

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: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet S Parts I-III Date/Time Prepared: 3/27/2012 7:14 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 3/27/2012	Time: 7:14 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SKOKIE HOSPITAL for the cost reporting period beginning 10/01/2010 and ending 09/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title 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	367,401	198,111	2,165,215	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	367,401	198,111	2,165,215	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.

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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.

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Encryption Information
 ECR: Date: 3/27/2012 Time: 7:14 pm
 7pFui fRWzj FyGG5Yvx3cPrPP6YW5.0
 xYAkj OD7Nj fF0m2MI Jwl i pBDckGY0x
 YGXm0qRHayOwmsB3
 PI: Date: 3/27/2012 Time: 7:14 pm
 H3c0Lj 90g06s96thZTf2J.: GxV: Wt1
 rk8j B0j 9PGI rNSw378fdFuJSp8Wk5a
 j0Fc19WV0x0h3pwa

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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1.00 Hospital	0	367,401	198,111	2,165,215	0	1.00
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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
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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	367,401	198,111	2,165,215	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140051		Period: From 10/01/2010 To 09/30/2011		Worksheet S-2 Part I Date/Time Prepared: 3/27/2012 7:38 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 9600 GROSS POINT ROAD		PO Box:						1.00		
2.00	City: SKOKIE		State: IL		Zip Code: 60076-		County: COOK		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SKOKIE HOSPITAL	140051	16974	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		N		8.00
9.00	Hospital-Based SNF						N	N	N		9.00
10.00	Hospital-Based NF						N		N		10.00
10.01	ICF/MR						N		N		10.01
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)					10/01/2010		09/30/2011		20.00	
21.00	Type of Control (see instructions)							2		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.					1		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.		3,736	1,635	0	0	139	9		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.		0	0	0	0	0	0		25.00	
						1.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.							1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00	
						Beginning:	Ending:				
						1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	

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		Beginning: 1.00	Ending: 2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	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. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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

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			1.00		
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N		86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	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	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		25,000,000	200,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140051		Period: From 10/01/2010 To 09/30/2011		Worksheet S-2 Part I Date/Time Prepared: 3/27/2012 7:38 pm	
		1.00		2.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			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	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part II Date/Time Prepared: 3/27/2012 7:38 pm
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
			Y/N	Date
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
			Y/N	Type
			1.00	2.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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		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: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
3/27/2012 7:38 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	N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		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.		Y		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.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				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: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
3/27/2012 7:38 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		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: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/27/2012 7:38 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	158	57,670	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)		158	57,670	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	5,604	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)		178	63,274	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY	45.00	0	0		20.00
20.01 ICF/MR	45.01	0	0	0.00	20.01
21.00 OTHER LONG TERM CARE	46.00	0	0		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)		178			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/27/2012 7:38 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	20,053	3,167	31,586		1.00
2.00 HMO		913	1,947			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	20,053	3,167	31,586		7.00
8.00 INTENSIVE CARE UNIT	0	2,148	405	4,037		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		0	0		13.00
14.00 Total (see instructions)	0	22,201	3,572	35,623		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
20.01 ICF/MR	0	0	0	0		20.01
21.00 OTHER LONG TERM CARE				0		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		253	3,188		28.00
28.01 SUBPROVIDER - IPF				0		28.01
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)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/27/2012 7:38 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	4,479	1.00
2.00 HMO					187	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)	24.74	783.43	0.00	0	4,479	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
20.01 ICF/MR	0.00	0.00	0.00	0	0	20.01
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			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)	24.74	783.43	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/27/2012 7:38 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)	452	7,560		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)	452	7,560		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		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
20.01 ICF/MR	0	0		20.01
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part II
Date/Time Prepared:
3/27/2012 7:38 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	51,125,130	0	51,125,130	1,692,542.93 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		111,336	0	111,336	4,505.00 4.00
4.01	Physicians - Part A - direct teaching		200,377	0	200,377	6,247.00 4.01
5.00	Physician-Part B		1,551,950	0	1,551,950	26,108.00 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	74,822	0	74,822	1,456.00 7.00
7.01	Contracted interns and residents (in approved programs)		2,217,043	0	2,217,043	51,459.20 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)		440,130	0	440,130	10,861.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		89,780	0	89,780	1,349.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		12,277,457	0	12,277,457	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		238,043	0	238,043	18.00
19.00	Excluded areas		94,853	0	94,853	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		85,149	0	85,149	22.00
23.00	Physician Part B		247,951	0	247,951	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		458,706	0	458,706	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	194,813	0	194,813	8,575.00 26.00
27.00	Administrative & General	5.00	4,567,506	0	4,567,506	189,067.00 27.00
28.00	Administrative & General under contract (see inst.)		2,809,436	0	2,809,436	84,474.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	102	0	102	8.00 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	0	0	0	0.00 32.00
33.00	Housekeeping under contract (see instructions)		1,945,596	0	1,945,596	109,946.66 33.00
34.00	Dietary	10.00	0	0	0	0.00 34.00
35.00	Dietary under contract (see instructions)		2,215,282	0	2,215,282	110,027.66 35.00
36.00	Cafeteria	11.00	0	0	0	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	846,800	0	846,800	22,621.00 38.00
39.00	Central Services and Supply	14.00	625,651	0	625,651	35,214.00 39.00
40.00	Pharmacy	15.00	2,259,930	0	2,259,930	55,439.00 40.00
41.00	Medical Records & Medical Records Library	16.00	612,078	0	612,078	27,712.00 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: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet S-3 Part II Date/Time Prepared: 3/27/2012 7:38 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)	30.21	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	24.71	4.00
4.01	Physicians - Part A - direct teaching	32.08	4.01
5.00	Physician-Part B	59.44	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	51.39	7.00
7.01	Contracted interns and residents (in approved programs)	43.08	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	40.52	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	66.55	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
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	22.72	26.00
27.00	Administrative & General	24.16	27.00
28.00	Administrative & General under contract (see inst.)	33.26	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	12.75	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	0.00	32.00
33.00	Housekeeping under contract (see instructions)	17.70	33.00
34.00	Dietary	0.00	34.00
35.00	Dietary under contract (see instructions)	20.13	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	37.43	38.00
39.00	Central Services and Supply	17.77	39.00
40.00	Pharmacy	40.76	40.00
41.00	Medical Records & Medical Records Library	22.09	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: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
3/27/2012 7:38 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)	54,051,252	0	54,051,252	1,911,721.05	1.00
2.00	Excluded area salaries (see instructions)	440,130	0	440,130	10,861.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,611,122	0	53,611,122	1,900,860.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	89,780	0	89,780	1,349.00	4.00
5.00	Subtotal wage-related costs (see inst.)	12,600,649	0	12,600,649	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	66,301,551	0	66,301,551	1,902,209.05	6.00
7.00	Total overhead cost (see instructions)	16,077,194	0	16,077,194	643,084.32	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet S-3 Part III Date/Time Prepared: 3/27/2012 7:38 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	28.27	1.00
2.00	Excluded area salaries (see instructions)	40.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	66.55	4.00
5.00	Subtotal wage-related costs (see inst.)	23.50	5.00
6.00	Total (sum of lines 3 thru 5)	34.86	6.00
7.00	Total overhead cost (see instructions)	25.00	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 3/27/2012 7:38 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	6,180,869	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,390,003	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,593,244	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	13,164,116	24.00
Part B - Other than Core Related Cost			
25.00	MALPRACTICE EXPENSE	238,043	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part V
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet S-10 Date/Time Prepared: 3/27/2012 7:38 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)		0.280048	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,514,517	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		37,927,728	6.00	
7.00	Medicaid cost (line 1 times line 6)		10,621,584	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,107,067	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)		3,107,067	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,857,024	1,444,465	8,301,489	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,920,296	404,520	2,324,816	21.00
22.00	Partial payment by patients approved for charity care	168,298	305,785	474,083	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,751,998	98,735	1,850,733	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,690,446	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,135,859	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		8,554,587	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,395,695	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,246,428	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,353,495	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet A Date/Time Prepared: 3/27/2012 7:38 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		11,726,962	11,726,962	0	11,726,962	1.00
1.01 NEW CAP REL COSTS-OOH		0	0	0	0	1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP		4,134,903	4,134,903	-272,885	3,862,018	2.00
4.00 EMPLOYEE BENEFITS	194,813	66,251	261,064	0	261,064	4.00
5.00 ADMINISTRATIVE & GENERAL	4,567,506	10,112,810	14,680,316	205,165	14,885,481	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	102	8,756,250	8,756,352	67,720	8,824,072	7.00
8.00 LAUNDRY & LINEN SERVICE	0	640,461	640,461	0	640,461	8.00
9.00 HOUSEKEEPING	0	2,494,888	2,494,888	0	2,494,888	9.00
10.00 DIETARY	0	3,119,972	3,119,972	0	3,119,972	10.00
11.00 CAFETERIA	0	473,588	473,588	0	473,588	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	846,800	272,891	1,119,691	0	1,119,691	13.00
14.00 CENTRAL SERVICES & SUPPLY	625,651	1,777,874	2,403,525	-404,389	1,999,136	14.00
15.00 PHARMACY	2,259,930	7,347,337	9,607,267	-5,729,461	3,877,806	15.00
16.00 MEDICAL RECORDS & LIBRARY	612,078	453,681	1,065,759	0	1,065,759	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	74,822	2,217,910	2,292,732	0	2,292,732	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	13,365,692	4,940,275	18,305,967	0	18,305,967	30.00
31.00 INTENSIVE CARE UNIT	3,421,738	1,356,951	4,778,689	0	4,778,689	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
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,761,159	17,209,584	21,970,743	-9,726,651	12,244,092	50.00
51.00 RECOVERY ROOM	1,098,489	396,476	1,494,965	0	1,494,965	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	1,759,351	845,580	2,604,931	0	2,604,931	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,288,949	1,680,152	3,969,101	-171,602	3,797,499	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	534,530	979,033	1,513,563	0	1,513,563	56.00
56.01 PURCHASED SCAN	318,493	107,895	426,388	0	426,388	56.01
56.02 ULTRASOUND	469,921	147,537	617,458	0	617,458	56.02
56.03 BREAST IMAGING	335,957	158,184	494,141	-8,640	485,501	56.03
57.00 CT SCAN	539,625	1,404,890	1,944,515	0	1,944,515	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	542,222	1,320,039	1,862,261	0	1,862,261	58.00
59.00 CARDIAC CATHETERIZATION	861,580	3,217,190	4,078,770	-3,217,190	861,580	59.00
60.00 LABORATORY	2,262,377	3,072,478	5,334,855	0	5,334,855	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	451,610	313,075	764,685	0	764,685	64.00
65.00 RESPIRATORY THERAPY	1,177,930	549,095	1,727,025	0	1,727,025	65.00
66.00 PHYSICAL THERAPY	750,340	226,424	976,764	0	976,764	66.00
67.00 OCCUPATIONAL THERAPY	238,827	70,382	309,209	0	309,209	67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00 SPEECH PATHOLOGY	69,108	21,304	90,412	0	90,412	68.00
69.00 ELECTROCARDIOLOGY	1,095,084	411,020	1,506,104	0	1,506,104	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	404,389	404,389	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,149,285	13,149,285	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	5,729,461	5,729,461	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 SPECIAL DIAGNOSTICS	122,473	68,178	190,651	0	190,651	75.04
75.05 INPATIENT RENAL DIALYSIS	1,667	223,834	225,501	0	225,501	75.05
75.06 OP SURGERY	2,335,434	1,024,083	3,359,517	-25,202	3,334,315	75.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	2,700,742	1,260,221	3,960,963	0	3,960,963	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)	50,685,000	94,599,658	145,284,658	0	145,284,658	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,631	85,510	151,141	0	151,141	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	88,826	1,602,004	1,690,830	0	1,690,830	192.00
192.01 GHP/WH	0	53	53	0	53	192.01
192.02 PHYSICIAN REFERRAL/DEVELOPMENT	285,673	41,711	327,384	0	327,384	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 TOTAL (SUM OF LINES 118-199)	51,125,130	96,328,936	147,454,066	0	147,454,066	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/27/2012 7:38 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	0	11,726,962	1.00
1.01	NEW CAP REL COSTS-OOH	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-465,312	3,396,706	2.00
4.00	EMPLOYEE BENEFITS	0	261,064	4.00
5.00	ADMINISTRATIVE & GENERAL	-292,035	14,593,446	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-1,685	8,822,387	7.00
8.00	LAUNDRY & LINEN SERVICE	0	640,461	8.00
9.00	HOUSEKEEPING	0	2,494,888	9.00
10.00	DIETARY	-704,808	2,415,164	10.00
11.00	CAFETERIA	0	473,588	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	1,119,691	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,999,136	14.00
15.00	PHARMACY	-1,095	3,876,711	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,065,759	16.00
17.00	SOCIAL SERVICE	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,292,732	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-669,601	17,636,366	30.00
31.00	INTENSIVE CARE UNIT	0	4,778,689	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
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
45.01	ICF/MR	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-767,163	11,476,929	50.00
51.00	RECOVERY ROOM	0	1,494,965	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	2,604,931	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-67	3,797,432	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	1,513,563	56.00
56.01	PURCHASED SCAN	0	426,388	56.01
56.02	ULTRASOUND	0	617,458	56.02
56.03	BREAST IMAGING	0	485,501	56.03
57.00	CT SCAN	0	1,944,515	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,862,261	58.00
59.00	CARDIAC CATHETERIZATION	0	861,580	59.00
60.00	LABORATORY	0	5,334,855	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	764,685	64.00
65.00	RESPIRATORY THERAPY	0	1,727,025	65.00
66.00	PHYSICAL THERAPY	0	976,764	66.00
67.00	OCCUPATIONAL THERAPY	0	309,209	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	67.01
68.00	SPEECH PATHOLOGY	0	90,412	68.00
69.00	ELECTROCARDIOLOGY	0	1,506,104	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	404,389	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	13,149,285	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,729,461	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.02	CARDIAC CATH LAB	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	0	190,651	75.04
75.05	INPATIENT RENAL DIALYSIS	0	225,501	75.05
75.06	OP SURGERY	0	3,334,315	75.06
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	-114,451	3,846,512	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)	-3,016,217	142,268,441	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	151,141	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,690,830	192.00
192.01	GHP/WH	0	53	192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	0	327,384	192.02
193.00	NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	-3,016,217	144,437,849	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,729,461	1.00
	TOTALS		0	5,729,461	
B - CHARGEABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	268,388	1.00
	TOTALS		0	268,388	
C - C/S RENTAL COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	136,936	1.00
	TOTALS		0	136,936	
D - CAPITAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	204,230	1.00
2.00	OPERATION OF PLANT	7.00	0	67,720	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	935	3.00
	TOTALS		0	272,885	
E - MEDICAL SUPPLIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	935	1.00
	TOTALS		0	935	
F - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,149,285	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	13,149,285	
500.00	Grand Total: Increases		0	19,557,890	500.00

