.00	CARDIAC CATHETERIZATION	0.773790	12,262	9,488 59.00
60.00	LABORATORY	0.251211	256,070	64,328 60.00
60.01	ONCOLOGY	0.274251	85	23 60.01
60.02	RADIATION ONCOLOGY	0.000000	0	0 60.02
65.00	RESPIRATORY THERAPY	0.672393	32,131	21,605 65.00
66.00	PHYSICAL THERAPY	0.349515	1,452,253	507,584 66.00
69.00	ELECTROCARDIOLOGY	0.271724	39,217	10,656 69.00
69.01	CARDIAC REHAB	1.006811	0	0 69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.290308	352,117	102,222 73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	CLINIC	1.517341	0	0 90.00
91.00	EMERGENCY	0.205769	18,911	3,891 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.625698	0	0 92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.653554	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)		2,296,965	743,032 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		2,296,965	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 3:12 pm
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Cost Center Description	Title XIX		Hospital		Cost
	Ratio of Cost To Charges	Inpatient Program 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			1,394,298		30.00
31.00 INTENSIVE CARE UNIT			641,520		31.00
40.00 SUBPROVIDER - IPF			0		40.00
41.00 SUBPROVIDER - IRF			0		41.00
42.00 SUBPROVIDER			0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.176302		1,582,032	278,915	50.00
51.00 RECOVERY ROOM	0.000000		0	0	51.00
54.00 RADIOLOGY-DIAGNOSTIC	0.278278		223,376	62,161	54.00
57.00 CT SCAN	0.046039		267,518	12,316	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.168023		61,607	10,351	58.00
59.00 CARDIAC CATHETERIZATION	0.773790		89,173	69,001	59.00
60.00 LABORATORY	0.251211		669,647	168,223	60.00
60.01 ONCOLOGY	0.274251		0	0	60.01
60.02 RADIATION ONCOLOGY	0.000000		0	0	60.02
65.00 RESPIRATORY THERAPY	0.672393		59,777	40,194	65.00
66.00 PHYSICAL THERAPY	0.349515		70,844	24,761	66.00
69.00 ELECTROCARDIOLOGY	0.271724		167,169	45,424	69.00
69.01 CARDIAC REHAB	1.006811		0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000		0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.290308		680,179	197,461	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0.000000		0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	89.00
90.00 CLINIC	1.517341		0	0	90.00
91.00 EMERGENCY	0.205769		400,392	82,388	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.625698		0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0.653554		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)			4,271,714	991,195	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)			4,271,714		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3
		Component CCN: 15T011	Date/Time Prepared: 1/26/2012 3:12 pm	
		Title XIX	Subprovider - IRF	Cost
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		111,419	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		0	41.00
42.00	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.176302	0	50.00
51.00	RECOVERY ROOM	0.000000	0	51.00
54.00	RADIOLOGY-DIAGNOSTIC	0.278278	375	54.00
57.00	CT SCAN	0.046039	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.168023	1,300	58.00
59.00	CARDIAC CATHETERIZATION	0.773790	0	59.00
60.00	LABORATORY	0.251211	8,493	60.00
60.01	ONCOLOGY	0.274251	0	60.01
60.02	RADIATION ONCOLOGY	0.000000	0	60.02
65.00	RESPIRATORY THERAPY	0.672393	198	65.00
66.00	PHYSICAL THERAPY	0.349515	83,043	66.00
69.00	ELECTROCARDIOLOGY	0.271724	0	69.00
69.01	CARDIAC REHAB	1.006811	0	69.01
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	0.290308	6,525	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	CLINIC	1.517341	0	90.00
91.00	EMERGENCY	0.205769	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.625698	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.653554	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		99,934	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)		99,934	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/26/2012 3:12 pm	
		Title XVIII	Hospital	PPS	
			SCH	Non SCH	
			1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		14,611,945	0	1.00
2.00	Outlier payments for discharges. (see instructions)		125,920	0	2.00
3.00	Managed Care Simulated Payments		0	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		89.67		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	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	0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	0	29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.27		30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		22.59		31.00
32.00	Sum of lines 30 and 31		27.86		32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.21		33.00
34.00	Disproportionate share adjustment (see instructions)		1,784,118	0	34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		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)		16,521,983	0	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		16,607,932	0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		16,607,932		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/26/2012 3:12 pm
		Title XVIII	Hospital	PPS
			SCH 1.00	Non SCH 1.01
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		1,218,850	50.00
51.00	Exception payment for inpatient program capital (worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,826,782	59.00
60.00	Primary payer payments		28,955	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,797,827	61.00
62.00	Deductibles billed to program beneficiaries		1,828,052	62.00
63.00	Coinsurance billed to program beneficiaries		52,313	63.00
64.00	Allowable bad debts (see instructions)		385,789	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		270,052	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		290,349	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,187,514	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)		16,187,514	71.00
72.00	Interim payments		16,160,720	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)		26,794	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		75,000	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 3:12 pm
		Title XVIII	Hospital	PPS

