

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: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 1:57 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/30/2012	Time: 1:57 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	68,386	471,374	2,095,823	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	68,386	471,374	2,095,823	0	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: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 1:45 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2320 E. 93RD ST.			PO Box:				1.00				
2.00	City: CHICAGO			State: IL		Zip Code: 60617-		County: COOK				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			ADVOCATE TRINITY HOSPITAL	140048	29404	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF							N	N	N		7.00
8.00	Swing Beds - NF							N				8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N		15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N		16.00
17.00	Hospital-Based (CMHC) 1											17.00
17.10	Hospital-Based (CORF) 1							N	N	N		17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011		12/31/2011		20.00	
21.00	Type of Control (see instructions)						1				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3		N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			9,357	5,086	23	0	215	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			0	0	0	0	0	0		25.00	
							Urban/Rural S	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1				26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				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.	N				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)	Y				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)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		64.00
		Program Name 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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 1:45 pm	
				1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N					75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0		76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.				N		86.00
				V		XIX	
				1.00		2.00	
Title V or XIX Inpatient Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N			Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N			N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N			N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N			N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N			N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Occupational		Speech	
		1.00		2.00		3.00	
		4.00					
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	Y	N	Y	Y		109.00
				1.00		2.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N					115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					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.			0			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.			0		0	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N			N		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00

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			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)						Y	148036	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: ADVOCATE HEALTHCARE		Contractor's Name: NATIONAL GOVT SERV		Contractor's Number: 00131			141.00	
142.00	Street: 2025 WINDSOR DRIVE		PO Box:					142.00	
143.00	City: OAK BROOK		State: IL		Zip Code: 60523			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.						Y		145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital						N	N	155.00
156.00	Subprovider - IPF						N	N	156.00
157.00	Subprovider - IRF						N	N	157.00
158.00	SUBPROVIDER						N	N	158.00
159.00	SNF						N	N	159.00
160.00	HOME HEALTH AGENCY						N	N	160.00
161.00	CMHC							N	161.00
161.10	CORF							N	161.10
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5								0.00 166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0 168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								1.00 169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 1:45 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			11.00
		Y/N		
		1.00		
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.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140048

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2012 1:45 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140048

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2012 1:45 pm

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 1:45 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	163	59,495	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)		163	59,495	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	25	9,125	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		188	68,620	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		188				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	13,874	10,244	33,959		1.00
2.00 HMO		4,067	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	13,874	10,244	33,959		7.00
8.00 INTENSIVE CARE UNIT	0	3,789	1,489	7,955		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		2,859	3,476		13.00
14.00 Total (see instructions)	0	17,663	14,592	45,390		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		989	4,714		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			89	99		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 1:45 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	3,628	1.00
2.00 HMO					1,135	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)	5.84	926.00	0.00	0	3,628	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	5.84	926.00	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,719	10,905		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)	2,719	10,905		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140048

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2012 1:45 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	57,032,802	0	57,032,802	1,926,080.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		96,295	0	96,295	4,160.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,910,455	0	1,910,455	31,670.00	11.00
12.00	Management and administrative services		859,415	0	859,415	12,030.00	12.00
13.00	Contract labor: physician-Part A		4,570,979	0	4,570,979	49,070.00	13.00
14.00	Home office salaries & wage-related costs		9,946,588	0	9,946,588	223,470.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		14,835,708	0	14,835,708		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		7,067	0	7,067		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	1,363,426	0	1,363,426	12,480.00	26.00
27.00	Administrative & General	5.00	7,624,597	0	7,624,597	235,040.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	2,106,960	0	2,106,960	87,360.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	1,300,721	0	1,300,721	87,360.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,245,800	-460,946	784,854	49,920.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	460,946	460,946	29,120.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	1,835,283	0	1,835,283	49,920.00	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	39.00
40.00	Pharmacy	15.00	2,092,648	0	2,092,648	47,840.00	40.00
41.00	Medical Records & Medical Records Library	16.00	965,954	0	965,954	45,760.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 1:45 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	29.61	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	23.15	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	60.32	11.00
12.00	Management and administrative services	71.44	12.00
13.00	Contract labor: physician-Part A	93.15	13.00
14.00	Home office salaries & wage-related costs	44.51	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	109.25	26.00
27.00	Administrative & General	32.44	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	24.12	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	14.89	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.72	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	15.83	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	36.76	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	43.74	40.00
41.00	Medical Records & Medical Records Library	21.11	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140048

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2012 1:45 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	57,032,802	0	57,032,802	1,926,080.00	1.00
2.00	Excluded area salaries (see instructions)	96,295	0	96,295	4,160.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	56,936,507	0	56,936,507	1,921,920.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,287,437	0	17,287,437	316,240.00	4.00
5.00	Subtotal wage-related costs (see inst.)	14,835,708	0	14,835,708	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	89,059,652	0	89,059,652	2,238,160.00	6.00
7.00	Total overhead cost (see instructions)	18,535,389	0	18,535,389	644,800.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140048

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2012 1:45 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	

PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	29.61	1.00
2.00	Excluded area salaries (see instructions)	23.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29.62	3.00
4.00	Subtotal other wages & related costs (see inst.)	54.67	4.00
5.00	Subtotal wage-related costs (see inst.)	26.06	5.00
6.00	Total (sum of lines 3 thru 5)	39.79	6.00
7.00	Total overhead cost (see instructions)	28.75	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2012 1:45 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	970,594	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	920,321	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,835,618	8.00
9.00	Prescription Drug Plan	1,092,086	9.00
10.00	Dental, Hearing and Vision Plan	254,535	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	73,069	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)	513,891	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,007,100	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	4,097,395	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	216,282	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	419,984	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	441,900	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,842,775	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/30/2012 1:45 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	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	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/30/2012 1:45 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.297254	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		17,529,914	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		115,912,284	6.00
7.00	Medicaid cost (line 1 times line 6)		34,455,390	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)		16,925,476	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)		16,925,476	19.00
			Uninsured patients	Insured patients
			1.00	2.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		9,277,873	1,445,686
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,757,885	429,736
22.00	Partial payment by patients approved for charity care		16,445	19,396
23.00	Cost of charity care (line 21 minus line 22)		2,741,440	410,340
				Total (col. 1 + col. 2)
				3.00
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		23,678,020	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,740,702	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		21,937,318	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		6,520,956	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		9,672,736	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		26,598,212	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140048

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

Worksheet A
Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	3,351,771	3,351,771	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	1,950,520	1,950,520	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	1,363,426	10,916,281	12,279,707	-1,988	12,277,719	4.00
5.00 ADMIN STRATIVE & GENERAL	7,624,597	22,856,280	30,480,877	-3,521,624	26,959,253	5.00
7.00 OPERATION OF PLANT	2,106,960	5,549,015	7,655,975	-42,535	7,613,440	7.00
8.00 LAUNDRY & LINEN SERVICE	0	845,472	845,472	0	845,472	8.00
9.00 HOUSEKEEPING	1,300,721	1,034,854	2,335,575	-9,433	2,326,142	9.00
10.00 DIETARY	1,245,800	1,540,477	2,786,277	-1,079,343	1,706,934	10.00
11.00 CAFETERIA	0	0	0	1,030,921	1,030,921	11.00
13.00 NURSING ADMINISTRATION	1,835,283	386,367	2,221,650	-16,050	2,205,600	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	2,092,648	4,771,004	6,863,652	-4,396,918	2,466,734	15.00
16.00 MEDICAL RECORDS & LIBRARY	965,954	750,322	1,716,276	-8,718	1,707,558	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	297,254	297,254	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	3,431	3,431	-3,431	0	23.00
23.01 PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	17,644,040	6,394,902	24,038,942	-1,764,261	22,274,681	30.00
31.00 INTENSIVE CARE UNIT	4,429,497	1,683,714	6,113,211	-553,784	5,559,427	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	859,206	151,580	1,010,786	-53,574	957,212	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,525,244	6,946,810	10,472,054	-5,347,532	5,124,522	50.00
51.00 RECOVERY ROOM	599,477	123,219	722,696	-35,286	687,410	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	35,607	1,583,996	1,619,603	-199,823	1,419,780	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,059,613	3,942,408	7,002,021	-1,864,423	5,137,598	54.00
56.00 RADIOISOTOPE	209,464	413,970	623,434	-297,246	326,188	56.00
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	557,890	1,632,335	2,190,225	-1,194,383	995,842	59.00
60.00 LABORATORY	0	8,380,796	8,380,796	-1,139,155	7,241,641	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,221,022	542,840	1,763,862	-309,820	1,454,042	65.00
66.00 PHYSICAL THERAPY	876,812	248,299	1,125,111	-36,345	1,088,766	66.00
67.00 OCCUPATIONAL THERAPY	216,263	21,058	237,321	-3,759	233,562	67.00
68.00 SPEECH PATHOLOGY	84,184	11,145	95,329	-2,456	92,873	68.00
69.00 ELECTROCARDIOLOGY	707,025	467,491	1,174,516	-175,786	998,730	69.00
70.00 ELECTROENCEPHALOGRAPHY	16,848	38,932	55,780	-1,471	54,309	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,134,340	8,134,340	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,113,496	3,113,496	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	5,054,326	5,054,326	73.00
74.00 RENAL DIALYSIS	41,005	1,078,639	1,119,644	-40,985	1,078,659	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	204,175	60,463	264,638	-12,191	252,447	76.97
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	238,071	342,982	581,053	-19,761	561,292	90.00
91.00 EMERGENCY	3,875,675	2,460,358	6,336,033	-774,647	5,561,386	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	56,936,507	85,179,440	142,115,947	25,900	142,141,847	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	96,295	334,389	430,684	-25,900	404,784	194.00
200.00 TOTAL (SUM OF LINES 118-199)	57,032,802	85,513,829	142,546,631	0	142,546,631	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140048

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

Worksheet A
Date/Time Prepared:
5/30/2012 1:45 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	307,088	3,658,859	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	714,249	2,664,769	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	1,529,992	13,807,711	4.00
5.00	ADMINISTRATIVE & GENERAL	-4,266,095	22,693,158	5.00
7.00	OPERATION OF PLANT	-74,554	7,538,886	7.00
8.00	LAUNDRY & LINEN SERVICE	0	845,472	8.00
9.00	HOUSEKEEPING	-2,178	2,323,964	9.00
10.00	DIETARY	-376	1,706,558	10.00
11.00	CAFETERIA	-648,149	382,772	11.00
13.00	NURSING ADMINISTRATION	-5,048	2,200,552	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	PHARMACY	-2,899	2,463,835	15.00
16.00	MEDICAL RECORDS & LIBRARY	-4,051	1,703,507	16.00
17.00	SOCIAL SERVICE	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	297,254	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-2,010,762	20,263,919	30.00
31.00	INTENSIVE CARE UNIT	-395	5,559,032	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-726	956,486	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-14,342	5,110,180	50.00
51.00	RECOVERY ROOM	-531	686,879	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	-454	1,419,326	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-76,933	5,060,665	54.00
56.00	RADIOISOTOPE	-110	326,078	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	-52,415	943,427	59.00
60.00	LABORATORY	0	7,241,641	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	-1,332	1,452,710	65.00
66.00	PHYSICAL THERAPY	-53,268	1,035,498	66.00
67.00	OCCUPATIONAL THERAPY	-811	232,751	67.00
68.00	SPEECH PATHOLOGY	-2,253	90,620	68.00
69.00	ELECTROCARDIOLOGY	-1,066	997,664	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	54,309	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,134,340	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	3,113,496	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,054,326	73.00
74.00	RENAL DIALYSIS	0	1,078,659	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	CARDIAC REHABILITATION	-27,667	224,780	76.97
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	-4,721	556,571	90.00
91.00	EMERGENCY	-791,025	4,770,361	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-5,490,832	136,651,015	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	NONREIM PARAMED RT	0	0	192.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	-26,080	378,704	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-5,516,912	137,029,719	200.00