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	5,729,461	0		1.00
	TOTALS		0	5,729,461			
B - CHARGEABLE MED SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	268,388	0		1.00
	TOTALS		0	268,388			
C - C/S RENTAL COST							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	136,936	0		1.00
	TOTALS		0	136,936			
D - CAPITAL							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	272,885	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	272,885			
E - MEDICAL SUPPLIES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	935	0		1.00
	TOTALS		0	935			
F - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	9,726,651	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	171,602	0		2.00
3.00	BREAST IMAGING	56.03	0	8,640	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,217,190	0		4.00
5.00	OP SURGERY	75.06	0	25,202	0		5.00
	TOTALS		0	13,149,285			
500.00	Grand Total: Decreases		0	19,557,890			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/27/2012 7:38 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	26,269,650	0	0	0	0	1.00
2.00	Land Improvements	1,927,350	872,606	0	872,606	3,915	2.00
3.00	Buildings and Fixtures	70,092,165	42,630,936	0	42,630,936	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	23,080,996	11,712,868	0	11,712,868	2,279,519	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	121,370,161	55,216,410	0	55,216,410	2,283,434	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	121,370,161	55,216,410	0	55,216,410	2,283,434	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	11,726,962	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-OOH	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,134,903	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,861,865	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	145,237,446	0	145,237,446	1.000000	0	1.00
1.01	NEW CAP REL COSTS-OOH	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	145,237,446	0	145,237,446	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	26,269,650	0			1.00
2.00	Land Improvements	2,796,041	0			2.00
3.00	Buildings and Fixtures	112,723,101	7,339,183			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	32,514,345	6,247,857			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	174,303,137	13,587,040			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	174,303,137	13,587,040			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	11,726,962			1.00
1.01	NEW CAP REL COSTS-OOH	0	0			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	4,134,903			2.00
3.00	Total (sum of lines 1-2)	0	15,861,865			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	11,726,962	0
1.01	NEW CAP REL COSTS-OOH	0	0	0	0	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,396,706	0
3.00	Total (sum of lines 1-2)	0	0	0	15,123,668	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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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	0	0	0	0	11,726,962	1.00
1.01	NEW CAP REL COSTS-OOH	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,396,706	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	15,123,668	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT		1.00 1.00
1.01 Investment income - NEW CAP REL COSTS-00H (chapter 2)			ONEW CAP REL COSTS-00H		1.01 1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP		2.00 2.00
3.00 Investment income - other (chapter 2)		0			0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00 7.00
8.00 Television and radio service (chapter 21)	B	-1,685	OPERATION OF PLANT		7.00 8.00
9.00 Parking lot (chapter 21)		0			0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,551,215			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests	B	-704,808	DIETARY		10.00 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)			*** Cost Center Deleted ***		114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT		1.00 26.00
26.01 Depreciation - NEW CAP REL COSTS-00H			ONEW CAP REL COSTS-00H		1.01 26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP		2.00 27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS		19.00 28.00
29.00 Physicians' assistant					0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest					0.00 32.00
33.00 REAL ESTATE TAXES	A	-108,645	ADMINISTRATIVE & GENERAL		5.00 33.00
34.00 DEPR POST 033098 ASSETS <5K FY06 AMO	A	-77,486	NEW CAP REL COSTS-MVBLE EQUIP		2.00 34.00
35.00 DEPR POST 033098 ASSETS <5K FY07 AMO	A	-151,371	NEW CAP REL COSTS-MVBLE EQUIP		2.00 35.00
36.00 DEPR POST 033098 ASSETS <5K 06/30/08	A	-120,450	NEW CAP REL COSTS-MVBLE EQUIP		2.00 36.00
37.00 DEPR POST 033098 ASSETS <5K 12/31/08	A	-116,005	NEW CAP REL COSTS-MVBLE EQUIP		2.00 37.00
38.00 NON ALLOWABLE EXPENSES	A	-183,390	ADMINISTRATIVE & GENERAL		5.00 38.00
38.01 NON ALLOWABLE EXPENSES	A	-1,095	PHARMACY		15.00 38.01
38.02 NON ALLOWABLE EXPENSES	A	-67	RADIOLOGY-DIAGNOSTIC		54.00 38.02
38.03 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 38.03
38.04 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 38.04
38.05 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 38.05
38.06 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 38.06
38.07 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 38.07

ADJUSTMENTS TO EXPENSES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/27/2012 7:38 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	
38.08 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 38.08
39.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 39.00
40.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 40.00
41.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 41.00
42.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 42.00
45.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,016,217			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/27/2012 7:38 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
1.01	Investment income - NEW CAP REL COSTS-00H (chapter 2)	0	1.01
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
26.01	Depreciation - NEW CAP REL COSTS-00H	0	26.01
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	REAL ESTATE TAXES	0	33.00
34.00	DEPR POST 033098 ASSETS <5K FY06 AMO	9	34.00
35.00	DEPR POST 033098 ASSETS <5K FY07 AMO	9	35.00
36.00	DEPR POST 033098 ASSETS <5K 06/30/08	9	36.00
37.00	DEPR POST 033098 ASSETS <5K 12/31/08	9	37.00
38.00	NON ALLOWABLE EXPENSES	0	38.00
38.01	NON ALLOWABLE EXPENSES	0	38.01
38.02	NON ALLOWABLE EXPENSES	0	38.02
38.03	OTHER ADJUSTMENTS (SPECIFY)	0	38.03
38.04	OTHER ADJUSTMENTS (SPECIFY)	0	38.04
38.05	OTHER ADJUSTMENTS (SPECIFY)	0	38.05
38.06	OTHER ADJUSTMENTS (SPECIFY)	0	38.06
38.07	OTHER ADJUSTMENTS (SPECIFY)	0	38.07
38.08	OTHER ADJUSTMENTS (SPECIFY)	0	38.08
39.00	OTHER ADJUSTMENTS (SPECIFY)	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)	0	42.00
45.00	OTHER ADJUSTMENTS (SPECIFY)	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/27/2012 7:38 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	736,915	669,601	1.00
2.00	50.00	OPERATING ROOM	935,406	767,163	2.00
3.00	56.01	PURCHASED SCANS	9,818	0	3.00
4.00	60.00	LABORATORY	8,665	0	4.00
5.00	91.00	EMERGENCY ROOM	114,451	114,451	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
200.00		TOTAL (lines 1.00 through 199.00)	1,805,255	1,551,215	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/27/2012 7:38 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	67,314	138,700	1,456	97,090	4,855	1.00
2.00	168,243	208,000	2,994	299,400	14,970	2.00
3.00	9,818	138,700	1,404	93,623	4,681	3.00
4.00	8,665	138,700	2,158	143,901	7,195	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	254,040		8,012	634,014	31,701	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/27/2012 7:38 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	97,090	1.00
2.00	0	0	0	0	299,400	2.00
3.00	0	0	0	0	93,623	3.00
4.00	0	0	0	0	143,901	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	634,014	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/27/2012 7:38 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	669,601	1.00
2.00	0	767,163	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	0	114,451	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	1,551,215	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW OOH	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	11,726,962	11,726,962				1.00
1.01 NEW CAP REL COSTS-OOH	0	0	0			1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	3,396,706			3,396,706		2.00
4.00 EMPLOYEE BENEFITS	261,064			0	585,183	4.00
5.00 ADMINISTRATIVE & GENERAL	14,593,446	726,099	0	431,560	52,481	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	8,822,387	1,741,979	0	20,852	1	7.00
8.00 LAUNDRY & LINEN SERVICE	640,461	0	0	0	0	8.00
9.00 HOUSEKEEPING	2,494,888	181,725	0	2,878	0	9.00
10.00 DIETARY	2,415,164	266,370	0	21,896	0	10.00
11.00 CAFETERIA	473,588	257,373	0	9,237	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,119,691	4,192	0	88,803	9,730	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,999,136	266,652	0	45,305	7,189	14.00
15.00 PHARMACY	3,876,711	218,371	0	462	25,967	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,065,759	136,035	0	881	7,033	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	2,292,732	62,224	0	0	860	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	17,636,366	2,650,273	0	214,701	153,564	30.00
31.00 INTENSIVE CARE UNIT	4,778,689	531,327	0	50,670	39,316	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
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	11,476,929	929,539	0	634,672	54,706	50.00
51.00 RECOVERY ROOM	1,494,965	145,926	0	2,855	12,622	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	2,604,931	18,983	0	108,537	20,215	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,797,432	449,791	0	383,531	26,300	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	1,513,563	134,716	0	25,241	6,142	56.00
56.01 PURCHASED SCAN	426,388	113,802	0	11,132	3,659	56.01
56.02 ULTRASOUND	617,458	72,115	0	5,632	5,399	56.02
56.03 BREAST IMAGING	485,501	122,516	0	128,576	3,860	56.03
57.00 CT SCAN	1,944,515	149,930	0	0	6,200	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,862,261	130,665	0	0	6,230	58.00
59.00 CARDIAC CATHETERIZATION	861,580	169,195	0	373,472	9,900	59.00
60.00 LABORATORY	5,334,855	391,005	0	249,923	25,995	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	764,685	0	0	615	5,189	64.00
65.00 RESPIRATORY THERAPY	1,727,025	136,883	0	45,117	13,534	65.00
66.00 PHYSICAL THERAPY	976,764	80,829	0	449	8,621	66.00
67.00 OCCUPATIONAL THERAPY	309,209	0	0	0	2,744	67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00 SPEECH PATHOLOGY	90,412	12,624	0	325	794	68.00
69.00 ELECTROCARDIOLOGY	1,506,104	235,847	0	96,096	12,583	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	404,389	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	13,149,285	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	5,729,461	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	0	0	0	75.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW OOH	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
75.04 SPECIAL DIAGNOSTICS	190,651	30,240	0	5,161	1,407	75.04
75.05 INPATIENT RENAL DIALYSIS	225,501	23,081	0	0	19	75.05
75.06 OP SURGERY	3,334,315	479,372	0	186,270	26,834	75.06
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	3,846,512	459,164	0	225,227	31,032	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)	142,268,441	11,652,962	0	3,370,076	580,126	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	151,141	58,079	0	0	754	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,690,830	0	0	17,497	1,021	192.00
192.01 GHP/WH	53	0	0	0	0	192.01
192.02 PHYSICIAN REFERRAL/DEVELOPMENT	327,384	15,921	0	9,133	3,282	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	144,437,849	11,726,962	0	3,396,706	585,183	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-OOH						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	15,803,586	15,803,586				5.00
6.00	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	OPERATION OF PLANT	10,585,219	1,300,468	0	11,885,687		7.00
8.00	LAUNDRY & LINEN SERVICE	640,461	78,685	0	0	719,146	8.00
9.00	HOUSEKEEPING	2,679,491	329,194	0	241,744	7,205	9.00
10.00	DIETARY	2,703,430	332,135	0	354,345	0	10.00
11.00	CAFETERIA	740,198	90,939	0	342,377	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,222,416	150,182	0	5,577	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,318,282	284,817	0	354,721	15,811	14.00
15.00	PHARMACY	4,121,511	506,356	0	290,494	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,209,708	148,621	0	180,963	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2,355,816	289,428	0	82,774	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	20,654,904	2,537,569	0	3,525,592	251,714	30.00
31.00	INTENSIVE CARE UNIT	5,400,002	663,428	0	706,810	51,003	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
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	13,095,846	1,608,916	0	1,236,542	37,460	50.00
51.00	RECOVERY ROOM	1,656,368	203,496	0	194,122	21,582	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	2,752,666	338,184	0	25,252	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,657,054	572,152	0	598,345	22,283	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,679,662	206,358	0	179,209	17,979	56.00
56.01	PURCHASED SCAN	554,981	68,183	0	151,388	0	56.01
56.02	ULTRASOUND	700,604	86,074	0	95,933	17,979	56.02
56.03	BREAST IMAGING	740,453	90,970	0	162,980	21,582	56.03
57.00	CT SCAN	2,100,645	258,079	0	199,448	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,999,156	245,610	0	173,820	28,754	58.00
59.00	CARDIAC CATHETERIZATION	1,414,147	173,738	0	225,076	36,693	59.00
60.00	LABORATORY	6,001,778	737,360	0	520,144	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	770,489	94,660	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,922,559	236,200	0	182,091	0	65.00
66.00	PHYSICAL THERAPY	1,066,663	131,047	0	107,525	23,717	66.00
67.00	OCCUPATIONAL THERAPY	311,953	38,326	0	0	0	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00	SPEECH PATHOLOGY	104,155	12,796	0	16,793	0	68.00
69.00	ELECTROCARDIOLOGY	1,850,630	227,363	0	313,741	45,299	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	404,389	49,682	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	13,149,285	1,615,482	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,729,461	703,904	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02	CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	227,459	27,945	0	40,228	0	75.04
75.05	INPATIENT RENAL DIALYSIS	248,601	30,542	0	30,704	0	75.05
75.06	OP SURGERY	4,026,791	494,719	0	637,696	66,147	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.00	6.00	7.00	8.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	4,561,935	560,466	0	610,814	53,938	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	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)	142,162,754	15,524,074	0	11,787,248	719,146	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	209,974	25,797	0	77,260	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,709,348	210,005	0	0	0	192.00
192.01	GHP/WH	53	7	0	0	0	192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	355,720	43,703	0	21,179	0	192.02
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	144,437,849	15,803,586	0	11,885,687	719,146	202.00