				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		259	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,000,637	2.00	
3.00	PPS payments		12,774,770	3.00	
4.00	Outlier payment (see instructions)		86,821	4.00	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.850	5.00	
6.00	Line 2 times line 5		14,450,541	6.00	
7.00	Sum of line 3 plus line 4 divided by line 6		89.00	7.00	
8.00	Transitional corridor payment (see instructions)		1,350,608	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)		259	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		2,930	12.00	
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00	
14.00	Total reasonable charges (sum of lines 12 and 13)		2,930	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)		2,930	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,671	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)		259	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)		14,212,199	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)		2,857,744	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)		11,354,714	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)		11,354,714	30.00	
31.00	Primary payer payments		5,086	31.00	
32.00	Subtotal (line 30 minus line 31)		11,349,628	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)		730,017	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		511,012	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		487,304	36.00	
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		11,860,640	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		192	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)		11,860,448	40.00	
41.00	Interim payments		12,813,118	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)		-952,670	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: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 3:12 pm
		Title XVIII	Hospital
			PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 3:12 pm
	Component CCN:15T011	Title XVIII	Subprovider - IRF

		1.00	
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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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 3:12 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150011

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

Worksheet E-1
Part I
Date/Time Prepared:
1/26/2012 3:12 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		15,928,379		10,004,800	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	06/30/2011	232,341	06/30/2011	418,736	3.01	
3.02		06/30/2011	0		2,389,582	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)		232,341		2,808,318	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)		16,160,720		12,813,118	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		26,794		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		952,670	6.02	
7.00	Total Medicare program liability (see instructions)		16,187,514		11,860,448	7.00	
			0	Contractor Number	Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/26/2012 3:12 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		3,114,517		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		0		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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		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)		0		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)		3,114,517		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)				
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)				
6.01	SETTLEMENT TO PROVIDER		17,443		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		3,131,960		0
				Contractor Number	Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/26/2012 3:12 pm
		Component CCN: 15T011	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,951,640 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0512 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			135,460 3.00
4.00	Outlier Payments			88,045 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)			7.419178 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)			3,175,145 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)			3,175,145 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,175,145 19.00
20.00	Deductibles			35,648 20.00
21.00	Subtotal (line 19 minus line 20)			3,139,497 21.00
22.00	Coinsurance			7,537 22.00
23.00	Subtotal (line 21 minus line 22)			3,131,960 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,131,960 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)			0 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)			3,131,960 32.00
33.00	Interim payments			3,114,517 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)			17,443 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: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2012 3:12 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		2,477,594	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)		2,477,594	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)		2,477,594	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		2,035,818	8.00
9.00	Ancillary service charges		4,271,714	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)		6,307,532	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)		6,307,532	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)		3,829,938	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)		2,477,594	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)		2,477,594	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)		2,477,594	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)		2,477,594	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		2,477,594	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)		2,477,594	40.00
41.00	Interim payments		1,513,301	41.00
42.00	Balance due provider/program (line 40 minus 41)		964,293	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2012 3:12 pm
Component CCN: 15T011	Title XIX	Subprovider - IRF
		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	159,728	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)	159,728	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)	159,728	7.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable Charges			
8.00	Routine service charges	111,419	8.00
9.00	Ancillary service charges	99,934	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)	211,353	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)	211,353	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	51,625	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)	159,728	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)	159,728	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)	159,728	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)	159,728	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	159,728	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)	159,728	40.00
41.00	Interim payments	70,882	41.00
42.00	Balance due provider/program (line 40 minus 41)	88,846	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150011	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/26/2012 3:12 pm
		Title XVIII	Hospital	PPS

				1.00
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PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1.00	Capital DRG other than outlier	1,188,205	1.00
2.00	Capital DRG outlier payments	30,645	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	54.38	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	1,218,850	12.00

				1.00
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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
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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