RECLASSIFICATIONS

Provider CCN: 140048

Period:
From 01/01/2011
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Worksheet A-6

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - RESIDENT PAYMENT TO U OF C						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	297,254		1.00
	COSTS APPRVD					
	TOTALS		0	297,254		
B - COST OF DRUGS 9929						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,054,326		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
	TOTALS		0	5,054,326		
C - MEDICAL SUPPLIES 9929						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,247,836		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
	TOTALS		0	11,247,836		
D - DERPRECIATION EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,351,771		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,950,520		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00

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From 01/01/2011
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Worksheet A-6
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	TOTALS		0	5,302,291		
E - RECLASS CAFETERIA						
1.00	CAFETERIA	11.00	460,946	569,975		1.00
	TOTALS		460,946	569,975		
F - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	3,113,496		1.00
	TOTALS		0	3,113,496		
G - RECLASS SCHOOL OF RADIOLOGY						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,940		1.00
	TOTALS		0	2,940		
500.00	Grand Total: Increases		460,946	25,588,118		500.00

RECLASSIFICATIONS

Provider CCN: 140048

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

Worksheet A-6
Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - RESIDENT PAYMENT TO U OF C							
1.00	ADULTS & PEDIATRICS	30.00	0	297,254	0		1.00
	TOTALS		0	297,254			
B - COST OF DRUGS 9929							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,163	0		1.00
2.00	DIETARY	10.00	0	988	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	2,800	0		3.00
4.00	PHARMACY	15.00	0	4,364,672	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	219,393	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	68,213	0		6.00
7.00	NURSERY	43.00	0	1,715	0		7.00
8.00	OPERATING ROOM	50.00	0	120,375	0		8.00
9.00	RECOVERY ROOM	51.00	0	3,436	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	51,195	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,237	0		11.00
12.00	RADIOISOTOPE	56.00	0	688	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	11,026	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	19	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	212	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	2,996	0		16.00
17.00	RENAL DIALYSIS	74.00	0	8,687	0		17.00
18.00	CLINIC	90.00	0	662	0		18.00
19.00	EMERGENCY	91.00	0	168,847	0		19.00
20.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2	0		20.00
	TOTALS		0	5,054,326			
C - MEDICAL SUPPLIES 9929							
1.00	EMPLOYEE BENEFITS	4.00	0	333	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	10,198	0		2.00
3.00	OPERATION OF PLANT	7.00	0	4,843	0		3.00
4.00	HOUSEKEEPING	9.00	0	3,147	0		4.00
5.00	DIETARY	10.00	0	51	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	10,566	0		6.00
7.00	PHARMACY	15.00	0	17,952	0		7.00
8.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	25,029	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,011,570	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	405,292	0		10.00
11.00	NURSERY	43.00	0	49,564	0		11.00
12.00	OPERATING ROOM	50.00	0	4,971,492	0		12.00
13.00	RECOVERY ROOM	51.00	0	21,762	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	133,946	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,138,904	0		15.00
16.00	RADIOISOTOPE	56.00	0	286,387	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	1,148,329	0		17.00
18.00	LABORATORY	60.00	0	1,138,193	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	267,880	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	28,599	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	3,759	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	2,456	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	12,986	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,471	0		24.00
25.00	RENAL DIALYSIS	74.00	0	15,872	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	2,668	0		26.00
27.00	CLINIC	90.00	0	7,374	0		27.00
28.00	EMERGENCY	91.00	0	527,213	0		28.00
	TOTALS		0	11,247,836			
D - DEPRECIATION EXPENSE							
1.00	EMPLOYEE BENEFITS	4.00	0	1,655	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,513,203	9		2.00
3.00	OPERATION OF PLANT	7.00	0	37,692	0		3.00
4.00	HOUSEKEEPING	9.00	0	6,286	0		4.00
5.00	DIETARY	10.00	0	47,383	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	2,684	0		6.00
7.00	PHARMACY	15.00	0	14,294	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,718	0		8.00
9.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	491	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	236,044	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	80,279	0		11.00
12.00	NURSERY	43.00	0	2,295	0		12.00
13.00	OPERATING ROOM	50.00	0	255,665	0		13.00
14.00	RECOVERY ROOM	51.00	0	10,088	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	14,682	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	698,282	0		16.00

RECLASSIFICATIONS

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Worksheet A-6

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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
17.00	RADIOISOTOPE	56.00	0	10,171	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	35,028	0	18.00	
19.00	LABORATORY	60.00	0	962	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	41,921	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	7,534	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	159,804	0	22.00	
23.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	869	0	23.00	
24.00	RENAL DIALYSIS	74.00	0	16,426	0	24.00	
25.00	CARDIAC REHABILITATION	76.97	0	9,523	0	25.00	
26.00	CLINIC	90.00	0	11,725	0	26.00	
27.00	EMERGENCY	91.00	0	78,587	0	27.00	
	TOTALS		0	5,302,291			
E - RECLASS CAFETERIA							
1.00	DIETARY	10.00	460,946	569,975	0	1.00	
	TOTALS		460,946	569,975			
F - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,113,496	0	1.00	
	TOTALS		0	3,113,496			
G - RECLASS SCHOOL OF RADIOLOGY							
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	2,940	0	1.00	
	TOTALS		0	2,940			
500.00	Grand Total: Decreases		460,946	25,588,118		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140048

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,396,437	154,000	0	154,000	0	1.00
2.00	Land Improvements	3,489,427	55,196	0	55,196	0	2.00
3.00	Buildings and Fixtures	76,290,279	7,238,204	0	7,238,204	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	29,417,318	4,732,669	0	4,732,669	21,770	5.00
6.00	Movable Equipment	72,838	30,500	0	30,500	0	6.00
7.00	HIT designated Assets	617,696	1,847	0	1,847	0	7.00
8.00	Subtotal (sum of lines 1-7)	112,283,995	12,212,416	0	12,212,416	21,770	8.00
9.00	Reconciling Items	-4,353,444	0	0	0	-2,686,575	9.00
10.00	Total (line 8 minus line 9)	116,637,439	12,212,416	0	12,212,416	2,708,345	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	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	Insurance		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)			
	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
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140048

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,550,437	0		1.00		
2.00	Land Improvements	3,544,623	688,619		2.00		
3.00	Buildings and Fixtures	83,528,483	9,012,589		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	34,128,217	18,476,052		5.00		
6.00	Movable Equipment	103,338	72,838		6.00		
7.00	HIT designated Assets	619,543	268,849		7.00		
8.00	Subtotal (sum of lines 1-7)	124,474,641	28,518,947		8.00		
9.00	Reconciling Items	-1,666,869	0		9.00		
10.00	Total (line 8 minus line 9)	126,141,510	28,518,947		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	0		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		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	3,534,386	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,664,769	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,199,155	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140048

Period:
From 01/01/2011
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Worksheet A-7
Parts I-III
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	124,473	0	0	0	3,658,859	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,664,769	2.00
3.00	Total (sum of lines 1-2)	124,473	0	0	0	6,323,628	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140048

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-85,368	ADMINISTRATIVE & GENERAL		5.00	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	-2,854,289				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	7,031,706				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	A	-648,149	CAFETERIA		11.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		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 - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant			0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A		0		0.00	32.00
33.00 NONALLOWABLE INTEREST EXPENSE	A	-1,103,633	ADMINISTRATIVE & GENERAL		5.00	33.00
37.00		0			0.00	37.00
38.00 MEDI CAID ASSESSMENT FROM F/S	A	-6,101,747	ADMINISTRATIVE & GENERAL		5.00	38.00
40.00 PBP	A	-76,674	ADMINISTRATIVE & GENERAL		5.00	40.00
41.00 PBP	A	-2,010	EMPLOYEE BENEFITS		4.00	41.00
42.00 ADD MEDICARE DEPRECIATION	A	-74,528	NEW CAP REL COSTS-BLDG & FIXT		1.00	42.00
43.00 ADD MEDICARE DEPRECIATION	A	4,314	NEW CAP REL COSTS-MVBLE EQUIP		2.00	43.00
44.00 AMBULANCE	A	-38,606	EMERGENCY		91.00	44.00
45.00 LOBBYING COSTS	A	-29,938	ADMINISTRATIVE & GENERAL		5.00	45.00
45.05 PHO EXPENSE	A	-722,811	ADMINISTRATIVE & GENERAL		5.00	45.05
45.06		0			0.00	45.06
45.07 MARKETING	A	-310,036	ADMINISTRATIVE & GENERAL		5.00	45.07
45.08 MI SC INCOME	B	-86,372	ADMINISTRATIVE & GENERAL		5.00	45.08
45.09 MI SC INCOME	B	-7,807	ADULTS & PEDIATRICS		30.00	45.09
45.10 MI SC INCOME	B	-66,613	OPERATION OF PLANT		7.00	45.10
45.11 MI SC INCOME	B	-1,375	NURSING ADMINISTRATION		13.00	45.11
45.12 MI SC INCOME	B	-3,136	MEDICAL RECORDS & LIBRARY		16.00	45.12
45.13 MI SC INCOME	B	-73,620	RADIOLOGY-DIAGNOSTIC		54.00	45.13