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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-OOH						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	3,257,634					9.00
10.00 DIETARY	99,135	3,489,045				10.00
11.00 CAFETERIA	95,787	0	1,269,301			11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00 NURSING ADMINISTRATION	1,560	0	20,062	0	1,399,797	13.00
14.00 CENTRAL SERVICES & SUPPLY	99,241	0	31,217	0	0	14.00
15.00 PHARMACY	81,272	0	49,140	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	50,628	0	24,561	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	23,158	0	350	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	986,356	2,514,187	411,391	0	1,005,007	30.00
31.00 INTENSIVE CARE UNIT	197,745	216,808	89,245	0	219,001	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
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	345,948	0	110,800	0	0	50.00
51.00 RECOVERY ROOM	54,310	0	25,132	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	7,065	0	13,921	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	167,399	0	71,893	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	50,137	0	14,161	0	0	56.00
56.01 PURCHASED SCAN	42,354	0	34,370	0	0	56.01
56.02 ULTRASOUND	26,839	0	8,924	0	0	56.02
56.03 BREAST IMAGING	45,597	0	9,072	0	0	56.03
57.00 CT SCAN	55,800	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	48,630	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	62,970	3,751	21,500	0	0	59.00
60.00 LABORATORY	145,521	0	79,675	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	9,939	0	0	64.00
65.00 RESPIRATORY THERAPY	50,944	10,556	35,772	0	0	65.00
66.00 PHYSICAL THERAPY	30,082	0	24,561	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	5,532	0	0	67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00 SPEECH PATHOLOGY	4,698	0	1,733	0	0	68.00
69.00 ELECTROCARDIOLOGY	87,776	11,494	27,382	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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 SPECIAL DIAGNOSTICS	11,255	0	3,596	0	0	75.04
75.05 INPATIENT RENAL DIALYSIS	8,590	295	0	0	0	75.05
75.06 OP SURGERY	178,409	55,193	64,112	0	0	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
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	170,888	185,353	71,635	0	175,789	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)	3,230,094	2,997,637	1,259,676	0	1,399,797	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,615	0	2,766	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	5,015	0	0	192.00
192.01 GHP/WH	0	491,408	0	0	0	192.01
192.02 PHYSICIAN REFERRAL/DEVELOPMENT	5,925	0	1,844	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,257,634	3,489,045	1,269,301	0	1,399,797	202.00

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-OOH						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	3,104,089					14.00
15.00	PHARMACY	19,717	5,068,490				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	1,614,481			16.00
17.00	SOCIAL SERVICE	0	0	0	0		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	396,715	5,136	178,555	0	0	30.00
31.00	INTENSIVE CARE UNIT	156,357	1,479	39,896	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
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	908,100	5,394	181,134	0	0	50.00
51.00	RECOVERY ROOM	31,996	160	33,812	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	277,931	183,588	26,356	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	152,295	593	43,604	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	13,626	9,505	46,911	0	0	56.00
56.01	PURCHASED SCAN	0	0	31,704	0	0	56.01
56.02	ULTRASOUND	3,640	30	15,304	0	0	56.02
56.03	BREAST IMAGING	10,895	262	9,148	0	0	56.03
57.00	CT SCAN	67,668	3,781	118,672	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	18,404	0	67,990	0	0	58.00
59.00	CARDIAC CATHETERIZATION	173,864	2,500	84,004	0	0	59.00
60.00	LABORATORY	195,167	311	120,691	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	72,184	0	3,685	0	0	64.00
65.00	RESPIRATORY THERAPY	86,388	784	26,214	0	0	65.00
66.00	PHYSICAL THERAPY	3,289	6	11,725	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	6,000	0	0	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00	SPEECH PATHOLOGY	141	0	1,984	0	0	68.00
69.00	ELECTROCARDIOLOGY	27,788	0	56,439	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,518	0	67,290	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	157,938	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,849,865	109,611	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02	CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	351	0	7,239	0	0	75.04
75.05	INPATIENT RENAL DIALYSIS	5,039	0	2,360	0	0	75.05
75.06	OP SURGERY	194,500	1,270	52,726	0	0	75.06

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	234,089	318	113,489	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)	3,089,662	5,064,982	1,614,481	0	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	6,538	154	0	0	0	192.00
192.01	GHP/WH	7,889	3,354	0	0	0	192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	0	0	192.02
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,104,089	5,068,490	1,614,481	0	0	202.00

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
20.00	21.00	22.00	23.00	24.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-OOH						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
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
12.00 MAINTENANCE OF PERSONNEL						12.00
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
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL	0					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	2,751,526				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00 PARAMED PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	1,237,353	0	0	33,704,479	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	7,741,774	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
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	827,125	0	0	18,357,265	50.00
51.00 RECOVERY ROOM	0	0	0	0	2,220,978	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	510,283	0	0	4,135,246	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	105,614	0	0	6,391,232	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	2,217,548	56.00
56.01 PURCHASED SCAN	0	0	0	0	882,980	56.01
56.02 ULTRASOUND	0	0	0	0	955,327	56.02
56.03 BREAST IMAGING	0	0	0	0	1,090,959	56.03
57.00 CT SCAN	0	0	0	0	2,804,093	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	2,582,364	58.00
59.00 CARDIAC CATHETERIZATION	0	8,894	0	0	2,207,137	59.00
60.00 LABORATORY	0	0	0	0	7,800,647	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	950,957	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	2,551,508	65.00
66.00 PHYSICAL THERAPY	0	62,257	0	0	1,460,872	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	361,811	67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00 SPEECH PATHOLOGY	0	0	0	0	142,300	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	2,647,912	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	560,879	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	14,922,705	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	11,392,841	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 SPECIAL DIAGNOSTICS	0	0	0	0	318,073	75.04
75.05 INPATIENT RENAL DIALYSIS	0	0	0	0	326,131	75.05
75.06 OP SURGERY	0	0	0	0	5,771,563	75.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				6,738,714	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)	0	2,751,526	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	337,412	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,931,060	192.00
192.01	GHP/WH	0	0	0	502,711	192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	428,371	192.02
193.00	NONPAID WORKERS	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	2,751,526	0	144,437,849	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	NEW CAP REL COSTS-OOH			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
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
12.00	MAINTENANCE OF PERSONNEL			12.00
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
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
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			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-1,237,353	32,467,126	30.00
31.00	INTENSIVE CARE UNIT	0	7,741,774	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
40.00	SUBPROVIDER - I PF	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
45.01	ICF/MR	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-827,125	17,530,140	50.00
51.00	RECOVERY ROOM	0	2,220,978	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	-510,283	3,624,963	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-105,614	6,285,618	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	2,217,548	56.00
56.01	PURCHASED SCAN	0	882,980	56.01
56.02	ULTRASOUND	0	955,327	56.02
56.03	BREAST IMAGING	0	1,090,959	56.03
57.00	CT SCAN	0	2,804,093	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,582,364	58.00
59.00	CARDIAC CATHETERIZATION	-8,894	2,198,243	59.00
60.00	LABORATORY	0	7,800,647	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	950,957	64.00
65.00	RESPIRATORY THERAPY	0	2,551,508	65.00
66.00	PHYSICAL THERAPY	-62,257	1,398,615	66.00
67.00	OCCUPATIONAL THERAPY	0	361,811	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	67.01
68.00	SPEECH PATHOLOGY	0	142,300	68.00
69.00	ELECTROCARDIOLOGY	0	2,647,912	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	560,879	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	14,922,705	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	11,392,841	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.02	CARDIAC CATH LAB	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	0	318,073	75.04
75.05	INPATIENT RENAL DIALYSIS	0	326,131	75.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
75.06	OP SURGERY	25.00	26.00	
		0	5,771,563	75.06
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	6,738,714	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-2,751,526	138,486,769	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	337,412	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,931,060	192.00
192.01	GHP/WH	0	502,711	192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	0	428,371	192.02
193.00	NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-2,751,526	141,686,323	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW OOH	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-OOH					1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	324,119	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	0	726,099	0	431,560	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	1,741,979	0	20,852	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	181,725	0	2,878	9.00
10.00	DIETARY	0	266,370	0	21,896	10.00
11.00	CAFETERIA	0	257,373	0	9,237	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	4,192	0	88,803	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	266,652	0	45,305	14.00
15.00	PHARMACY	0	218,371	0	462	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	136,035	0	881	16.00
17.00	SOCIAL SERVICE	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	62,224	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	2,650,273	0	214,701	30.00
31.00	INTENSIVE CARE UNIT	0	531,327	0	50,670	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
40.00	SUBPROVIDER - I PF	0	0	0	0	40.00
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
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	929,539	0	634,672	50.00
51.00	RECOVERY ROOM	0	145,926	0	2,855	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	18,983	0	108,537	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	449,791	0	383,531	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	134,716	0	25,241	56.00
56.01	PURCHASED SCAN	0	113,802	0	11,132	56.01
56.02	ULTRASOUND	0	72,115	0	5,632	56.02
56.03	BREAST IMAGING	0	122,516	0	128,576	56.03
57.00	CT SCAN	0	149,930	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	130,665	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	169,195	0	373,472	59.00
60.00	LABORATORY	0	391,005	0	249,923	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	615	64.00
65.00	RESPIRATORY THERAPY	0	136,883	0	45,117	65.00
66.00	PHYSICAL THERAPY	0	80,829	0	449	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	67.01
68.00	SPEECH PATHOLOGY	0	12,624	0	325	68.00
69.00	ELECTROCARDIOLOGY	0	235,847	0	96,096	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
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.02	CARDIAC CATH LAB	0	0	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	0	30,240	0	5,161	75.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