Provider CCN: 140048
 Period: From 01/01/2011 To 12/31/2011
 Worksheet A-8
 Date/Time Prepared: 5/30/2012 1:45 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
45.14	MISC INCOME	B	-570	RESPIRATORY THERAPY	65.00	45.14
45.15	MISC INCOME	B	-2,880	CLINIC	90.00	45.15
45.16	MISC INCOME	B	-3,000	EMERGENCY	91.00	45.16
45.17	MISC INCOME	B	-6,198	PHYSICAL THERAPY	66.00	45.17
45.18	NON ALLOWABLE	A	-29,605	EMPLOYEE BENEFITS	4.00	45.18
45.19	NON ALLOWABLE	A	-128,064	ADMINISTRATIVE & GENERAL	5.00	45.19
45.20	NON ALLOWABLE	A	-7,941	OPERATION OF PLANT	7.00	45.20
45.21	NON ALLOWABLE	A	-2,178	HOUSEKEEPING	9.00	45.21
45.22	NON ALLOWABLE	A	-376	DIETARY	10.00	45.22
45.23	NON ALLOWABLE	A	-3,673	NURSING ADMINISTRATION	13.00	45.23
45.24	NON ALLOWABLE	A	-2,899	PHARMACY	15.00	45.24
45.25	NON ALLOWABLE	A	-915	MEDICAL RECORDS & LIBRARY	16.00	45.25
45.26	NON ALLOWABLE	A	-20,780	ADULTS & PEDIATRICS	30.00	45.26
45.27	NON ALLOWABLE	A	-395	INTENSIVE CARE UNIT	31.00	45.27
45.28	NON ALLOWABLE	A	-726	NURSERY	43.00	45.28
45.29	NON ALLOWABLE	A	-531	RECOVERY ROOM	51.00	45.29
45.30	NON ALLOWABLE	A	-10,519	OPERATING ROOM	50.00	45.30
45.31	NON ALLOWABLE	A	-454	ANESTHESIOLOGY	53.00	45.31
45.32	NON ALLOWABLE	A	-3,313	RADIOLOGY-DIAGNOSTIC	54.00	45.32
45.33	NON ALLOWABLE	A	-110	RADIOISOTOPE	56.00	45.33
45.34	NON ALLOWABLE	A	-1,195	CARDIAC CATHETERIZATION	59.00	45.34
45.35	NON ALLOWABLE	A	-762	RESPIRATORY THERAPY	65.00	45.35
45.36	NON ALLOWABLE	A	-5,152	PHYSICAL THERAPY	66.00	45.36
45.38	NON ALLOWABLE	A	-811	OCCUPATIONAL THERAPY	67.00	45.38
45.39	NON ALLOWABLE	A	-2,253	SPEECH PATHOLOGY	68.00	45.39
45.40	NON ALLOWABLE	A	-1,066	ELECTROCARDIOLOGY	69.00	45.40
45.41	NON ALLOWABLE	A	-1,167	CARDIAC REHABILITATION	76.97	45.41
45.42	NON ALLOWABLE	A	-766	EMERGENCY	91.00	45.42
45.43	NON ALLOWABLE	A	-1,841	CLINIC	90.00	45.43
45.44	NON ALLOWABLE	A	-26,080	OTHER NONREIMBURSABLE COST CENTERS	194.00	45.44
45.45			0		0.00	45.45
45.46			0		0.00	45.46
45.47			0		0.00	45.47
45.48			0		0.00	45.48
45.49			0		0.00	45.49
45.50			0		0.00	45.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,516,912			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140048

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	NONALLOWABLE INTEREST EXPENSE	0	33.00
37.00		0	37.00
38.00	MEDI CAID ASSESSMENT FROM F/S	0	38.00
40.00	PBP	0	40.00
41.00	PBP	0	41.00
42.00	ADD MEDICARE DEPRECIATION	9	42.00
43.00	ADD MEDICARE DEPRECIATION	9	43.00
44.00	AMBULANCE	0	44.00
45.00	LOBBYING COSTS	0	45.00
45.05	PHO EXPENSE	0	45.05
45.06		0	45.06
45.07	MARKETING	0	45.07
45.08	MI SC INCOME	0	45.08
45.09	MI SC INCOME	0	45.09
45.10	MI SC INCOME	0	45.10
45.11	MI SC INCOME	0	45.11
45.12	MI SC INCOME	0	45.12
45.13	MI SC INCOME	0	45.13
45.14	MI SC INCOME	0	45.14
45.15	MI SC INCOME	0	45.15
45.16	MI SC INCOME	0	45.16
45.17	MI SC INCOME	0	45.17
45.18	NON ALLOWABLE	0	45.18
45.19	NON ALLOWABLE	0	45.19
45.20	NON ALLOWABLE	0	45.20
45.21	NON ALLOWABLE	0	45.21
45.22	NON ALLOWABLE	0	45.22
45.23	NON ALLOWABLE	0	45.23

ADJUSTMENTS TO EXPENSES

Provider CCN: 140048

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.24	NON ALLOWABLE	0	45.24
45.25	NON ALLOWABLE	0	45.25
45.26	NON ALLOWABLE	0	45.26
45.27	NON ALLOWABLE	0	45.27
45.28	NON ALLOWABLE	0	45.28
45.29	NON ALLOWABLE	0	45.29
45.30	NON ALLOWABLE	0	45.30
45.31	NON ALLOWABLE	0	45.31
45.32	NON ALLOWABLE	0	45.32
45.33	NON ALLOWABLE	0	45.33
45.34	NON ALLOWABLE	0	45.34
45.35	NON ALLOWABLE	0	45.35
45.36	NON ALLOWABLE	0	45.36
45.38	NON ALLOWABLE	0	45.38
45.39	NON ALLOWABLE	0	45.39
45.40	NON ALLOWABLE	0	45.40
45.41	NON ALLOWABLE	0	45.41
45.42	NON ALLOWABLE	0	45.42
45.43	NON ALLOWABLE	0	45.43
45.44	NON ALLOWABLE	0	45.44
45.45		0	45.45
45.46		0	45.46
45.47		0	45.47
45.48		0	45.48
45.49		0	45.49
45.50		0	45.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140048

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2012 1:45 pm

	Line No.	Cost Center	Expense Items	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4.00	EMPLOYEE BENEFITS	PERSONNEL	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	DATA PROCESSING	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL	3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	DEPRECIATION	4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	4.01
4.02	1.00	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	4.02
4.03	0.00			4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

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

Provider CCN: 140048

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2012 1:45 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
					4.00	5.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1,561,607	0	1,561,607	0		1.00
2.00	1,639,085	0	1,639,085	0		2.00
3.00	2,739,463	0	2,739,463	0		3.00
4.00	257,143	0	257,143	9		4.00
4.01	709,935	0	709,935	9		4.01
4.02	124,473	0	124,473	11		4.02
4.03	0	0	0	0		4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	7,031,706	0	7,031,706		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140048

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 1:45 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	1,982,175	1,982,175	1.00
2.00	50.00	OPERATING ROOM	3,823	3,823	2.00
3.00	59.00	CARDIAC CATHETERIZATION	51,220	51,220	3.00
4.00	91.00	EMERGENCY	748,653	748,653	4.00
5.00	66.00	PHYSICAL THERAPY	41,918	41,918	5.00
6.00	76.97	CARDIAC REHABILITATION	26,500	26,500	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			2,854,289	2,854,289	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140048

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 1:45 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	1	0	0	1.00
2.00	0	0	1	0	0	2.00
3.00	0	0	1	0	0	3.00
4.00	0	0	1	0	0	4.00
5.00	0	0	1	0	0	5.00
6.00	0	0	1	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		6	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140048

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 1:45 pm

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140048

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

Worksheet A-8-2
Date/Time Prepared:
5/30/2012 1:45 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	1,982,175	1.00
2.00	0	3,823	2.00
3.00	0	51,220	3.00
4.00	0	748,653	4.00
5.00	0	41,918	5.00
6.00	0	26,500	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	0	2,854,289	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	3,658,859	3,658,859				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	2,664,769		2,664,769			2.00
4.00 EMPLOYEE BENEFITS	13,807,711	43,113	31,399	13,882,223		4.00
5.00 ADMINISTRATIVE & GENERAL	22,693,158	596,764	434,627	1,901,338	25,625,887	5.00
7.00 OPERATION OF PLANT	7,538,886	386,666	281,611	525,411	8,732,574	7.00
8.00 LAUNDRY & LINEN SERVICE	845,472	36,893	26,870	0	909,235	8.00
9.00 HOUSEKEEPING	2,323,964	40,043	29,163	324,359	2,717,529	9.00
10.00 DIETARY	1,706,558	63,703	46,395	195,718	2,012,374	10.00
11.00 CAFETERIA	382,772	115,259	83,944	114,946	696,921	11.00
13.00 NURSING ADMINISTRATION	2,200,552	38,150	27,785	457,663	2,724,150	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	2,463,835	53,805	39,187	521,842	3,078,669	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,703,507	28,292	20,605	240,879	1,993,283	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	297,254	0	0	0	297,254	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	20,263,919	900,289	655,685	4,399,883	26,219,776	30.00
31.00 INTENSIVE CARE UNIT	5,559,032	192,618	140,285	1,104,579	6,996,514	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	956,486	26,744	19,478	214,259	1,216,967	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,110,180	359,670	261,950	879,087	6,610,887	50.00
51.00 RECOVERY ROOM	686,879	0	0	149,491	836,370	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	1,419,326	0	0	8,879	1,428,205	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,060,665	209,398	152,505	762,973	6,185,541	54.00
56.00 RADIOISOPE	326,078	15,707	11,440	52,234	405,459	56.00
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	943,427	11,526	8,394	139,120	1,102,467	59.00
60.00 LABORATORY	7,241,641	118,937	86,623	0	7,447,201	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,452,710	34,551	25,164	304,485	1,816,910	65.00
66.00 PHYSICAL THERAPY	1,035,498	46,606	33,944	218,650	1,334,698	66.00
67.00 OCCUPATIONAL THERAPY	232,751	0	0	53,929	286,680	67.00
68.00 SPEECH PATHOLOGY	90,620	0	0	20,993	111,613	68.00
69.00 ELECTROCARDIOLOGY	997,664	47,784	34,801	176,310	1,256,559	69.00
70.00 ELECTROENCEPHALOGRAPHY	54,309	1,667	1,214	4,201	61,391	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,134,340	0	0	0	8,134,340	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	3,113,496	0	0	0	3,113,496	72.00
73.00 DRUGS CHARGED TO PATIENTS	5,054,326	0	0	0	5,054,326	73.00
74.00 RENAL DIALYSIS	1,078,659	9,713	7,074	10,225	1,105,671	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	224,780	21,331	15,536	50,915	312,562	76.97
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	556,571	24,693	17,984	59,368	658,616	90.00
91.00 EMERGENCY	4,770,361	192,406	140,131	966,473	6,069,371	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	136,651,015	3,616,328	2,633,794	13,858,210	136,553,496	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NONREIM PARAMED RT	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.00 OTHER NONREIMBURSABLE COST CENTERS	378,704	42,531	30,975	24,013	476,223	194.00
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)	137,029,719	3,658,859	2,664,769	13,882,223	137,029,719	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 1:45 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	25,625,887					5.00
7.00	OPERATION OF PLANT	2,008,728	10,741,302				7.00
8.00	LAUNDRY & LINEN SERVICE	209,149	150,545	1,268,929			8.00
9.00	HOUSEKEEPING	625,105	163,397	3,864	3,509,895		9.00
10.00	DIETARY	462,900	259,944	3,309	87,498	2,826,025	10.00
11.00	CAFETERIA	160,311	470,319	0	158,311	1,839,151	11.00
13.00	NURSING ADMINISTRATION	626,628	155,675	0	52,401	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	708,177	219,554	0	73,903	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	458,509	115,447	0	38,860	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	68,376	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,031,255	3,673,671	514,758	1,236,575	800,057	30.00
31.00	INTENSIVE CARE UNIT	1,609,387	785,988	123,132	264,567	186,817	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	279,935	109,129	89,322	36,733	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,520,683	1,467,654	108,351	494,019	0	50.00
51.00	RECOVERY ROOM	192,388	0	21,702	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	328,526	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,422,841	854,457	152,403	287,614	0	54.00
56.00	RADIOISOTOPE	93,267	64,095	0	21,575	0	56.00
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	253,597	47,032	13,233	15,831	0	59.00
60.00	LABORATORY	1,713,057	485,330	0	163,364	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	417,938	140,988	0	47,457	0	65.00
66.00	PHYSICAL THERAPY	307,017	190,179	0	64,015	0	66.00
67.00	OCCUPATIONAL THERAPY	65,944	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	25,674	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	289,042	194,985	19,188	65,633	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	14,122	6,804	0	2,290	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,871,118	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	716,188	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,162,631	0	0	0	0	73.00
74.00	RENAL DIALYSIS	254,334	39,634	17,865	13,341	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	71,898	87,044	0	29,299	0	76.97
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	151,499	100,759	0	33,916	0	90.00
91.00	EMERGENCY	1,396,119	785,124	201,802	264,276	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	25,516,343	10,567,754	1,268,929	3,451,478	2,826,025	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	109,544	173,548	0	58,417	0	194.00
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)	25,625,887	10,741,302	1,268,929	3,509,895	2,826,025	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	3,325,013					11.00
13.00 NURSING ADMINISTRATION	140,636	3,699,490				13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00 PHARMACY	160,358	0	0	4,240,661		15.00
16.00 MEDICAL RECORDS & LIBRARY	74,020	910	0	0	2,681,029	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,352,025	2,138,273	0	184,255	995,949	30.00
31.00 INTENSIVE CARE UNIT	339,428	490,894	0	57,288	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	65,840	87,541	0	1,440	112,675	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	270,136	353,632	0	101,096	378,185	50.00
51.00 RECOVERY ROOM	45,937	59,751	0	2,886	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	2,729	4,367	0	42,996	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	234,455	9,276	0	22,875	164,538	54.00
56.00 RADIOISOTOPE	16,051	0	0	578	0	56.00
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	42,751	81,520	0	9,260	0	59.00
60.00 LABORATORY	0	597	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	93,566	0	0	16	66,320	65.00
66.00 PHYSICAL THERAPY	67,189	138	0	178	6,655	66.00
67.00 OCCUPATIONAL THERAPY	16,572	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	6,451	12	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	54,179	1,161	0	2,516	288,687	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,291	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	3,665,619	94,317	73.00
74.00 RENAL DIALYSIS	3,142	1,662	0	7,296	0	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	15,646	679	0	0	0	76.97
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	18,243	2,191	0	556	0	90.00
91.00 EMERGENCY	296,989	466,227	0	141,804	573,703	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,317,634	3,698,831	0	4,240,659	2,681,029	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	7,379	659	0	2	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,325,013	3,699,490	0	4,240,661	2,681,029	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	PARAMEDICAL ED. PROGRAM(SPECIFY)	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00	22.00			
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE	0					17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	365,630			22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	62,609	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	303,021	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	365,630	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

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Part I
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Cost Center Description	INTERNS & RESIDENTS				PARAMEDICAL PRGM	PARAMEDICAL ED. PROGRAM(SPECIFY)	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES		SERVICES-OTHER PRGM COSTS			
		17.00	21.00				
200.00 Cross Foot Adjustments		0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	365,630	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

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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
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.00	ADMINISTRATIVE & GENERAL				5.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	PARAMEDICAL ED. PROGRAM(SPECIFY)				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	43,209,203	-62,609	43,146,594	30.00
31.00	INTENSIVE CARE UNIT	10,854,015	0	10,854,015	31.00
32.00	CORONARY CARE UNIT	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	1,999,582	0	1,999,582	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	11,304,643	0	11,304,643	50.00
51.00	RECOVERY ROOM	1,159,034	0	1,159,034	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	1,806,823	0	1,806,823	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,334,000	0	9,334,000	54.00
56.00	RADIOISOTOPE	601,025	0	601,025	56.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	1,565,691	0	1,565,691	59.00
60.00	LABORATORY	9,809,549	0	9,809,549	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
65.00	RESPIRATORY THERAPY	2,583,195	0	2,583,195	65.00
66.00	PHYSICAL THERAPY	1,970,069	0	1,970,069	66.00
67.00	OCCUPATIONAL THERAPY	369,196	0	369,196	67.00
68.00	SPEECH PATHOLOGY	143,750	0	143,750	68.00
69.00	ELECTROCARDIOLOGY	2,171,950	0	2,171,950	69.00
70.00	ELECTROENCEPHALOGRAPHY	85,898	0	85,898	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,005,458	0	10,005,458	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3,829,684	0	3,829,684	72.00
73.00	DRUGS CHARGED TO PATIENTS	9,976,893	0	9,976,893	73.00
74.00	RENAL DIALYSIS	1,442,945	0	1,442,945	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	CARDIAC REHABILITATION	517,128	0	517,128	76.97
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	965,780	0	965,780	90.00
91.00	EMERGENCY	10,498,436	-303,021	10,195,415	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	136,203,947	-365,630	135,838,317	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	NONREIM PARAMED RT	0	0	0	192.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	825,772	0	825,772	194.00
200.00	Cross Foot Adjustments	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	24.00	25.00	26.00		
201.00 Negative Cost Centers	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	137,029,719	-365,630	136,664,089		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140048

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
				2A	4.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	12,717	43,113	31,399	87,229	4.00
5.00	ADMINISTRATIVE & GENERAL	104,218	596,764	434,627	1,135,609	5.00
7.00	OPERATION OF PLANT	16,330	386,666	281,611	684,607	7.00
8.00	LAUNDRY & LINEN SERVICE	14,453	36,893	26,870	78,216	8.00
9.00	HOUSEKEEPING	3,329	40,043	29,163	72,535	9.00
10.00	DIETARY	6,407	63,703	46,395	116,505	10.00
11.00	CAFETERIA	0	115,259	83,944	199,203	11.00
13.00	NURSING ADMINISTRATION	12,263	38,150	27,785	78,198	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	PHARMACY	156,927	53,805	39,187	249,919	15.00
16.00	MEDICAL RECORDS & LIBRARY	170	28,292	20,605	49,067	16.00
17.00	SOCIAL SERVICE	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	143,105	900,289	655,685	1,699,079	30.00
31.00	INTENSIVE CARE UNIT	95,369	192,618	140,285	428,272	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	9,773	26,744	19,478	55,995	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	84,611	359,670	261,950	706,231	50.00
51.00	RECOVERY ROOM	13,594	0	0	13,594	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	8,785	0	0	8,785	53.00
54.00	RADIOLOGY-DIAGNOSTIC	159,139	209,398	152,505	521,042	54.00
56.00	RADIOISOTOPE	177	15,707	11,440	27,324	56.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	274,729	11,526	8,394	294,649	59.00
60.00	LABORATORY	0	118,937	86,623	205,560	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	73,871	34,551	25,164	133,586	65.00
66.00	PHYSICAL THERAPY	9,918	46,606	33,944	90,468	66.00
67.00	OCCUPATIONAL THERAPY	340	0	0	340	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,178	47,784	34,801	83,763	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,667	1,214	2,881	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	2,873	9,713	7,074	19,660	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	330	21,331	15,536	37,197	76.97
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	1,977	24,693	17,984	44,654	90.00
91.00	EMERGENCY	25,146	192,406	140,131	357,683	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,231,729	3,616,328	2,633,794	7,481,851	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	NONREIM PARAMED RT	0	0	0	0	192.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	14,746	42,531	30,975	88,252	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140048

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
200.00 Cross Foot Adjustments	0			0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,246,475	3,658,859	2,664,769	7,570,103	87,229	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 1:45 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	1,147,557					5.00
7.00	OPERATION OF PLANT	89,954	777,863				7.00
8.00	LAUNDRY & LINEN SERVICE	9,366	10,902	98,484			8.00
9.00	HOUSEKEEPING	27,993	11,833	300	114,699		9.00
10.00	DIETARY	20,729	18,825	257	2,859	160,405	10.00
11.00	CAFETERIA	7,179	34,060	0	5,173	104,390	11.00
13.00	NURSING ADMINISTRATION	28,061	11,274	0	1,712	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	31,713	15,900	0	2,415	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	20,533	8,360	0	1,270	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,062	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	270,075	266,038	39,952	40,411	45,411	30.00
31.00	INTENSIVE CARE UNIT	72,071	56,920	9,557	8,646	10,604	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	12,536	7,903	6,932	1,200	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	68,099	106,284	8,409	16,144	0	50.00
51.00	RECOVERY ROOM	8,615	0	1,684	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	14,712	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	63,717	61,878	11,828	9,399	0	54.00
56.00	RADIOISOTOPE	4,177	4,642	0	705	0	56.00
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	11,357	3,406	1,027	517	0	59.00
60.00	LABORATORY	76,714	35,147	0	5,339	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	18,716	10,210	0	1,551	0	65.00
66.00	PHYSICAL THERAPY	13,749	13,772	0	2,092	0	66.00
67.00	OCCUPATIONAL THERAPY	2,953	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	1,150	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	12,944	14,120	1,489	2,145	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	632	493	0	75	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	83,792	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	32,072	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	52,065	0	0	0	0	73.00
74.00	RENAL DIALYSIS	11,390	2,870	1,387	436	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	3,220	6,304	0	957	0	76.97
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	6,784	7,297	0	1,108	0	90.00
91.00	EMERGENCY	62,521	56,857	15,662	8,636	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,142,651	765,295	98,484	112,790	160,405	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	4,906	12,568	0	1,909	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,147,557	777,863	98,484	114,699	160,405	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 1:45 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	350,727					11.00
13.00	NURSING ADMINISTRATION	14,835	136,956				13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	PHARMACY	16,915	0	0	320,141		15.00
16.00	MEDICAL RECORDS & LIBRARY	7,808	34	0	0	88,586	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	142,612	79,160	0	13,910	32,908	30.00
31.00	INTENSIVE CARE UNIT	35,804	18,173	0	4,325	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	6,945	3,241	0	109	3,723	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	28,495	13,091	0	7,632	12,496	50.00
51.00	RECOVERY ROOM	4,846	2,212	0	218	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	288	162	0	3,246	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	24,731	343	0	1,727	5,437	54.00
56.00	RADIOISOTOPE	1,693	0	0	44	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	4,509	3,018	0	699	0	59.00
60.00	LABORATORY	0	22	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	9,870	0	0	1	2,191	65.00
66.00	PHYSICAL THERAPY	7,087	5	0	13	220	66.00
67.00	OCCUPATIONAL THERAPY	1,748	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	680	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	5,715	43	0	190	9,539	69.00
70.00	ELECTROENCEPHALOGRAPHY	136	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	276,729	3,116	73.00
74.00	RENAL DIALYSIS	331	62	0	551	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	1,650	25	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	1,924	81	0	42	0	90.00
91.00	EMERGENCY	31,327	17,260	0	10,705	18,956	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	349,949	136,932	0	320,141	88,586	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	NONREIMPARAMED RT	0	0	0	0	0	192.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	778	24	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	350,727	136,956	0	320,141	88,586	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140048