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Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW OOH	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
75.05 INPATIENT RENAL DIALYSIS	0	23,081	0	0	23,081	75.05
75.06 OP SURGERY	0	479,372	0	186,270	665,642	75.06
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	459,164	0	225,227	684,391	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	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)	0	11,652,962	0	3,370,076	15,023,038	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,079	0	0	58,079	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	17,497	17,497	192.00
192.01 GHP/WH	0	0	0	0	0	192.01
192.02 PHYSICIAN REFERRAL/DEVELOPMENT	0	15,921	0	9,133	25,054	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	11,726,962	0	3,396,706	15,123,668	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-OOH						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	324,119					4.00
5.00	ADMINISTRATIVE & GENERAL	29,068	1,186,727				5.00
6.00	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	OPERATION OF PLANT	1	97,659	0	1,860,491		7.00
8.00	LAUNDRY & LINEN SERVICE	0	5,909	0	0	5,909	8.00
9.00	HOUSEKEEPING	0	24,721	0	37,841	59	9.00
10.00	DIETARY	0	24,942	0	55,466	0	10.00
11.00	CAFETERIA	0	6,829	0	53,593	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	5,389	11,278	0	873	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,982	21,388	0	55,525	130	14.00
15.00	PHARMACY	14,382	38,025	0	45,472	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,895	11,161	0	28,327	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	476	21,735	0	12,957	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	85,055	190,510	0	551,867	2,069	30.00
31.00	INTENSIVE CARE UNIT	21,776	49,820	0	110,638	419	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
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	30,300	120,822	0	193,558	308	50.00
51.00	RECOVERY ROOM	6,991	15,282	0	30,386	177	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	11,197	25,396	0	3,953	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,567	42,966	0	93,660	183	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	3,402	15,497	0	28,052	148	56.00
56.01	PURCHASED SCAN	2,027	5,120	0	23,697	0	56.01
56.02	ULTRASOUND	2,991	6,464	0	15,017	148	56.02
56.03	BREAST IMAGING	2,138	6,831	0	25,512	177	56.03
57.00	CT SCAN	3,434	19,381	0	31,220	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,451	18,444	0	27,208	236	58.00
59.00	CARDIAC CATHETERIZATION	5,483	13,047	0	35,232	301	59.00
60.00	LABORATORY	14,398	55,372	0	81,419	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	2,874	7,109	0	0	0	64.00
65.00	RESPIRATORY THERAPY	7,496	17,738	0	28,503	0	65.00
66.00	PHYSICAL THERAPY	4,775	9,841	0	16,831	195	66.00
67.00	OCCUPATIONAL THERAPY	1,520	2,878	0	0	0	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00	SPEECH PATHOLOGY	440	961	0	2,629	0	68.00
69.00	ELECTROCARDIOLOGY	6,969	17,074	0	49,111	372	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,731	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	121,315	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	52,860	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02	CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	779	2,099	0	6,297	0	75.04
75.05	INPATIENT RENAL DIALYSIS	11	2,294	0	4,806	0	75.05
75.06	OP SURGERY	14,863	37,151	0	99,820	544	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description		EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	5.00	6.00	7.00	8.00	
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	17,188	42,088	0	95,612	443	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)	321,318	1,165,738	0	1,845,082	5,909	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	418	1,937	0	12,094	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	565	15,770	0	0	0	192.00
192.01	GHP/WH	0	0	0	0	0	192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	1,818	3,282	0	3,315	0	192.02
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	324,119	1,186,727	0	1,860,491	5,909	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140051			Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 3/27/2012 7:38 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		9.00	10.00	11.00	12.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01	NEW CAP REL COSTS-OOH							1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING	247,224						9.00
10.00	DIETARY	7,523	376,197					10.00
11.00	CAFETERIA	7,269	0	334,301				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0			12.00
13.00	NURSING ADMINISTRATION	118	0	5,284	0	115,937		13.00
14.00	CENTRAL SERVICES & SUPPLY	7,531	0	8,222	0	0		14.00
15.00	PHARMACY	6,168	0	12,942	0	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	3,842	0	6,469	0	0		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,757	0	92	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	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	74,856	271,086	108,349	0	83,238		30.00
31.00	INTENSIVE CARE UNIT	15,007	23,377	23,505	0	18,139		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
40.00	SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
43.00	NURSERY	0	0	0	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0	0	0		45.00
45.01	ICF/MR	0	0	0	0	0		45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	26,254	0	29,182	0	0		50.00
51.00	RECOVERY ROOM	4,122	0	6,619	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00	ANESTHESIOLOGY	536	0	3,667	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,704	0	18,935	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00	RADIOISOTOPE	3,805	0	3,730	0	0		56.00
56.01	PURCHASED SCAN	3,214	0	9,052	0	0		56.01
56.02	ULTRASOUND	2,037	0	2,350	0	0		56.02
56.03	BREAST IMAGING	3,460	0	2,389	0	0		56.03
57.00	CT SCAN	4,235	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,691	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	4,779	404	5,662	0	0		59.00
60.00	LABORATORY	11,044	0	20,984	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	2,618	0	0		64.00
65.00	RESPIRATORY THERAPY	3,866	1,138	9,421	0	0		65.00
66.00	PHYSICAL THERAPY	2,283	0	6,469	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	1,457	0	0		67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0		67.01
68.00	SPEECH PATHOLOGY	357	0	456	0	0		68.00
69.00	ELECTROCARDIOLOGY	6,661	1,239	7,212	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
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.02	CARDIAC CATH LAB	0	0	0	0	0		75.02
75.04	SPECIAL DIAGNOSTICS	854	0	947	0	0		75.04
75.05	INPATIENT RENAL DIALYSIS	652	32	0	0	0		75.05
75.06	OP SURGERY	13,540	5,951	16,886	0	0		75.06
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0		88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

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From 10/01/2010
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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
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	12,969	19,985	18,867	0	14,560	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)	245,134	323,212	331,766	0	115,937	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,640	0	728	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	1,321	0	0	192.00
192.01 GHP/WH	0	52,985	0	0	0	192.01
192.02 PHYSICIAN REFERRAL/DEVELOPMENT	450	0	486	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	247,224	376,197	334,301	0	115,937	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet B Part II Date/Time Prepared: 3/27/2012 7:38 pm
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-OOH						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	408,735					14.00
15.00	PHARMACY	2,596	338,418				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	190,610			16.00
17.00	SOCIAL SERVICE	0	0	0	0		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0		20.00
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	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	52,238	343	21,062	0		30.00
31.00	INTENSIVE CARE UNIT	20,589	99	4,706	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
40.00	SUBPROVIDER - I PF	0	0	0	0		40.00
41.00	SUBPROVIDER - I RF	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	0	0	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0	0		45.00
45.01	ICF/MR	0	0	0	0		45.01
46.00	OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	119,575	360	21,531	0		50.00
51.00	RECOVERY ROOM	4,213	11	3,988	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	ANESTHESIOLOGY	36,597	12,258	3,109	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	20,054	40	5,144	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	RADIOISOTOPE	1,794	635	5,534	0		56.00
56.01	PURCHASED SCAN	0	0	3,740	0		56.01
56.02	ULTRASOUND	479	2	1,805	0		56.02
56.03	BREAST IMAGING	1,435	17	1,079	0		56.03
57.00	CT SCAN	8,910	252	13,999	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,423	0	8,020	0		58.00
59.00	CARDIAC CATHETERIZATION	22,894	167	9,909	0		59.00
60.00	LABORATORY	25,699	21	14,237	0		60.00
60.01	BLOOD LABORATORY	0	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	9,505	0	435	0		64.00
65.00	RESPIRATORY THERAPY	11,375	52	3,092	0		65.00
66.00	PHYSICAL THERAPY	433	0	1,383	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	708	0		67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0		67.01
68.00	SPEECH PATHOLOGY	19	0	234	0		68.00
69.00	ELECTROCARDIOLOGY	3,659	0	6,658	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,204	0	7,938	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	18,630	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	323,821	12,930	0		73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.02	CARDIAC CATH LAB	0	0	0	0		75.02
75.04	SPECIAL DIAGNOSTICS	46	0	854	0		75.04
75.05	INPATIENT RENAL DIALYSIS	663	0	278	0		75.05
75.06	OP SURGERY	25,611	85	6,220	0		75.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

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Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	0	0	0		90.00
91.00	EMERGENCY	30,824	21	13,387	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)	406,835	338,184	190,610	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	861	10	0	0		192.00
192.01	GHP/WH	1,039	224	0	0		192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	0		192.02
193.00	NONPAID WORKERS	0	0	0	0		193.00
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	408,735	338,418	190,610	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
20.00	21.00	22.00	23.00	24.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-OOH						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
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
12.00 MAINTENANCE OF PERSONNEL						12.00
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
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL	0					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD		99,241				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			0			22.00
23.00 PARAMED PRGM				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS					4,305,647	30.00
31.00 INTENSIVE CARE UNIT					870,072	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
40.00 SUBPROVIDER - I PF					0	40.00
41.00 SUBPROVIDER - I RF					0	41.00
42.00 SUBPROVIDER					0	42.00
43.00 NURSERY					0	43.00
44.00 SKILLED NURSING FACILITY					0	44.00
45.00 NURSING FACILITY					0	45.00
45.01 ICF/MR					0	45.01
46.00 OTHER LONG TERM CARE					0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM					2,106,101	50.00
51.00 RECOVERY ROOM					220,570	51.00
52.00 DELIVERY ROOM & LABOR ROOM					0	52.00
53.00 ANESTHESIOLOGY					224,233	53.00
54.00 RADIOLOGY-DIAGNOSTIC					1,041,575	54.00
55.00 RADIOLOGY-THERAPEUTIC					0	55.00
56.00 RADIOISOTOPE					222,554	56.00
56.01 PURCHASED SCAN					171,784	56.01
56.02 ULTRASOUND					109,040	56.02
56.03 BREAST IMAGING					294,130	56.03
57.00 CT SCAN					231,361	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)					194,138	58.00
59.00 CARDIAC CATHETERIZATION					640,545	59.00
60.00 LABORATORY					864,102	60.00
60.01 BLOOD LABORATORY					0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS					0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.					0	63.00
64.00 INTRAVENOUS THERAPY					23,156	64.00
65.00 RESPIRATORY THERAPY					264,681	65.00
66.00 PHYSICAL THERAPY					123,488	66.00
67.00 OCCUPATIONAL THERAPY					6,563	67.00
67.01 OCCUPATIONAL THERAPY-PSYCH					0	67.01
68.00 SPEECH PATHOLOGY					18,045	68.00
69.00 ELECTROCARDIOLOGY					430,898	69.00
70.00 ELECTROENCEPHALOGRAPHY					0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS					16,873	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT					139,945	72.00
73.00 DRUGS CHARGED TO PATIENTS					389,611	73.00
75.00 ASC (NON-DISTINCT PART)					0	75.00
75.02 CARDIAC CATH LAB					0	75.02
75.04 SPECIAL DIAGNOSTICS					47,277	75.04
75.05 INPATIENT RENAL DIALYSIS					31,817	75.05
75.06 OP SURGERY					886,313	75.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	20.00	21.00	22.00	23.00	24.00	
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC				0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				0	89.00
90.00	CLINIC				0	90.00
91.00	EMERGENCY				950,335	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					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	14,824,854	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN				74,896	190.00
192.00	PHYSICIANS' PRIVATE OFFICES				36,024	192.00
192.01	GHP/WH				54,248	192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT				34,405	192.02
193.00	NONPAID WORKERS				0	193.00
200.00	Cross Foot Adjustments	0	99,241	0	99,241	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	99,241	0	15,123,668	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	NEW CAP REL COSTS-OOH			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
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
12.00	MAINTENANCE OF PERSONNEL			12.00
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
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
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			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	4,305,647	30.00
31.00	INTENSIVE CARE UNIT	0	870,072	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
40.00	SUBPROVIDER - I PF	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
45.01	ICF/MR	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	2,106,101	50.00
51.00	RECOVERY ROOM	0	220,570	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	224,233	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,041,575	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	222,554	56.00
56.01	PURCHASED SCAN	0	171,784	56.01
56.02	ULTRASOUND	0	109,040	56.02
56.03	BREAST IMAGING	0	294,130	56.03
57.00	CT SCAN	0	231,361	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	194,138	58.00
59.00	CARDIAC CATHETERIZATION	0	640,545	59.00
60.00	LABORATORY	0	864,102	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	23,156	64.00
65.00	RESPIRATORY THERAPY	0	264,681	65.00
66.00	PHYSICAL THERAPY	0	123,488	66.00
67.00	OCCUPATIONAL THERAPY	0	6,563	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	67.01
68.00	SPEECH PATHOLOGY	0	18,045	68.00
69.00	ELECTROCARDIOLOGY	0	430,898	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,873	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	139,945	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	389,611	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.02	CARDIAC CATH LAB	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	0	47,277	75.04
75.05	INPATIENT RENAL DIALYSIS	0	31,817	75.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
75.06	OP SURGERY	25.00	26.00	75.06
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	950,335	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	14,824,854	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	74,896	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	36,024	192.00
192.01	GHP/WH	0	54,248	192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	0	34,405	192.02
193.00	NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	99,241	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	15,123,668	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW OOH (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	248,962					1.00
1.01 NEW CAP REL COSTS-OOH	0	32,328				1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP			4,134,903			2.00
4.00 EMPLOYEE BENEFITS	6,881	0	0	50,930,317		4.00
5.00 ADMINISTRATIVE & GENERAL	15,415	6,915	525,350	4,567,506	-15,803,586	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	36,982	0	25,384	102	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	3,858	0	3,503	0	0	9.00
10.00 DIETARY	5,655	0	26,654	0	0	10.00
11.00 CAFETERIA	5,464	0	11,245	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	89	0	108,102	846,800	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	5,661	0	55,151	625,651	0	14.00
15.00 PHARMACY	4,636	0	562	2,259,930	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,888	0	1,072	612,078	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,321	0	0	74,822	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	56,265	0	261,361	13,365,692	0	30.00
31.00 INTENSIVE CARE UNIT	11,280	0	61,682	3,421,738	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
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	19,734	0	772,604	4,761,159	0	50.00
51.00 RECOVERY ROOM	3,098	0	3,475	1,098,489	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	403	0	132,125	1,759,351	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	9,549	0	466,883	2,288,949	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	2,860	0	30,727	534,530	0	56.00
56.01 PURCHASED SCAN	2,416	0	13,551	318,493	0	56.01
56.02 ULTRASOUND	1,531	0	6,856	469,921	0	56.02
56.03 BREAST IMAGING	2,601	0	156,519	335,957	0	56.03
57.00 CT SCAN	3,183	0	0	539,625	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,774	0	0	542,222	0	58.00
59.00 CARDIAC CATHETERIZATION	3,592	0	454,638	861,580	0	59.00
60.00 LABORATORY	8,301	0	304,238	2,262,377	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	749	451,610	0	64.00
65.00 RESPIRATORY THERAPY	2,906	0	54,922	1,177,930	0	65.00
66.00 PHYSICAL THERAPY	1,716	0	547	750,340	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	238,827	0	67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00 SPEECH PATHOLOGY	268	0	396	69,108	0	68.00
69.00 ELECTROCARDIOLOGY	5,007	0	116,980	1,095,084	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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 SPECIAL DIAGNOSTICS	642	0	6,283	122,473	0	75.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW OOH (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
75.05 INPATIENT RENAL DIALYSIS	490	0	0	1,667	0	75.05
75.06 OP SURGERY	10,177	0	226,752	2,335,434	0	75.06
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	9,748	0	274,175	2,700,742	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)	247,391	6,915	4,102,486	50,490,187	-15,803,586	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,233	0	0	65,631	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	25,413	21,299	88,826	0	192.00
192.01 GHP/WH	0	0	0	0	0	192.01
192.02 PHYSICIAN REFERRAL/DEVELOPMENT	338	0	11,118	285,673	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	11,726,962	0	3,396,706	585,183		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	47.103421	0.000000	0.821472	0.011490		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				324,119		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.006364		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-OOH						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	128,634,263					5.00
6.00 MAINTENANCE & REPAIRS	0	0				6.00
7.00 OPERATION OF PLANT	10,585,219	0	189,684			7.00
8.00 LAUNDRY & LINEN SERVICE	640,461	0	0	21,559		8.00
9.00 HOUSEKEEPING	2,679,491	0	3,858	216	185,826	9.00
10.00 DIETARY	2,703,430	0	5,655	0	5,655	10.00
11.00 CAFETERIA	740,198	0	5,464	0	5,464	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,222,416	0	89	0	89	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,318,282	0	5,661	474	5,661	14.00
15.00 PHARMACY	4,121,511	0	4,636	0	4,636	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,209,708	0	2,888	0	2,888	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	2,355,816	0	1,321	0	1,321	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	20,654,904	0	56,265	7,546	56,265	30.00
31.00 INTENSIVE CARE UNIT	5,400,002	0	11,280	1,529	11,280	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
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	13,095,846	0	19,734	1,123	19,734	50.00
51.00 RECOVERY ROOM	1,656,368	0	3,098	647	3,098	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	2,752,666	0	403	0	403	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,657,054	0	9,549	668	9,549	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	1,679,662	0	2,860	539	2,860	56.00
56.01 PURCHASED SCAN	554,981	0	2,416	0	2,416	56.01
56.02 ULTRASOUND	700,604	0	1,531	539	1,531	56.02
56.03 BREAST IMAGING	740,453	0	2,601	647	2,601	56.03
57.00 CT SCAN	2,100,645	0	3,183	0	3,183	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,999,156	0	2,774	862	2,774	58.00
59.00 CARDIAC CATHETERIZATION	1,414,147	0	3,592	1,100	3,592	59.00
60.00 LABORATORY	6,001,778	0	8,301	0	8,301	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	770,489	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,922,559	0	2,906	0	2,906	65.00
66.00 PHYSICAL THERAPY	1,066,663	0	1,716	711	1,716	66.00
67.00 OCCUPATIONAL THERAPY	311,953	0	0	0	0	67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00 SPEECH PATHOLOGY	104,155	0	268	0	268	68.00
69.00 ELECTROCARDIOLOGY	1,850,630	0	5,007	1,358	5,007	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	404,389	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	13,149,285	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	5,729,461	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 SPECIAL DIAGNOSTICS	227,459	0	642	0	642	75.04
75.05 INPATIENT RENAL DIALYSIS	248,601	0	490	0	490	75.05
75.06 OP SURGERY	4,026,791	0	10,177	1,983	10,177	75.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.00	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	4,561,935	0	9,748	1,617	9,748	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)	126,359,168	0	188,113	21,559	184,255	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	209,974	0	1,233	0	1,233	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,709,348	0	0	0	0	192.00
192.01	GHP/WH	53	0	0	0	0	192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	355,720	0	338	0	338	192.02
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	15,803,586	0	11,885,687	719,146	3,257,634	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.122857	0.000000	62.660462	33.357113	17.530561	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,186,727	0	1,860,491	5,909	247,224	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009226	0.000000	9.808371	0.274085	1.330406	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-OOH						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	130,223					10.00
11.00 CAFETERIA	0	68,838				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	1,088	0	30,936		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,693	0	0	3,125,224	14.00
15.00 PHARMACY	0	2,665	0	0	19,851	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,332	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	19	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	93,838	22,311	0	22,211	399,416	30.00
31.00 INTENSIVE CARE UNIT	8,092	4,840	0	4,840	157,422	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
40.00 SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - 1RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	6,009	0	0	914,283	50.00
51.00 RECOVERY ROOM	0	1,363	0	0	32,214	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	755	0	0	279,823	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,899	0	0	153,332	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	768	0	0	13,719	56.00
56.01 PURCHASED SCAN	0	1,864	0	0	0	56.01
56.02 ULTRASOUND	0	484	0	0	3,665	56.02
56.03 BREAST IMAGING	0	492	0	0	10,969	56.03
57.00 CT SCAN	0	0	0	0	68,129	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	18,529	58.00
59.00 CARDIAC CATHETERIZATION	140	1,166	0	0	175,048	59.00
60.00 LABORATORY	0	4,321	0	0	196,496	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	539	0	0	72,676	64.00
65.00 RESPIRATORY THERAPY	394	1,940	0	0	86,976	65.00
66.00 PHYSICAL THERAPY	0	1,332	0	0	3,311	66.00
67.00 OCCUPATIONAL THERAPY	0	300	0	0	0	67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00 SPEECH PATHOLOGY	0	94	0	0	142	68.00
69.00 ELECTROCARDIOLOGY	429	1,485	0	0	27,977	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	39,787	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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 SPECIAL DIAGNOSTICS	0	195	0	0	353	75.04
75.05 INPATIENT RENAL DIALYSIS	11	0	0	0	5,073	75.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
75.06	OP SURGERY	2,060	3,477	0	0	195,824	75.06