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	PARAMEDICAL ED. PROGRAM(SPECIFY)	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00	22.00			
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE	0					17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		3,062			22.00
23.00	PARAMED PRGM-(SPECIFY)	0			0		23.00
23.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	0				0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0					30.00
31.00	INTENSIVE CARE UNIT	0					31.00
32.00	CORONARY CARE UNIT	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0					34.00
41.00	SUBPROVIDER - IRF	0					41.00
42.00	SUBPROVIDER	0					42.00
43.00	NURSERY	0					43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0					50.00
51.00	RECOVERY ROOM	0					51.00
52.00	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	ANESTHESIOLOGY	0					53.00
54.00	RADIOLOGY-DIAGNOSTIC	0					54.00
56.00	RADIOISOTOPE	0					56.00
57.00	CT SCAN	0					57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	CARDIAC CATHETERIZATION	0					59.00
60.00	LABORATORY	0					60.00
60.01	BLOOD LABORATORY	0					60.01
65.00	RESPIRATORY THERAPY	0					65.00
66.00	PHYSICAL THERAPY	0					66.00
67.00	OCCUPATIONAL THERAPY	0					67.00
68.00	SPEECH PATHOLOGY	0					68.00
69.00	ELECTROCARDIOLOGY	0					69.00
70.00	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	RENAL DIALYSIS	0					74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0					76.00
76.97	CARDIAC REHABILITATION	0					76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00	CLINIC	0					90.00
91.00	EMERGENCY	0					91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0					99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0					109.00
110.00	INTESTINAL ACQUISITION	0					110.00
111.00	ISLET ACQUISITION	0					111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0					192.00
192.01	NONREIM PARAMED RT	0					192.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	0					194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140048

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	PARAMEDICAL ED. PROGRAM(SPECIFY)	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
200.00 Cross Foot Adjustments		0	3,062	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	3,062	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 1:45 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
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	PARAMEDICAL ED. PROGRAM(SPECIFY)						23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,657,201	0	2,657,201			30.00
31.00	INTENSIVE CARE UNIT	651,313	0	651,313			31.00
32.00	CORONARY CARE UNIT	0	0	0			32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
41.00	SUBPROVIDER - IRF	0	0	0			41.00
42.00	SUBPROVIDER	0	0	0			42.00
43.00	NURSERY	99,930	0	99,930			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	972,405	0	972,405			50.00
51.00	RECOVERY ROOM	32,108	0	32,108			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	27,249	0	27,249			53.00
54.00	RADIOLOGY-DIAGNOSTIC	704,896	0	704,896			54.00
56.00	RADIOISOTOPE	38,913	0	38,913			56.00
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	320,056	0	320,056			59.00
60.00	LABORATORY	322,782	0	322,782			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
65.00	RESPIRATORY THERAPY	178,038	0	178,038			65.00
66.00	PHYSICAL THERAPY	128,780	0	128,780			66.00
67.00	OCCUPATIONAL THERAPY	5,380	0	5,380			67.00
68.00	SPEECH PATHOLOGY	1,962	0	1,962			68.00
69.00	ELECTROCARDIOLOGY	131,056	0	131,056			69.00
70.00	ELECTROENCEPHALOGRAPHY	4,243	0	4,243			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	83,792	0	83,792			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	32,072	0	32,072			72.00
73.00	DRUGS CHARGED TO PATIENTS	331,910	0	331,910			73.00
74.00	RENAL DIALYSIS	36,751	0	36,751			74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0			76.00
76.97	CARDIAC REHABILITATION	49,673	0	49,673			76.97
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	62,263	0	62,263			90.00
91.00	EMERGENCY	585,680	0	585,680			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,458,453	0	7,458,453			118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	NONREIM PARAMED RT	0	0	0			192.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	108,588	0	108,588			194.00
200.00	Cross Foot Adjustments	3,062	0	3,062			200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140048

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

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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	24.00	25.00	26.00		
201.00 Negative Cost Centers	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	7,570,103	0	7,570,103		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQ. FEET OLD)	NEW MVBLE EQUIP (SQ. FEET OLD)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	276,497					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		276,497				2.00
4.00	EMPLOYEE BENEFITS	3,258	3,258	55,669,376			4.00
5.00	ADMINISTRATIVE & GENERAL	45,097	45,097	7,624,597	-25,625,887	111,403,832	5.00
7.00	OPERATION OF PLANT	29,220	29,220	2,106,960	0	8,732,574	7.00
8.00	LAUNDRY & LINEN SERVICE	2,788	2,788	0	0	909,235	8.00
9.00	HOUSEKEEPING	3,026	3,026	1,300,721	0	2,717,529	9.00
10.00	DIETARY	4,814	4,814	784,854	0	2,012,374	10.00
11.00	CAFETERIA	8,710	8,710	460,946	0	696,921	11.00
13.00	NURSING ADMINISTRATION	2,883	2,883	1,835,283	0	2,724,150	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	4,066	4,066	2,092,648	0	3,078,669	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,138	2,138	965,954	0	1,993,283	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	297,254	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	68,034	68,034	17,644,040	0	26,219,776	30.00
31.00	INTENSIVE CARE UNIT	14,556	14,556	4,429,497	0	6,996,514	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,021	2,021	859,206	0	1,216,967	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	27,180	27,180	3,525,244	0	6,610,887	50.00
51.00	RECOVERY ROOM	0	0	599,477	0	836,370	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	35,607	0	1,428,205	53.00
54.00	RADIOLOGY-DIAGNOSTIC	15,824	15,824	3,059,613	0	6,185,541	54.00
56.00	RADIOISOTOPE	1,187	1,187	209,464	0	405,459	56.00
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	871	871	557,890	0	1,102,467	59.00
60.00	LABORATORY	8,988	8,988	0	0	7,447,201	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	2,611	2,611	1,221,022	0	1,816,910	65.00
66.00	PHYSICAL THERAPY	3,522	3,522	876,812	0	1,334,698	66.00
67.00	OCCUPATIONAL THERAPY	0	0	216,263	0	286,680	67.00
68.00	SPEECH PATHOLOGY	0	0	84,184	0	111,613	68.00
69.00	ELECTROCARDIOLOGY	3,611	3,611	707,025	0	1,256,559	69.00
70.00	ELECTROENCEPHALOGRAPHY	126	126	16,848	0	61,391	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	8,134,340	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,113,496	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,054,326	73.00
74.00	RENAL DIALYSIS	734	734	41,005	0	1,105,671	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	1,612	1,612	204,175	0	312,562	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	1,866	1,866	238,071	0	658,616	90.00
91.00	EMERGENCY	14,540	14,540	3,875,675	0	6,069,371	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	273,283	273,283	55,573,081	-25,625,887	110,927,609	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	3,214	3,214	96,295	0	476,223	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQ. FEET OLD)	NEW MVBLE EQUIP (SQ. FEET OLD)				
	1.00	2.00				
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)	3,658,859	2,664,769	13,882,223		25,625,887	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	13.232907	9.637605	0.249369		0.230027	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			87,229		1,147,557	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001567		0.010301	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	OPERATION OF PLANT (SQ. FEET OLD)	LAUNDRY & LINEN SERVICE (LAUNDRY LBS)	HOUSEKEEPING (SQ. FEET OLD)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT	198,922					7.00
8.00 LAUNDRY & LINEN SERVICE	2,788	1,104,935				8.00
9.00 HOUSEKEEPING	3,026	3,365	193,108			9.00
10.00 DIETARY	4,814	2,881	4,814	416,696		10.00
11.00 CAFETERIA	8,710	0	8,710	271,182	43,391,298	11.00
13.00 NURSING ADMINISTRATION	2,883	0	2,883	0	1,835,283	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	4,066	0	4,066	0	2,092,648	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,138	0	2,138	0	965,954	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	68,034	448,232	68,034	117,968	17,644,040	30.00
31.00 INTENSIVE CARE UNIT	14,556	107,219	14,556	27,546	4,429,497	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,021	77,778	2,021	0	859,206	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	27,180	94,348	27,180	0	3,525,244	50.00
51.00 RECOVERY ROOM	0	18,897	0	0	599,477	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	35,607	53.00
54.00 RADIOLOGY-DIAGNOSTIC	15,824	132,707	15,824	0	3,059,613	54.00
56.00 RADIOISOTOPE	1,187	0	1,187	0	209,464	56.00
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	871	11,523	871	0	557,890	59.00
60.00 LABORATORY	8,988	0	8,988	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	2,611	0	2,611	0	1,221,022	65.00
66.00 PHYSICAL THERAPY	3,522	0	3,522	0	876,812	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	216,263	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	84,184	68.00
69.00 ELECTROCARDIOLOGY	3,611	16,708	3,611	0	707,025	69.00
70.00 ELECTROENCEPHALOGRAPHY	126	0	126	0	16,848	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	734	15,556	734	0	41,005	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	1,612	0	1,612	0	204,175	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,866	0	1,866	0	238,071	90.00
91.00 EMERGENCY	14,540	175,721	14,540	0	3,875,675	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	195,708	1,104,935	189,894	416,696	43,295,003	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	3,214	0	3,214	0	96,295	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	OPERATION OF PLANT (SQ. FEET OLD)	LAUNDRY & LINEN SERVICE (LAUNDRY LBS)	HOUSEKEEPING (SQ. FEET OLD)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	
	7.00	8.00	9.00	10.00	11.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	10,741,302	1,268,929	3,509,895	2,826,025	3,325,013	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	53.997557	1.148420	18.175814	6.781983	0.076629	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	777,863	98,484	114,699	160,405	350,727	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.910392	0.089131	0.593963	0.384945	0.008083	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description		NURSING ADMINISTRATION (NSG FTE)	CENTRAL SERVICES & SUPPLY (MED SUPPL COSTS)	PHARMACY (PHARM COSTS)	MEDICAL RECORDS & LIBRARY (MED REC TIME)	SOCIAL SERVICE (SOC SERV TIME)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	1,853,733					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	11,218,699				14.00
15.00	PHARMACY	0	17,952	5,049,375			15.00
16.00	MEDICAL RECORDS & LIBRARY	456	0	0	11,683		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,071,442	1,011,570	219,393	4,340	0	30.00
31.00	INTENSIVE CARE UNIT	245,976	405,292	68,213	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	43,865	49,564	1,715	491	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	177,197	4,971,492	120,375	1,648	0	50.00
51.00	RECOVERY ROOM	29,940	21,762	3,436	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	2,188	133,946	51,195	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,648	1,138,904	27,237	717	0	54.00
56.00	RADIOISOTOPE	0	286,387	688	0	0	56.00
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	40,848	1,148,329	11,026	0	0	59.00
60.00	LABORATORY	299	1,138,193	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	267,880	19	289	0	65.00
66.00	PHYSICAL THERAPY	69	28,600	212	29	0	66.00
67.00	OCCUPATIONAL THERAPY	0	3,759	0	0	0	67.00
68.00	SPEECH PATHOLOGY	6	2,456	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	582	12,986	2,996	1,258	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,471	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	4,364,672	411	0	73.00
74.00	RENAL DIALYSIS	833	15,872	8,687	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	340	2,668	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	1,098	7,374	662	0	0	90.00
91.00	EMERGENCY	233,616	527,213	168,847	2,500	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,853,403	11,193,670	5,049,373	11,683	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	330	25,029	2	0	0	194.00
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	NURSING ADMINISTRATION (NSG FTE)	CENTRAL SERVICES & SUPPLY (MED SUPPL COSTS)	PHARMACY (PHARM COSTS)	MEDICAL RECORDS & LIBRARY (MED REC TIME)	SOCIAL SERVICE (SOC SERV TIME)	
	13.00	14.00	15.00	16.00	17.00	
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,699,490	0	4,240,661	2,681,029	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.995697	0.000000	0.839839	229.481212	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	136,956	0	320,141	88,586	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.073881	0.000000	0.063402	7.582470	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (PARAMED HRS XRAY)	PARAMEDICAL ED. PROGRAM(SPECI F Y) (PARAMED HRS RT)		
	SERVICES-SALAR Y & FRINGES (HRS)	SERVICES-OTHER PRGM COSTS (HRS)				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	12,147					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		12,147				22.00
23.00 PARAMED PRGM-(SPECIFY)			0			23.00
23.01 PARAMEDICAL ED. PROGRAM(SPECIFY)			0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,080	2,080	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0		31.00
32.00 CORONARY CARE UNIT	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
41.00 SUBPROVIDER - IRF	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
56.00 RADIOISOTOPE	0	0	0	0		56.00
57.00 CT SCAN	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	0	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0	0		74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0	0		76.97
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	0	0	0		90.00
91.00 EMERGENCY	10,067	10,067	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	12,147	12,147	0	0		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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (PARAMED HRS XRAY)	PARAMEDICAL ED. PROGRAM(SPECIF Y) (PARAMED HRS RT)		
	SERVICES-SALAR Y & FRINGES (HRS)	SERVICES-OTHER PRGM COSTS (HRS)				
	21.00	22.00				
192.01 NONREIM PARAMED RT	0	0	0	0		192.01
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	365,630	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	30.100436	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	3,062	0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.252079	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 1:45 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		43,146,594	0	43,146,594	30.00
31.00	INTENSIVE CARE UNIT		10,854,015	0	10,854,015	31.00
32.00	CORONARY CARE UNIT		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		1,999,582	0	1,999,582	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		11,304,643	0	11,304,643	50.00
51.00	RECOVERY ROOM		1,159,034	0	1,159,034	51.00
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	ANESTHESIOLOGY		1,806,823	0	1,806,823	53.00
54.00	RADIOLOGY-DIAGNOSTIC		9,334,000	0	9,334,000	54.00
56.00	RADIOISOTOPE		601,025	0	601,025	56.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		1,565,691	0	1,565,691	59.00
60.00	LABORATORY		9,809,549	0	9,809,549	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	2,583,195	0	2,583,195	65.00
66.00	PHYSICAL THERAPY	0	1,970,069	0	1,970,069	66.00
67.00	OCCUPATIONAL THERAPY	0	369,196	0	369,196	67.00
68.00	SPEECH PATHOLOGY	0	143,750	0	143,750	68.00
69.00	ELECTROCARDIOLOGY		2,171,950	0	2,171,950	69.00
70.00	ELECTROENCEPHALOGRAPHY		85,898	0	85,898	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		10,005,458	0	10,005,458	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		3,829,684	0	3,829,684	72.00
73.00	DRUGS CHARGED TO PATIENTS		9,976,893	0	9,976,893	73.00
74.00	RENAL DIALYSIS		1,442,945	0	1,442,945	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.00
76.97	CARDIAC REHABILITATION		517,128	0	517,128	76.97
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		965,780	0	965,780	90.00
91.00	EMERGENCY		10,195,415	0	10,195,415	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		5,259,316	0	5,259,316	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	141,097,633	0	141,097,633	200.00
201.00	Less Observation Beds		5,259,316		5,259,316	201.00
202.00	Total (see instructions)	0	135,838,317	0	135,838,317	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/30/2012 1:45 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	64,671,264		64,671,264			30.00
31.00	INTENSIVE CARE UNIT	21,105,273		21,105,273			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	2,542,957		2,542,957			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	17,333,280	26,384,136	43,717,416	0.258584	0.000000	50.00
51.00	RECOVERY ROOM	4,046,914	4,852,185	8,899,099	0.130242	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	5,914,980	3,386,261	9,301,241	0.194256	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	25,342,495	44,750,711	70,093,206	0.133166	0.000000	54.00
56.00	RADIOISOTOPE	3,589,524	3,962,894	7,552,418	0.079580	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	6,822,560	1,335,202	8,157,762	0.191927	0.000000	59.00
60.00	LABORATORY	39,140,858	17,682,011	56,822,869	0.172634	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	13,907,490	2,587,659	16,495,149	0.156603	0.000000	65.00
66.00	PHYSICAL THERAPY	1,667,181	2,847,037	4,514,218	0.436414	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	637,116	787,209	1,424,325	0.259208	0.000000	67.00
68.00	SPEECH PATHOLOGY	477,161	164,810	641,971	0.223920	0.000000	68.00
69.00	ELECTROCARDIOLOGY	7,835,059	5,697,377	13,532,436	0.160500	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	389,208	107,965	497,173	0.172773	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,412,468	2,075,947	8,488,415	1.178719	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	5,724,542	2,092,672	7,817,214	0.489904	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	43,412,865	7,683,502	51,096,367	0.195256	0.000000	73.00
74.00	RENAL DIALYSIS	4,504,107	22,630	4,526,737	0.318761	0.000000	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97	CARDIAC REHABILITATION	31,916	405,049	436,965	1.183454	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	1,108,256	1,108,256	0.871441	0.000000	90.00
91.00	EMERGENCY	17,167,706	47,017,839	64,185,545	0.158843	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,042,638	7,042,638	0.746782	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
200.00	Subtotal (see instructions)	292,676,924	181,993,990	474,670,914			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	292,676,924	181,993,990	474,670,914			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 1:45 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.258584		50.00
51.00	RECOVERY ROOM	0.130242		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.194256		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.133166		54.00
56.00	RADIOISOTOPE	0.079580		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.191927		59.00
60.00	LABORATORY	0.172634		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.156603		65.00
66.00	PHYSICAL THERAPY	0.436414		66.00
67.00	OCCUPATIONAL THERAPY	0.259208		67.00
68.00	SPEECH PATHOLOGY	0.223920		68.00
69.00	ELECTROCARDIOLOGY	0.160500		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.172773		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.178719		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.489904		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195256		73.00
74.00	RENAL DIALYSIS	0.318761		74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	CARDIAC REHABILITATION	1.183454		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.871441		90.00
91.00	EMERGENCY	0.158843		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.746782		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
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: 140048