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	6,918	3,885	0	3,885	235,683	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)	111,882	68,316	0	30,936	3,110,698	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	150	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	272	0	0	6,583	192.00
192.01	GHP/WH	18,341	0	0	0	7,943	192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	0	100	0	0	0	192.02
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,489,045	1,269,301	0	1,399,797	3,104,089	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26.792848	18.438958	0.000000	45.248157	0.993237	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	376,197	334,301	0	115,937	408,735	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.888868	4.856344	0.000000	3.747640	0.130786	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-OOH						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	6,858,248					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	505,138,544				16.00
17.00	SOCIAL SERVICE	0	0	8,320			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,950	55,868,228	5,120		0	30.00
31.00	INTENSIVE CARE UNIT	2,001	12,483,039	1,040		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
40.00	SUBPROVIDER - IPF	0	0	0		0	40.00
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
44.00	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	NURSING FACILITY	0	0	0		0	45.00
45.01	ICF/MR	0	0	0		0	45.01
46.00	OTHER LONG TERM CARE	0	0	0		0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,299	56,656,956	2,080	0	0	50.00
51.00	RECOVERY ROOM	216	10,579,444	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	248,416	8,246,576	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	803	13,643,272	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	12,861	14,677,964	0	0	0	56.00
56.01	PURCHASED SCAN	0	9,919,963	0	0	0	56.01
56.02	ULTRASOUND	41	4,788,622	0	0	0	56.02
56.03	BREAST IMAGING	354	2,862,423	0	0	0	56.03
57.00	CT SCAN	5,116	37,131,386	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	21,273,553	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	3,383	26,284,197	0	0	0	59.00
60.00	LABORATORY	421	37,763,241	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	1,152,895	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,061	8,202,140	0	0	0	65.00
66.00	PHYSICAL THERAPY	8	3,668,721	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	1,877,488	0	0	0	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00	SPEECH PATHOLOGY	0	620,642	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	17,659,179	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,054,573	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	49,417,407	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,562,423	34,296,166	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02	CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	0	2,264,928	0	0	0	75.04
75.05	INPATIENT RENAL DIALYSIS	0	738,326	0	0	0	75.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
75.06	OP SURGERY	1,718	16,497,503	30	0	0	75.06
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	430	35,509,712	50	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)	6,853,501	505,138,544	8,320	0	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	208	0	0	0	0	192.00
192.01	GHP/WH	4,539	0	0	0	0	192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	0	0	192.02
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	5,068,490	1,614,481	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.739036	0.003196	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	338,418	190,610	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.049345	0.000377	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 NEW CAP REL COSTS-OOH					1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
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
12.00 MAINTENANCE OF PERSONNEL					12.00
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
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	2,475				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 PARAMED PRGM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	1,113	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0		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
40.00 SUBPROVIDER - I PF	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0		45.00
45.01 ICF/MR	0	0	0		45.01
46.00 OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	744	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	459	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	95	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 PURCHASED SCAN	0	0	0		56.01
56.02 ULTRASOUND	0	0	0		56.02
56.03 BREAST IMAGING	0	0	0		56.03
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	8	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	56	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0		67.01
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
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.02 CARDIAC CATH LAB	0	0	0		75.02
75.04 SPECIAL DIAGNOSTICS	0	0	0		75.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
75.05 INPATIENT RENAL DIALYSIS	0	0	0		75.05
75.06 OP SURGERY	0	0	0		75.06
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)					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)	2,475	0	0		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 GHP/WH	0	0	0		192.01
192.02 PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0		192.02
193.00 NONPAID WORKERS	0	0	0		193.00
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)	2,751,526	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,111.727677	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	99,241	0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	40.097374	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/27/2012 7:38 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		32,467,126	0	32,467,126	30.00	
31.00	INTENSIVE CARE UNIT		7,741,774	0	7,741,774	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	
40.00	SUBPROVIDER - 1PF		0	0	0	40.00	
41.00	SUBPROVIDER - 1RF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		0	0	0	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
45.01	ICF/MR		0	0	0	45.01	
46.00	OTHER LONG TERM CARE		0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		17,530,140	0	17,530,140	50.00	
51.00	RECOVERY ROOM		2,220,978	0	2,220,978	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00	
53.00	ANESTHESIOLOGY		3,624,963	0	3,624,963	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		6,285,618	0	6,285,618	54.00	
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	RADIOISOTOPE		2,217,548	0	2,217,548	56.00	
56.01	PURCHASED SCAN		882,980	0	882,980	56.01	
56.02	ULTRASOUND		955,327	0	955,327	56.02	
56.03	BREAST IMAGING		1,090,959	0	1,090,959	56.03	
57.00	CT SCAN		2,804,093	0	2,804,093	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		2,582,364	0	2,582,364	58.00	
59.00	CARDIAC CATHETERIZATION		2,198,243	0	2,198,243	59.00	
60.00	LABORATORY		7,800,647	0	7,800,647	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
64.00	INTRAVENOUS THERAPY		950,957	0	950,957	64.00	
65.00	RESPIRATORY THERAPY	0	2,551,508	0	2,551,508	65.00	
66.00	PHYSICAL THERAPY	0	1,398,615	0	1,398,615	66.00	
67.00	OCCUPATIONAL THERAPY	0	361,811	0	361,811	67.00	
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	67.01	
68.00	SPEECH PATHOLOGY	0	142,300	0	142,300	68.00	
69.00	ELECTROCARDIOLOGY		2,647,912	0	2,647,912	69.00	
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		560,879	0	560,879	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		14,922,705	0	14,922,705	72.00	
73.00	DRUGS CHARGED TO PATIENTS		11,392,841	0	11,392,841	73.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.02	CARDIAC CATH LAB		0	0	0	75.02	
75.04	SPECIAL DIAGNOSTICS		318,073	0	318,073	75.04	
75.05	INPATIENT RENAL DIALYSIS		326,131	0	326,131	75.05	
75.06	OP SURGERY		5,771,563	0	5,771,563	75.06	
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		6,738,714	0	6,738,714	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,976,508	0	2,976,508	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)		141,463,277	0	141,463,277	200.00	
201.00	Less Observation Beds		2,976,508	0	2,976,508	201.00	
202.00	Total (see instructions)		138,486,769	0	138,486,769	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/27/2012 7:38 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	52,143,871		52,143,871			30.00
31.00	INTENSIVE CARE UNIT	12,483,039		12,483,039			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
40.00	SUBPROVIDER - I PF	0		0			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	0		0			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
45.01	ICF/MR	0		0			45.01
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	28,303,941	28,353,015	56,656,956	0.309408	0.000000	50.00
51.00	RECOVERY ROOM	5,104,401	5,475,043	10,579,444	0.209933	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	4,504,471	3,742,105	8,246,576	0.439572	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,654,879	6,988,393	13,643,272	0.460712	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	3,491,931	11,186,033	14,677,964	0.151080	0.000000	56.00
56.01	PURCHASED SCAN	2,058,040	7,861,923	9,919,963	0.089010	0.000000	56.01
56.02	ULTRASOUND	836,127	3,952,495	4,788,622	0.199499	0.000000	56.02
56.03	BREAST IMAGING	22,765	2,839,658	2,862,423	0.381131	0.000000	56.03
57.00	CT SCAN	12,179,447	24,951,939	37,131,386	0.075518	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,451,301	17,822,252	21,273,553	0.121388	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	16,122,742	10,161,455	26,284,197	0.083634	0.000000	59.00
60.00	LABORATORY	28,308,407	9,454,834	37,763,241	0.206567	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	1,138,791	14,104	1,152,895	0.824843	0.000000	64.00
65.00	RESPIRATORY THERAPY	5,794,749	2,407,391	8,202,140	0.311078	0.000000	65.00
66.00	PHYSICAL THERAPY	3,565,316	103,405	3,668,721	0.381227	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	1,826,184	51,304	1,877,488	0.192710	0.000000	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0.000000	0.000000	67.01
68.00	SPEECH PATHOLOGY	565,811	54,831	620,642	0.229279	0.000000	68.00
69.00	ELECTROCARDIOLOGY	7,045,267	10,613,912	17,659,179	0.149945	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,759,285	7,295,288	21,054,573	0.026639	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	42,370,246	7,047,161	49,417,407	0.301973	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	22,846,227	11,449,939	34,296,166	0.332190	0.000000	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.02	CARDIAC CATH LAB	0	0	0	0.000000	0.000000	75.02
75.04	SPECIAL DIAGNOSTICS	311,434	1,953,494	2,264,928	0.140434	0.000000	75.04
75.05	INPATIENT RENAL DIALYSIS	724,781	13,545	738,326	0.441717	0.000000	75.05
75.06	OP SURGERY	1,761,827	14,735,676	16,497,503	0.349845	0.000000	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	EMERGENCY	15,164,993	20,344,719	35,509,712	0.189771	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	979,065	2,745,292	3,724,357	0.799201	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)	293,519,338	211,619,206	505,138,544			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	293,519,338	211,619,206	505,138,544			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
45.01	ICF/MR				45.01
46.00	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.309408			50.00
51.00	RECOVERY ROOM	0.209933			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.439572			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.460712			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.151080			56.00
56.01	PURCHASED SCAN	0.089010			56.01
56.02	ULTRASOUND	0.199499			56.02
56.03	BREAST IMAGING	0.381131			56.03
57.00	CT SCAN	0.075518			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.121388			58.00
59.00	CARDIAC CATHETERIZATION	0.083634			59.00
60.00	LABORATORY	0.206567			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	INTRAVENOUS THERAPY	0.824843			64.00
65.00	RESPIRATORY THERAPY	0.311078			65.00
66.00	PHYSICAL THERAPY	0.381227			66.00
67.00	OCCUPATIONAL THERAPY	0.192710			67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0.000000			67.01
68.00	SPEECH PATHOLOGY	0.229279			68.00
69.00	ELECTROCARDIOLOGY	0.149945			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.026639			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.301973			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.332190			73.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
75.02	CARDIAC CATH LAB	0.000000			75.02
75.04	SPECIAL DIAGNOSTICS	0.140434			75.04
75.05	INPATIENT RENAL DIALYSIS	0.441717			75.05
75.06	OP SURGERY	0.349845			75.06
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.189771			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.799201			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: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/27/2012 7:38 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		32,467,126	0	0	30.00	
31.00	INTENSIVE CARE UNIT		7,741,774	0	0	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	
40.00	SUBPROVIDER - I PF		0	0	0	40.00	
41.00	SUBPROVIDER - I RF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		0	0	0	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
45.01	ICF/MR		0	0	0	45.01	
46.00	OTHER LONG TERM CARE		0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		17,530,140	0	0	50.00	
51.00	RECOVERY ROOM		2,220,978	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00	
53.00	ANESTHESIOLOGY		3,624,963	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		6,285,618	0	0	54.00	
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	RADIOISOTOPE		2,217,548	0	0	56.00	
56.01	PURCHASED SCAN		882,980	0	0	56.01	
56.02	ULTRASOUND		955,327	0	0	56.02	
56.03	BREAST IMAGING		1,090,959	0	0	56.03	
57.00	CT SCAN		2,804,093	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		2,582,364	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		2,198,243	0	0	59.00	
60.00	LABORATORY		7,800,647	0	0	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
64.00	INTRAVENOUS THERAPY		950,957	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	2,551,508	0	0	65.00	
66.00	PHYSICAL THERAPY	0	1,398,615	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	361,811	0	0	67.00	
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	67.01	
68.00	SPEECH PATHOLOGY	0	142,300	0	0	68.00	
69.00	ELECTROCARDIOLOGY		2,647,912	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		560,879	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		14,922,705	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		11,392,841	0	0	73.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.02	CARDIAC CATH LAB		0	0	0	75.02	
75.04	SPECIAL DIAGNOSTICS		318,073	0	0	75.04	
75.05	INPATIENT RENAL DIALYSIS		326,131	0	0	75.05	
75.06	OP SURGERY		5,771,563	0	0	75.06	
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		6,738,714	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,976,508	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)		141,463,277	0	0	200.00	
201.00	Less Observation Beds		2,976,508	0	0	201.00	
202.00	Total (see instructions)		138,486,769	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/27/2012 7:38 pm

		Title XIX			Hospital	Cost
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	52,143,871		52,143,871		30.00
31.00	INTENSIVE CARE UNIT	12,483,039		12,483,039		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
40.00	SUBPROVIDER - I PF	0		0		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	0		0		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
45.01	ICF/MR	0		0		45.01
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	28,303,941	28,353,015	56,656,956	0.309408	50.00
51.00	RECOVERY ROOM	5,104,401	5,475,043	10,579,444	0.209933	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	4,504,471	3,742,105	8,246,576	0.439572	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,654,879	6,988,393	13,643,272	0.460712	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	3,491,931	11,186,033	14,677,964	0.151080	56.00
56.01	PURCHASED SCAN	2,058,040	7,861,923	9,919,963	0.089010	56.01
56.02	ULTRASOUND	836,127	3,952,495	4,788,622	0.199499	56.02
56.03	BREAST IMAGING	22,765	2,839,658	2,862,423	0.381131	56.03
57.00	CT SCAN	12,179,447	24,951,939	37,131,386	0.075518	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,451,301	17,822,252	21,273,553	0.121388	58.00
59.00	CARDIAC CATHETERIZATION	16,122,742	10,161,455	26,284,197	0.083634	59.00
60.00	LABORATORY	28,308,407	9,454,834	37,763,241	0.206567	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	1,138,791	14,104	1,152,895	0.824843	64.00
65.00	RESPIRATORY THERAPY	5,794,749	2,407,391	8,202,140	0.311078	65.00
66.00	PHYSICAL THERAPY	3,565,316	103,405	3,668,721	0.381227	66.00
67.00	OCCUPATIONAL THERAPY	1,826,184	51,304	1,877,488	0.192710	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0.000000	67.01
68.00	SPEECH PATHOLOGY	565,811	54,831	620,642	0.229279	68.00
69.00	ELECTROCARDIOLOGY	7,045,267	10,613,912	17,659,179	0.149945	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,759,285	7,295,288	21,054,573	0.026639	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	42,370,246	7,047,161	49,417,407	0.301973	72.00
73.00	DRUGS CHARGED TO PATIENTS	22,846,227	11,449,939	34,296,166	0.332190	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.02	CARDIAC CATH LAB	0	0	0	0.000000	75.02
75.04	SPECIAL DIAGNOSTICS	311,434	1,953,494	2,264,928	0.140434	75.04
75.05	INPATIENT RENAL DIALYSIS	724,781	13,545	738,326	0.441717	75.05
75.06	OP SURGERY	1,761,827	14,735,676	16,497,503	0.349845	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
91.00	EMERGENCY	15,164,993	20,344,719	35,509,712	0.189771	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	979,065	2,745,292	3,724,357	0.799201	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)	293,519,338	211,619,206	505,138,544		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	293,519,338	211,619,206	505,138,544		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
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
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
45.01	ICF/MR				45.01
46.00	OTHER LONG TERM CARE				46.00
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
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
56.01	PURCHASED SCAN	0.000000			56.01
56.02	ULTRASOUND	0.000000			56.02
56.03	BREAST IMAGING	0.000000			56.03
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
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0.000000			67.01
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
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
75.02	CARDIAC CATH LAB	0.000000			75.02
75.04	SPECIAL DIAGNOSTICS	0.000000			75.04
75.05	INPATIENT RENAL DIALYSIS	0.000000			75.05
75.06	OP SURGERY	0.000000			75.06
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: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part I
Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,305,647	0	4,305,647	34,774	123.82	30.00
31.00	INTENSIVE CARE UNIT	870,072		870,072	4,037	215.52	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
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
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	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (Lines 30-199)	5,175,719		5,175,719	38,811		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part I Date/Time Prepared: 3/27/2012 7:38 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	20,053	2,482,962	30.00
31.00 INTENSIVE CARE UNIT	2,148	462,937	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
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
45.01 ICF/MR	0	0	45.01
200.00 Total (Lines 30-199)	22,201	2,945,899	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part II Date/Time Prepared: 3/27/2012 7:38 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	2,106,101	56,656,956	0.037173	13,836,544	514,346	50.00
51.00	RECOVERY ROOM	220,570	10,579,444	0.020849	2,509,445	52,319	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	224,233	8,246,576	0.027191	2,299,535	62,527	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,041,575	13,643,272	0.076343	5,550,187	423,718	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	222,554	14,677,964	0.015162	2,338,413	35,455	56.00
56.01	PURCHASED SCAN	171,784	9,919,963	0.017317	0	0	56.01
56.02	ULTRASOUND	109,040	4,788,622	0.022771	537,775	12,246	56.02
56.03	BREAST IMAGING	294,130	2,862,423	0.102756	13,322	1,369	56.03
57.00	CT SCAN	231,361	37,131,386	0.006231	7,912,926	49,305	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	194,138	21,273,553	0.009126	2,083,966	19,018	58.00
59.00	CARDIAC CATHETERIZATION	640,545	26,284,197	0.024370	9,810,379	239,079	59.00
60.00	LABORATORY	864,102	37,763,241	0.022882	19,136,778	437,888	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	23,156	1,152,895	0.020085	0	0	64.00
65.00	RESPIRATORY THERAPY	264,681	8,202,140	0.032270	3,808,120	122,888	65.00
66.00	PHYSICAL THERAPY	123,488	3,668,721	0.033660	2,350,913	79,132	66.00
67.00	OCCUPATIONAL THERAPY	6,563	1,877,488	0.003496	1,167,506	4,082	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0.000000	0	0	67.01
68.00	SPEECH PATHOLOGY	18,045	620,642	0.029075	436,163	12,681	68.00
69.00	ELECTROCARDIOLOGY	430,898	17,659,179	0.024401	5,966,046	145,577	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,873	21,054,573	0.000801	227,186	182	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	139,945	49,417,407	0.002832	29,819,144	84,448	72.00
73.00	DRUGS CHARGED TO PATIENTS	389,611	34,296,166	0.011360	14,517,824	164,922	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.02	CARDIAC CATH LAB	0	0	0.000000	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	47,277	2,264,928	0.020874	149,367	3,118	75.04
75.05	INPATIENT RENAL DIALYSIS	31,817	738,326	0.043093	535,200	23,063	75.05
75.06	OP SURGERY	886,313	16,497,503	0.053724	1,225,585	65,843	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	950,335	35,509,712	0.026763	10,194,521	272,836	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	394,733	3,724,357	0.105987	0	0	92.00
200.00	Total (lines 50-199)	10,043,868	440,511,634		136,426,845	2,826,042	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140051		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part III Date/Time Prepared: 3/27/2012 7:38 pm	
Cost Center Description		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
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part III Date/Time Prepared: 3/27/2012 7:38 pm
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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)	Hospital		PSA Adj. Nursing School	
						PPS		
	6.00	7.00	8.00	9.00		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 ADULTS & PEDIATRICS	34,774	0.00	20,053	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	4,037	0.00	2,148	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	0	0	42.00
43.00 NURSERY	0	0.00	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	0	0	45.00
45.01 ICF/MR	0	0.00	0	0	0	0	0	45.01
200.00 Total (lines 30-199)	38,811		22,201	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part III Date/Time Prepared: 3/27/2012 7:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
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
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
45.01 ICF/MR	0	0		45.01
200.00 Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/27/2012 7:38 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 PURCHASED SCAN	0	0	0	0	0	56.01
56.02 ULTRASOUND	0	0	0	0	0	56.02
56.03 BREAST IMAGING	0	0	0	0	0	56.03
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
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 SPECIAL DIAGNOSTICS	0	0	0	0	0	75.04
75.05 INPATIENT RENAL DIALYSIS	0	0	0	0	0	75.05
75.06 OP SURGERY	0	0	0	0	0	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/27/2012 7:38 pm
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Cost Center Description	Title XVIII					
	Hospital			PPS		
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	56,656,956	0.000000	0.000000	13,836,544	50.00
51.00 RECOVERY ROOM	0	10,579,444	0.000000	0.000000	2,509,445	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	8,246,576	0.000000	0.000000	2,299,535	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	13,643,272	0.000000	0.000000	5,550,187	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	14,677,964	0.000000	0.000000	2,338,413	56.00
56.01 PURCHASED SCAN	0	9,919,963	0.000000	0.000000	0	56.01
56.02 ULTRASOUND	0	4,788,622	0.000000	0.000000	537,775	56.02
56.03 BREAST IMAGING	0	2,862,423	0.000000	0.000000	13,322	56.03
57.00 CT SCAN	0	37,131,386	0.000000	0.000000	7,912,926	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	21,273,553	0.000000	0.000000	2,083,966	58.00
59.00 CARDIAC CATHETERIZATION	0	26,284,197	0.000000	0.000000	9,810,379	59.00
60.00 LABORATORY	0	37,763,241	0.000000	0.000000	19,136,778	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	1,152,895	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	8,202,140	0.000000	0.000000	3,808,120	65.00
66.00 PHYSICAL THERAPY	0	3,668,721	0.000000	0.000000	2,350,913	66.00
67.00 OCCUPATIONAL THERAPY	0	1,877,488	0.000000	0.000000	1,167,506	67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0.000000	0.000000	0	67.01
68.00 SPEECH PATHOLOGY	0	620,642	0.000000	0.000000	436,163	68.00
69.00 ELECTROCARDIOLOGY	0	17,659,179	0.000000	0.000000	5,966,046	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,054,573	0.000000	0.000000	227,186	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	49,417,407	0.000000	0.000000	29,819,144	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	34,296,166	0.000000	0.000000	14,517,824	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.02 CARDIAC CATH LAB	0	0	0.000000	0.000000	0	75.02
75.04 SPECIAL DIAGNOSTICS	0	2,264,928	0.000000	0.000000	149,367	75.04
75.05 INPATIENT RENAL DIALYSIS	0	738,326	0.000000	0.000000	535,200	75.05
75.06 OP SURGERY	0	16,497,503	0.000000	0.000000	1,225,585	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	35,509,712	0.000000	0.000000	10,194,521	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,724,357	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	440,511,634			136,426,845	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/27/2012 7:38 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	9,819,008	0	0	0	50.00
51.00 RECOVERY ROOM	0	1,350,432	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	1,260,593	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	6,926,552	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	5,821,577	0	0	0	56.00
56.01 PURCHASED SCAN	0	0	0	0	0	56.01
56.02 ULTRASOUND	0	1,121,546	0	0	0	56.02
56.03 BREAST IMAGING	0	1,106,923	0	0	0	56.03
57.00 CT SCAN	0	11,698,497	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	6,738,054	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	5,797,204	0	0	0	59.00
60.00 LABORATORY	0	4,331,587	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	12,674	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	1,333,321	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	54,170	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	19,878	0	0	0	67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00 SPEECH PATHOLOGY	0	37,309	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	4,379,019	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,535	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	6,900,205	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,715,613	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 SPECIAL DIAGNOSTICS	0	665,767	0	0	0	75.04
75.05 INPATIENT RENAL DIALYSIS	0	7,421	0	0	0	75.05
75.06 OP SURGERY	0	5,802,118	0	0	0	75.06
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	6,202,280	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	87,112,283	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/27/2012 7:38 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
56.01 PURCHASED SCAN	0	0		56.01
56.02 ULTRASOUND	0	0		56.02
56.03 BREAST IMAGING	0	0		56.03
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0		67.01
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
75.02 CARDIAC CATH LAB	0	0		75.02
75.04 SPECIAL DIAGNOSTICS	0	0		75.04
75.05 INPATIENT RENAL DIALYSIS	0	0		75.05
75.06 OP SURGERY	0	0		75.06
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/27/2012 7:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.309408	9,819,008	0	0	50.00
51.00	RECOVERY ROOM	0.209933	1,350,432	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.439572	1,260,593	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.460712	6,926,552	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.151080	5,821,577	0	0	56.00
56.01	PURCHASED SCAN	0.089010	0	0	0	56.01
56.02	ULTRASOUND	0.199499	1,121,546	0	0	56.02
56.03	BREAST IMAGING	0.381131	1,106,923	0	0	56.03
57.00	CT SCAN	0.075518	11,698,497	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.121388	6,738,054	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.083634	5,797,204	0	0	59.00
60.00	LABORATORY	0.206567	4,331,587	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.824843	12,674	0	0	64.00
65.00	RESPIRATORY THERAPY	0.311078	1,333,321	0	0	65.00
66.00	PHYSICAL THERAPY	0.381227	54,170	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.192710	19,878	0	0	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0.000000	0	0	0	67.01
68.00	SPEECH PATHOLOGY	0.229279	37,309	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.149945	4,379,019	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.026639	10,535	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.301973	6,900,205	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.332190	5,715,613	0	15,923	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.02	CARDIAC CATH LAB	0.000000	0	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	0.140434	665,767	0	0	75.04
75.05	INPATIENT RENAL DIALYSIS	0.441717	7,421	0	0	75.05
75.06	OP SURGERY	0.349845	5,802,118	0	0	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
91.00	EMERGENCY	0.189771	6,202,280	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.799201	0	0	0	92.00
200.00	Subtotal (see instructions)		87,112,283	0	15,923	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		87,112,283	0	15,923	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/27/2012 7:38 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	3,038,080	0	0		50.00
51.00 RECOVERY ROOM	283,500	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	554,121	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,191,146	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	879,524	0	0		56.00
56.01 PURCHASED SCAN	0	0	0		56.01
56.02 ULTRASOUND	223,747	0	0		56.02
56.03 BREAST IMAGING	421,883	0	0		56.03
57.00 CT SCAN	883,447	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	817,919	0	0		58.00
59.00 CARDIAC CATHETERIZATION	484,843	0	0		59.00
60.00 LABORATORY	894,763	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	10,454	0	0		64.00
65.00 RESPIRATORY THERAPY	414,767	0	0		65.00
66.00 PHYSICAL THERAPY	20,651	0	0		66.00
67.00 OCCUPATIONAL THERAPY	3,831	0	0		67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0		67.01
68.00 SPEECH PATHOLOGY	8,554	0	0		68.00
69.00 ELECTROCARDIOLOGY	656,612	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	281	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,083,676	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,898,669	0	5,289		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.02 CARDIAC CATH LAB	0	0	0		75.02
75.04 SPECIAL DIAGNOSTICS	93,496	0	0		75.04
75.05 INPATIENT RENAL DIALYSIS	3,278	0	0		75.05
75.06 OP SURGERY	2,029,842	0	0		75.06
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	1,177,013	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	20,074,097	0	5,289		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	20,074,097	0	5,289		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140051		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part II Date/Time Prepared: 3/27/2012 7:38 pm	
		Title XVIII		Subprovider - IPF			
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,106,101	56,656,956	0.037173	0	0	50.00
51.00	RECOVERY ROOM	220,570	10,579,444	0.020849	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	224,233	8,246,576	0.027191	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,041,575	13,643,272	0.076343	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	222,554	14,677,964	0.015162	0	0	56.00
56.01	PURCHASED SCAN	171,784	9,919,963	0.017317	0	0	56.01
56.02	ULTRASOUND	109,040	4,788,622	0.022771	0	0	56.02
56.03	BREAST IMAGING	294,130	2,862,423	0.102756	0	0	56.03
57.00	CT SCAN	231,361	37,131,386	0.006231	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	194,138	21,273,553	0.009126	0	0	58.00
59.00	CARDIAC CATHETERIZATION	640,545	26,284,197	0.024370	0	0	59.00
60.00	LABORATORY	864,102	37,763,241	0.022882	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	23,156	1,152,895	0.020085	0	0	64.00
65.00	RESPIRATORY THERAPY	264,681	8,202,140	0.032270	0	0	65.00
66.00	PHYSICAL THERAPY	123,488	3,668,721	0.033660	0	0	66.00
67.00	OCCUPATIONAL THERAPY	6,563	1,877,488	0.003496	0	0	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0	0	0.000000	0	0	67.01
68.00	SPEECH PATHOLOGY	18,045	620,642	0.029075	0	0	68.00
69.00	ELECTROCARDIOLOGY	430,898	17,659,179	0.024401	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,873	21,054,573	0.000801	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	139,945	49,417,407	0.002832	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	389,611	34,296,166	0.011360	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.02	CARDIAC CATH LAB	0	0	0.000000	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	47,277	2,264,928	0.020874	0	0	75.04
75.05	INPATIENT RENAL DIALYSIS	31,817	738,326	0.043093	0	0	75.05
75.06	OP SURGERY	886,313	16,497,503	0.053724	0	0	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	950,335	35,509,712	0.026763	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	394,733	3,724,357	0.105987	0	0	92.00
200.00	Total (Lines 50-199)	10,043,868	440,511,634		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/27/2012 7:38 pm
	Component CCN:	Title XVIII	Subprovider - IPF