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 1:45 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	43,146,594		43,146,594	0	0 30.00
31.00	INTENSIVE CARE UNIT	10,854,015		10,854,015	0	0 31.00
32.00	CORONARY CARE UNIT	0		0	0	0 32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0 34.00
41.00	SUBPROVIDER - IRF	0		0	0	0 41.00
42.00	SUBPROVIDER	0		0	0	0 42.00
43.00	NURSERY	1,999,582		1,999,582	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	11,304,643		11,304,643	0	0 50.00
51.00	RECOVERY ROOM	1,159,034		1,159,034	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0 52.00
53.00	ANESTHESIOLOGY	1,806,823		1,806,823	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,334,000		9,334,000	0	0 54.00
56.00	RADIOISOTOPE	601,025		601,025	0	0 56.00
57.00	CT SCAN	0		0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	1,565,691		1,565,691	0	0 59.00
60.00	LABORATORY	9,809,549		9,809,549	0	0 60.00
60.01	BLOOD LABORATORY	0		0	0	0 60.01
65.00	RESPIRATORY THERAPY	2,583,195	0	2,583,195	0	0 65.00
66.00	PHYSICAL THERAPY	1,970,069	0	1,970,069	0	0 66.00
67.00	OCCUPATIONAL THERAPY	369,196	0	369,196	0	0 67.00
68.00	SPEECH PATHOLOGY	143,750	0	143,750	0	0 68.00
69.00	ELECTROCARDIOLOGY	2,171,950		2,171,950	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	85,898		85,898	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,005,458		10,005,458	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3,829,684		3,829,684	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	9,976,893		9,976,893	0	0 73.00
74.00	RENAL DIALYSIS	1,442,945		1,442,945	0	0 74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0 76.00
76.97	CARDIAC REHABILITATION	517,128		517,128	0	0 76.97
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	965,780		965,780	0	0 90.00
91.00	EMERGENCY	10,195,415		10,195,415	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	5,259,316		5,259,316	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0		0		0 99.10
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0		0		0 109.00
110.00	INTESTINAL ACQUISITION	0		0		0 110.00
111.00	ISLET ACQUISITION	0		0		0 111.00
200.00	Subtotal (see instructions)	141,097,633	0	141,097,633	0	0 200.00
201.00	Less Observation Beds	5,259,316		5,259,316		0 201.00
202.00	Total (see instructions)	135,838,317	0	135,838,317	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/30/2012 1:45 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	64,671,264		64,671,264			30.00
31.00	INTENSIVE CARE UNIT	21,105,273		21,105,273			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	2,542,957		2,542,957			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	17,333,280	26,384,136	43,717,416	0.258584	0.000000	50.00
51.00	RECOVERY ROOM	4,046,914	4,852,185	8,899,099	0.130242	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	5,914,980	3,386,261	9,301,241	0.194256	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	25,342,495	44,750,711	70,093,206	0.133166	0.000000	54.00
56.00	RADIOISOTOPE	3,589,524	3,962,894	7,552,418	0.079580	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	6,822,560	1,335,202	8,157,762	0.191927	0.000000	59.00
60.00	LABORATORY	39,140,858	17,682,011	56,822,869	0.172634	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	13,907,490	2,587,659	16,495,149	0.156603	0.000000	65.00
66.00	PHYSICAL THERAPY	1,667,181	2,847,037	4,514,218	0.436414	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	637,116	787,209	1,424,325	0.259208	0.000000	67.00
68.00	SPEECH PATHOLOGY	477,161	164,810	641,971	0.223920	0.000000	68.00
69.00	ELECTROCARDIOLOGY	7,835,059	5,697,377	13,532,436	0.160500	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	389,208	107,965	497,173	0.172773	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,412,468	2,075,947	8,488,415	1.178719	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	5,724,542	2,092,672	7,817,214	0.489904	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	43,412,865	7,683,502	51,096,367	0.195256	0.000000	73.00
74.00	RENAL DIALYSIS	4,504,107	22,630	4,526,737	0.318761	0.000000	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97	CARDIAC REHABILITATION	31,916	405,049	436,965	1.183454	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	0	1,108,256	1,108,256	0.871441	0.000000	90.00
91.00	EMERGENCY	17,167,706	47,017,839	64,185,545	0.158843	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,042,638	7,042,638	0.746782	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
200.00	Subtotal (see instructions)	292,676,924	181,993,990	474,670,914			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	292,676,924	181,993,990	474,670,914			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 1:45 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
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
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: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 1:45 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,657,201	0	2,657,201	38,673	68.71	30.00
31.00 INTENSIVE CARE UNIT	651,313		651,313	7,955	81.87	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	99,930		99,930	3,476	28.75	43.00
200.00 Total (lines 30-199)	3,408,444		3,408,444	50,104		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 1:45 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	13,874	953,283	30.00
31.00 INTENSIVE CARE UNIT	3,789	310,205	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
200.00 Total (Lines 30-199)	17,663	1,263,488	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 1:45 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	972,405	43,717,416	0.022243	6,925,380	154,041	50.00
51.00	RECOVERY ROOM	32,108	8,899,099	0.003608	1,246,047	4,496	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	27,249	9,301,241	0.002930	1,059,229	3,104	53.00
54.00	RADIOLOGY-DIAGNOSTIC	704,896	70,093,206	0.010057	10,984,213	110,468	54.00
56.00	RADIOISOTOPE	38,913	7,552,418	0.005152	1,531,050	7,888	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	320,056	8,157,762	0.039233	2,620,287	102,802	59.00
60.00	LABORATORY	322,782	56,822,869	0.005680	16,468,309	93,540	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	178,038	16,495,149	0.010793	6,944,282	74,950	65.00
66.00	PHYSICAL THERAPY	128,780	4,514,218	0.028528	947,983	27,044	66.00
67.00	OCCUPATIONAL THERAPY	5,380	1,424,325	0.003777	375,945	1,420	67.00
68.00	SPEECH PATHOLOGY	1,962	641,971	0.003056	295,152	902	68.00
69.00	ELECTROCARDIOLOGY	131,056	13,532,436	0.009685	3,607,567	34,939	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,243	497,173	0.008534	238,165	2,033	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	83,792	8,488,415	0.009871	2,124,036	20,966	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	32,072	7,817,214	0.004103	2,023,936	8,304	72.00
73.00	DRUGS CHARGED TO PATIENTS	331,910	51,096,367	0.006496	18,007,193	116,975	73.00
74.00	RENAL DIALYSIS	36,751	4,526,737	0.008119	2,654,210	21,550	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	49,673	436,965	0.113677	12,249	1,392	76.97
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	62,263	1,108,256	0.056181	0	0	90.00
91.00	EMERGENCY	585,680	64,185,545	0.009125	7,273,022	66,366	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	323,895	7,042,638	0.045991	0	0	92.00
200.00	Total (lines 50-199)	4,373,904	386,351,420		85,338,255	853,180	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 1:45 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/30/2012 1:45 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	38,673	0.00	13,874	0	30.00
31.00 INTENSIVE CARE UNIT	7,955	0.00	3,789	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	42.00
43.00 NURSERY	3,476	0.00	0	0	43.00
200.00 Total (lines 30-199)	50,104		17,663	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 1:45 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 1:45 pm
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Cost Center Description		Title XVIII				Hospital	
		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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	43,717,416	0.000000	0.000000	6,925,380	50.00
51.00	RECOVERY ROOM	0	8,899,099	0.000000	0.000000	1,246,047	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	9,301,241	0.000000	0.000000	1,059,229	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	70,093,206	0.000000	0.000000	10,984,213	54.00
56.00	RADIOISOTOPE	0	7,552,418	0.000000	0.000000	1,531,050	56.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	8,157,762	0.000000	0.000000	2,620,287	59.00
60.00	LABORATORY	0	56,822,869	0.000000	0.000000	16,468,309	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0	16,495,149	0.000000	0.000000	6,944,282	65.00
66.00	PHYSICAL THERAPY	0	4,514,218	0.000000	0.000000	947,983	66.00
67.00	OCCUPATIONAL THERAPY	0	1,424,325	0.000000	0.000000	375,945	67.00
68.00	SPEECH PATHOLOGY	0	641,971	0.000000	0.000000	295,152	68.00
69.00	ELECTROCARDIOLOGY	0	13,532,436	0.000000	0.000000	3,607,567	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	497,173	0.000000	0.000000	238,165	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,488,415	0.000000	0.000000	2,124,036	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	7,817,214	0.000000	0.000000	2,023,936	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	51,096,367	0.000000	0.000000	18,007,193	73.00
74.00	RENAL DIALYSIS	0	4,526,737	0.000000	0.000000	2,654,210	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	CARDIAC REHABILITATION	0	436,965	0.000000	0.000000	12,249	76.97
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	1,108,256	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	64,185,545	0.000000	0.000000	7,273,022	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,042,638	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	386,351,420			85,338,255	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 1:45 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	4,833,790	0	50.00
51.00	RECOVERY ROOM	0	887,582	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	651,277	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	8,569,301	0	54.00
56.00	RADIOISOTOPE	0	1,124,253	0	56.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	394,747	0	59.00
60.00	LABORATORY	0	68,618	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	463,408	0	65.00
66.00	PHYSICAL THERAPY	0	145,366	0	66.00
67.00	OCCUPATIONAL THERAPY	0	6,553	0	67.00
68.00	SPEECH PATHOLOGY	0	12,377	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,454,871	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	30,368	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	609,313	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	537,784	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,396,118	0	73.00
74.00	RENAL DIALYSIS	0	18,523	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	172,519	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	384,613	0	90.00
91.00	EMERGENCY	0	5,568,377	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,329,346	0	92.00
200.00	Total (Lines 50-199)	0	28,659,104	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 1:45 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.258584	4,833,790	0	0	50.00
51.00	RECOVERY ROOM	0.130242	887,582	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.194256	651,277	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.133166	8,569,301	0	0	54.00
56.00	RADIOISOTOPE	0.079580	1,124,253	0	0	56.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.191927	394,747	0	0	59.00
60.00	LABORATORY	0.172634	68,618	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0.156603	463,408	0	0	65.00
66.00	PHYSICAL THERAPY	0.436414	145,366	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.259208	6,553	0	0	67.00
68.00	SPEECH PATHOLOGY	0.223920	12,377	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.160500	1,454,871	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.172773	30,368	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.178719	609,313	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.489904	537,784	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195256	1,396,118	0	107,650	73.00
74.00	RENAL DIALYSIS	0.318761	18,523	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
76.97	CARDIAC REHABILITATION	1.183454	172,519	0	0	76.97
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	0.871441	384,613	0	0	90.00
91.00	EMERGENCY	0.158843	5,568,377	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.746782	1,329,346	0	0	92.00
200.00	Subtotal (see instructions)		28,659,104	0	107,650	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		28,659,104	0	107,650	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 1:45 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	1,249,941	0	0		50.00
51.00 RECOVERY ROOM	115,600	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	126,514	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,141,140	0	0		54.00
56.00 RADIOISOTOPE	89,468	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	75,763	0	0		59.00
60.00 LABORATORY	11,846	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	72,571	0	0		65.00
66.00 PHYSICAL THERAPY	63,440	0	0		66.00
67.00 OCCUPATIONAL THERAPY	1,699	0	0		67.00
68.00 SPEECH PATHOLOGY	2,771	0	0		68.00
69.00 ELECTROCARDIOLOGY	233,507	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	5,247	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	718,209	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	263,463	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	272,600	0	21,019		73.00
74.00 RENAL DIALYSIS	5,904	0	0		74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	204,168	0	0		76.97
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	335,168	0	0		90.00
91.00 EMERGENCY	884,498	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	992,732	0	0		92.00
200.00 Subtotal (see instructions)	6,866,249	0	21,019		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	6,866,249	0	21,019		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 1:45 pm
	Component CCN:	Title XVIII	Subprovider - IPF

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.258584	0	0	0		50.00
51.00 RECOVERY ROOM	0.130242	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.194256	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.133166	0	0	0		54.00
56.00 RADIOISOTOPE	0.079580	0	0	0		56.00
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.191927	0	0	0		59.00
60.00 LABORATORY	0.172634	0	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0.156603	0	0	0		65.00
66.00 PHYSICAL THERAPY	0.436414	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.259208	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.223920	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.160500	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.172773	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.178719	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.489904	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.195256	0	0	0		73.00
74.00 RENAL DIALYSIS	0.318761	0	0	0		74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0		76.00
76.97 CARDIAC REHABILITATION	1.183454	0	0	0		76.97
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	0.871441	0	0	0		90.00
91.00 EMERGENCY	0.158843	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.746782	0	0	0		92.00
200.00 Subtotal (see instructions)		0	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 1:45 pm
	Component CCN:	Title XVIII	Subprovider - IPF

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Co-ins. (see instructions)	Cost Services Not Subject To Ded. & Co-ins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	0	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 1:45 pm
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost
		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	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.258584	0	0	3,560,253	50.00
51.00 RECOVERY ROOM	0.130242	0	0	1,008,516	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.194256	0	0	659,455	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.133166	0	0	11,694,422	54.00
56.00 RADIOISOTOPE	0.079580	0	0	755,983	56.00
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.191927	0	0	192,357	59.00
60.00 LABORATORY	0.172634	0	0	4,211,667	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0.156603	0	0	617,931	65.00
66.00 PHYSICAL THERAPY	0.436414	0	0	872,368	66.00
67.00 OCCUPATIONAL THERAPY	0.259208	0	0	192,798	67.00
68.00 SPEECH PATHOLOGY	0.223920	0	0	34,146	68.00
69.00 ELECTROCARDIOLOGY	0.160500	0	0	1,105,991	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.172773	0	0	13,439	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.178719	0	0	500,986	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.489904	0	0	317,980	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.195256	0	0	1,650,214	73.00
74.00 RENAL DIALYSIS	0.318761	0	0	3,832	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
76.97 CARDIAC REHABILITATION	1.183454	0	0	40,175	76.97
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	0.871441	0	0	79,899	90.00
91.00 EMERGENCY	0.158843	0	0	16,150,493	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.746782	0	0	1,970,009	92.00
200.00 Subtotal (see instructions)		0	0	45,632,914	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	45,632,914	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 1:45 pm
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Cost Center Description	Costs			Hospital	Cost
	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	0	0	920,624		50.00
51.00 RECOVERY ROOM	0	0	131,351		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	128,103		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	1,557,299		54.00
56.00 RADIOISOTOPE	0	0	60,161		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	36,919		59.00
60.00 LABORATORY	0	0	727,077		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0	0	96,770		65.00
66.00 PHYSICAL THERAPY	0	0	380,714		66.00
67.00 OCCUPATIONAL THERAPY	0	0	49,975		67.00
68.00 SPEECH PATHOLOGY	0	0	7,646		68.00
69.00 ELECTROCARDIOLOGY	0	0	177,512		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	2,322		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	590,522		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	155,780		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	322,214		73.00
74.00 RENAL DIALYSIS	0	0	1,221		74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	47,545		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	69,627		90.00
91.00 EMERGENCY	0	0	2,565,393		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	1,471,167		92.00
200.00 Subtotal (see instructions)	0	0	9,499,942		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	9,499,942		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 1:45 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,673	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,673	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)		38,673	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)		13,874	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		43,146,594	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)		43,146,594	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		64,671,264	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		64,671,264	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.667168	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,672.26	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)		43,146,594	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)		1,115.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,478,944	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)		15,478,944	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2012 1:45 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)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,854,015	7,955	1,364.43	3,789	5,169,825		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					18,401,222		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					39,049,991		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)					1,263,488		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					853,180		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,116,668		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,933,323		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)					4,714		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,115.68		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,259,316		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 1:45 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,657,201	43,146,594	0.061585	5,259,316	323,895	90.00
91.00	Nursing School cost	0	43,146,594	0.000000	5,259,316	0	91.00
92.00	Allied health cost	0	43,146,594	0.000000	5,259,316	0	92.00
93.00	All other Medical Education	0	43,146,594	0.000000	5,259,316	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2012 1:45 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,673	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,673	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)		38,673	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)		10,244	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)		3,476	15.00
16.00	Nursery days (title V or XIX only)		2,859	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)		43,146,594	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)		43,146,594	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		64,671,264	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		64,671,264	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.667168	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,672.26	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)		43,146,594	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)		1,115.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,429,026	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)		11,429,026	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/30/2012 1:45 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)	1,999,582	3,476	575.25	2,859	1,644,640	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,854,015	7,955	1,364.43	1,489	2,031,636	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					9,257,438	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,362,740	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)					4,714	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,115.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,259,316	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 1:45 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: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 1:45 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		21,305,996		30.00
31.00	INTENSIVE CARE UNIT		9,357,653		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.258584	6,925,380	1,790,792	50.00
51.00	RECOVERY ROOM	0.130242	1,246,047	162,288	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.194256	1,059,229	205,762	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.133166	10,984,213	1,462,724	54.00
56.00	RADIOISOTOPE	0.079580	1,531,050	121,841	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.191927	2,620,287	502,904	59.00
60.00	LABORATORY	0.172634	16,468,309	2,842,990	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.156603	6,944,282	1,087,495	65.00
66.00	PHYSICAL THERAPY	0.436414	947,983	413,713	66.00
67.00	OCCUPATIONAL THERAPY	0.259208	375,945	97,448	67.00
68.00	SPEECH PATHOLOGY	0.223920	295,152	66,090	68.00
69.00	ELECTROCARDIOLOGY	0.160500	3,607,567	579,015	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.172773	238,165	41,148	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.178719	2,124,036	2,503,642	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.489904	2,023,936	991,534	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195256	18,007,193	3,516,012	73.00
74.00	RENAL DIALYSIS	0.318761	2,654,210	846,059	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	1.183454	12,249	14,496	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.871441	0	0	90.00
91.00	EMERGENCY	0.158843	7,273,022	1,155,269	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.746782	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		85,338,255	18,401,222	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)		85,338,255		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 1:45 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		21,458,348		30.00
31.00	INTENSIVE CARE UNIT		3,914,774		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		2,268,579		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.258584	2,911,612	752,896	50.00
51.00	RECOVERY ROOM	0.130242	656,123	85,455	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.194256	2,825,058	548,784	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.133166	4,718,219	628,306	54.00
56.00	RADIOISOTOPE	0.079580	701,471	55,823	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.191927	1,147,327	220,203	59.00
60.00	LABORATORY	0.172634	9,213,179	1,590,508	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.156603	2,920,894	457,421	65.00
66.00	PHYSICAL THERAPY	0.436414	226,810	98,983	66.00
67.00	OCCUPATIONAL THERAPY	0.259208	85,552	22,176	67.00
68.00	SPEECH PATHOLOGY	0.223920	70,224	15,725	68.00
69.00	ELECTROCARDIOLOGY	0.160500	1,432,806	229,965	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.172773	63,023	10,889	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.178719	1,363,176	1,606,801	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.489904	301,805	147,855	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195256	9,991,648	1,950,929	73.00
74.00	RENAL DIALYSIS	0.318761	809,482	258,031	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	1.183454	6,262	7,411	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.871441	0	0	90.00
91.00	EMERGENCY	0.158843	3,583,900	569,277	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.746782	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		43,028,571	9,257,438	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)		43,028,571		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 1:45 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		26,838,928	1.00
2.00	Outlier payments for discharges. (see instructions)		615,597	2.00
3.00	Managed Care Simulated Payments		8,060,599	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		175.08	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)		1.02	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)		0.02	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.		2.78	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)		3.78	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		3.84	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.00	11.00
12.00	Current year allowable FTE (see instructions)		5.78	12.00
13.00	Total allowable FTE count for the prior year.		4.12	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.		4.50	14.00
15.00	Sum of lines 12 through 14 divided by 3.		4.80	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		4.80	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.027416	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.024500	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.024500	21.00
22.00	IME payment adjustment (see instructions)		464,129	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)		0.06	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		464,129	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.17	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		32.27	31.00
32.00	Sum of lines 30 and 31		41.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		23.41	33.00
34.00	Disproportionate share adjustment (see instructions)		6,282,993	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		34,201,647	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		34,201,647	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,415,777	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).		224,685	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 1:45 pm
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			36,842,109 59.00
60.00	Primary payer payments			7,344 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			36,834,765 61.00
62.00	Deductibles billed to program beneficiaries			2,694,204 62.00
63.00	Coinsurance billed to program beneficiaries			110,653 63.00
64.00	Allowable bad debts (see instructions)			1,763,076 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,234,153 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			942,639 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			35,264,061 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)			35,264,061 71.00
72.00	Interim payments			35,195,675 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			68,386 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 1:45 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21,019	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,866,249	2.00
3.00	PPS payments		5,456,633	3.00
4.00	Outlier payment (see instructions)		13,359	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		5,630,324	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		97.15	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)		21,019	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		107,650	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)		107,650	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)		107,650	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		86,631	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)		21,019	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		5,469,992	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,317,378	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)		4,173,633	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		39,635	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		4,213,268	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,213,268	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)		723,641	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		506,549	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		489,180	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		4,719,817	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)		4,719,817	40.00
41.00	Interim payments		4,248,443	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)		471,374	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140048

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2012 1:45 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		35,125,085		4,156,260	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	07/29/2011	150,815	07/29/2011	94,096	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	12/02/2011	80,225	12/02/2011	1,913	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)		70,590		92,183	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)		35,195,675		4,248,443	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		68,386		471,374	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		35,264,061		4,719,817	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/30/2012 1:45 pm
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			10,905 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			17,663 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			4,067 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			41,914 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			474,670,914 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			10,723,559 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,095,823 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			2,095,823 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 1:45 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.02	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.02	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			2.78	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			2.78	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.84	6.00
7.00	Enter the lesser of line 5 or line 6			2.78	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	1.84	2.00	3.84	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	1.33	1.45	2.78	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.00		10.00
11.00	Total weighted FTE count	1.33	3.45		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.21	2.90		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.34	3.16		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.63	3.17		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.63	3.17		17.00
18.00	Per resident amount	137,811.68	137,811.68		18.00
19.00	Approved amount for resident costs	86,821	436,863	523,684	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			1.06	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			523,684	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	17,663	4,067		26.00
27.00	Total Inpatient Days	41,914	41,914		27.00
28.00	Ratio of inpatient days to total inpatient days	0.421411	0.097032		28.00
29.00	Program direct GME amount	220,686	50,814		29.00
30.00	Reduction for nursing/allied health		7,180		30.00
31.00	Net Program direct GME amount			264,320	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 1:45 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		4,526,737	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		39,049,991	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		7,344	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		39,042,647	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		6,887,268	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		6,887,268	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		45,929,915	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.850048	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.149952	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		264,320	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		224,685	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		39,635	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 140048

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

Worksheet G

Date/Time Prepared:
5/30/2012 1:45 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	163,733,000	0	0	0	1.00
2.00	Temporary investments	64,573,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	373,497,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	169,155,000	0	0	0	9.00
10.00	Due from other funds	36,896,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	807,854,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	97,005,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,771,448,000	0	0	0	15.00
16.00	Accumulated depreciation	-1,168,349,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,013,835,000	0	0	0	23.00
24.00	Accumulated depreciation	-500,000,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,213,939,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,266,326,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	132,449,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,398,775,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	5,420,568,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	157,906,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	270,822,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	301,284,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	290,972,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,020,984,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	966,446,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	826,415,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,792,861,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,813,845,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,606,723,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	2,606,723,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	5,420,568,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140048

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

Worksheet G-1

Date/Time Prepared:
5/30/2012 1:45 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		2,612,524,215		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-5,801,215			2.00
3.00	Total (sum of line 1 and line 2)		2,606,723,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		2,606,723,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,606,723,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140048

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

Worksheet G-1

Date/Time Prepared:
5/30/2012 1:45 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140048

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

Worksheet G-2 Parts

Date/Time Prepared:
5/30/2012 1:45 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	64,671,264		64,671,264	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	64,671,264		64,671,264	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,105,273		21,105,273	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,105,273		21,105,273	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	85,776,537		85,776,537	17.00
18.00	Ancillary services	156,976,195	126,825,257	283,801,452	18.00
19.00	Outpatient services	47,044,967	55,490,045	102,535,012	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	2,542,957	0	2,542,957	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	292,340,656	182,315,302	474,655,958	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		142,546,631		29.00
30.00	CORPORATE ALLOCATION	9,864,937			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		9,864,937		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		152,411,568		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140048

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

Worksheet G-3

Date/Time Prepared:
5/30/2012 1:45 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	474,655,958	1.00
2.00	Less contractual allowances and discounts on patients' accounts	331,787,344	2.00
3.00	Net patient revenues (line 1 minus line 2)	142,868,614	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	152,411,568	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,542,954	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTERCOMPANY/ MISC INCOME	3,744,124	24.00
25.00	Total other income (sum of lines 6-24)	3,744,124	25.00
26.00	Total (line 5 plus line 25)	-5,798,830	26.00
27.00	NET NON OPERATING INCOME	2,385	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,385	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-5,801,215	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140048	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 1:45 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,179,003	1.00
2.00	Capital DRG outlier payments		20,181	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		114.83	3.00
4.00	Number of interns & residents (see instructions)		4.80	4.00
5.00	Indirect medical education percentage (see instructions)		1.19	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		25,930	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.17	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		32.27	8.00
9.00	Sum of lines 7 and 8		41.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.75	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		190,663	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,415,777	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00