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 PURCHASED SCAN	0	0	0	0	0	56.01
56.02 ULTRASOUND	0	0	0	0	0	56.02
56.03 BREAST IMAGING	0	0	0	0	0	56.03
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
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 SPECIAL DIAGNOSTICS	0	0	0	0	0	75.04
75.05 INPATIENT RENAL DIALYSIS	0	0	0	0	0	75.05
75.06 OP SURGERY	0	0	0	0	0	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/27/2012 7:38 pm
	Component CCN:	Title XVIII	Subprovider - IPF

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	56,656,956	0.000000	0.000000	0 50.00
51.00 RECOVERY ROOM	0	10,579,444	0.000000	0.000000	0 51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0 52.00
53.00 ANESTHESIOLOGY	0	8,246,576	0.000000	0.000000	0 53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	13,643,272	0.000000	0.000000	0 54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0 55.00
56.00 RADIOISOTOPE	0	14,677,964	0.000000	0.000000	0 56.00
56.01 PURCHASED SCAN	0	9,919,963	0.000000	0.000000	0 56.01
56.02 ULTRASOUND	0	4,788,622	0.000000	0.000000	0 56.02
56.03 BREAST IMAGING	0	2,862,423	0.000000	0.000000	0 56.03
57.00 CT SCAN	0	37,131,386	0.000000	0.000000	0 57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	21,273,553	0.000000	0.000000	0 58.00
59.00 CARDIAC CATHETERIZATION	0	26,284,197	0.000000	0.000000	0 59.00
60.00 LABORATORY	0	37,763,241	0.000000	0.000000	0 60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0 61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0 62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0 63.00
64.00 INTRAVENOUS THERAPY	0	1,152,895	0.000000	0.000000	0 64.00
65.00 RESPIRATORY THERAPY	0	8,202,140	0.000000	0.000000	0 65.00
66.00 PHYSICAL THERAPY	0	3,668,721	0.000000	0.000000	0 66.00
67.00 OCCUPATIONAL THERAPY	0	1,877,488	0.000000	0.000000	0 67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0.000000	0.000000	0 67.01
68.00 SPEECH PATHOLOGY	0	620,642	0.000000	0.000000	0 68.00
69.00 ELECTROCARDIOLOGY	0	17,659,179	0.000000	0.000000	0 69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,054,573	0.000000	0.000000	0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	49,417,407	0.000000	0.000000	0 72.00
73.00 DRUGS CHARGED TO PATIENTS	0	34,296,166	0.000000	0.000000	0 73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0 75.00
75.02 CARDIAC CATH LAB	0	0	0.000000	0.000000	0 75.02
75.04 SPECIAL DIAGNOSTICS	0	2,264,928	0.000000	0.000000	0 75.04
75.05 INPATIENT RENAL DIALYSIS	0	738,326	0.000000	0.000000	0 75.05
75.06 OP SURGERY	0	16,497,503	0.000000	0.000000	0 75.06
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 CLINIC	0	0	0.000000	0.000000	0 90.00
91.00 EMERGENCY	0	35,509,712	0.000000	0.000000	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,724,357	0.000000	0.000000	0 92.00
200.00 Total (Lines 50-199)	0	440,511,634			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051 Component CCN:	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/27/2012 7:38 pm
Title XVIII		Subprovider - IPF	

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
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
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 PURCHASED SCAN	0	0	0	0	0	56.01
56.02 ULTRASOUND	0	0	0	0	0	56.02
56.03 BREAST IMAGING	0	0	0	0	0	56.03
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
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 SPECIAL DIAGNOSTICS	0	0	0	0	0	75.04
75.05 INPATIENT RENAL DIALYSIS	0	0	0	0	0	75.05
75.06 OP SURGERY	0	0	0	0	0	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/27/2012 7:38 pm
	Component CCN:	Title XVIII	Subprovider - IPF

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
56.01 PURCHASED SCAN	0	0	56.01
56.02 ULTRASOUND	0	0	56.02
56.03 BREAST IMAGING	0	0	56.03
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
67.01 OCCUPATIONAL THERAPY-PSYCH	0	0	67.01
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
75.02 CARDIAC CATH LAB	0	0	75.02
75.04 SPECIAL DIAGNOSTICS	0	0	75.04
75.05 INPATIENT RENAL DIALYSIS	0	0	75.05
75.06 OP SURGERY	0	0	75.06
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 3/27/2012 7:38 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)		34,774	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,774	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)		34,774	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)		20,053	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)		32,467,126	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)		32,467,126	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		52,143,871	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		52,143,871	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.622645	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)		1,499.51	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)		32,467,126	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)		933.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,722,684	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)		18,722,684	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140051		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 3/27/2012 7:38 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,741,774	4,037	1,917.70	2,148	4,119,220		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)					34,219,997		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					57,061,901		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)					2,945,899		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,826,042		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,771,941		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,289,960		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)					3,188		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					933.66		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,976,508		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140051		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 3/27/2012 7:38 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,305,647	32,467,126	0.132616	2,976,508	394,733	90.00
91.00	Nursing School cost	0	32,467,126	0.000000	2,976,508	0	91.00
92.00	Allied health cost	0	32,467,126	0.000000	2,976,508	0	92.00
93.00	All other Medical Education	0	32,467,126	0.000000	2,976,508	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Component CCN:		Date/Time Prepared: 3/27/2012 7:38 pm
		Title XVIII	Subprovider - IPF	
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 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)			0 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)			0 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)			0 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)			0 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			0 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)			0.00 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140051		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1	
		Component CCN:				Date/Time Prepared: 3/27/2012 7:38 pm	
		Title XVIII		Subprovider - IPF			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	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)					0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0		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)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140051		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1	
		Component CCN:				Date/Time Prepared: 3/27/2012 7:38 pm	
		Title XVIII		Subprovider - IPF			
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: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3 Date/Time Prepared: 3/27/2012 7:38 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		31,846,250		30.00
31.00	INTENSIVE CARE UNIT		6,620,350		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
40.00	SUBPROVIDER - IPF		0		40.00
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	0.309408	13,836,544	4,281,137	50.00
51.00	RECOVERY ROOM	0.209933	2,509,445	526,815	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.439572	2,299,535	1,010,811	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.460712	5,550,187	2,557,038	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.151080	2,338,413	353,287	56.00
56.01	PURCHASED SCAN	0.089010	0	0	56.01
56.02	ULTRASOUND	0.199499	537,775	107,286	56.02
56.03	BREAST IMAGING	0.381131	13,322	5,077	56.03
57.00	CT SCAN	0.075518	7,912,926	597,568	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.121388	2,083,966	252,968	58.00
59.00	CARDIAC CATHETERIZATION	0.083634	9,810,379	820,481	59.00
60.00	LABORATORY	0.206567	19,136,778	3,953,027	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.824843	0	0	64.00
65.00	RESPIRATORY THERAPY	0.311078	3,808,120	1,184,622	65.00
66.00	PHYSICAL THERAPY	0.381227	2,350,913	896,232	66.00
67.00	OCCUPATIONAL THERAPY	0.192710	1,167,506	224,990	67.00
67.01	OCCUPATIONAL THERAPY-PSYCH	0.000000	0	0	67.01
68.00	SPEECH PATHOLOGY	0.229279	436,163	100,003	68.00
69.00	ELECTROCARDIOLOGY	0.149945	5,966,046	894,579	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.026639	227,186	6,052	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.301973	29,819,144	9,004,576	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.332190	14,517,824	4,822,676	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.02	CARDIAC CATH LAB	0.000000	0	0	75.02
75.04	SPECIAL DIAGNOSTICS	0.140434	149,367	20,976	75.04
75.05	INPATIENT RENAL DIALYSIS	0.441717	535,200	236,407	75.05
75.06	OP SURGERY	0.349845	1,225,585	428,765	75.06
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.189771	10,194,521	1,934,624	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.799201	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		136,426,845	34,219,997	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		136,426,845		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 3/27/2012 7:38 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		35,997,072	1.00
2.00	Outlier payments for discharges. (see instructions)		913,275	2.00
3.00	Managed Care Simulated Payments		1,586,848	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		164.62	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)		24.99	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		-1.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		23.99	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		20.76	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.99	11.00
12.00	Current year allowable FTE (see instructions)		24.75	12.00
13.00	Total allowable FTE count for the prior year.		24.95	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.		27.49	14.00
15.00	Sum of lines 12 through 14 divided by 3.		25.73	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		25.73	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.156299	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.152534	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.152534	21.00
22.00	IME payment adjustment (see instructions)		3,002,692	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		3,002,692	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.57	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.49	31.00
32.00	Sum of lines 30 and 31		25.06	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.89	33.00
34.00	Disproportionate share adjustment (see instructions)		3,560,110	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)		43,473,149	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)		43,473,149	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 3/27/2012 7:38 pm
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	3,379,428	1.01	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).	1,148,992		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	0		58.00
59.00	Total (sum of amounts on lines 49 through 58)	48,001,569		59.00
60.00	Primary payer payments	4,726		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	47,996,843		61.00
62.00	Deductibles billed to program beneficiaries	3,528,700		62.00
63.00	Coinurance billed to program beneficiaries	185,593		63.00
64.00	Allowable bad debts (see instructions)	743,132		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	520,192		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	655,074		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	44,802,742		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)	44,802,742		71.00
72.00	Interim payments	44,435,341		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)	367,401		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: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/27/2012 7:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			5,289 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			20,074,097 2.00
3.00	PPS payments			15,659,511 3.00
4.00	Outlier payment (see instructions)			184,044 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.817 5.00
6.00	Line 2 times line 5			16,400,537 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			96.60 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)			5,289 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			15,923 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)			15,923 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)			15,923 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			10,634 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)			5,289 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)			15,843,555 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,800,890 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)			12,047,954 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			404,336 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)			12,452,290 30.00
31.00	Primary payer payments			673 31.00
32.00	Subtotal (line 30 minus line 31)			12,451,617 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)			879,524 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			615,667 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			832,555 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			13,067,284 37.00
38.00	MSP-LCC reconciliation amount from PS&R			5 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)			13,067,279 40.00
41.00	Interim payments			12,869,168 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)			198,111 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/27/2012 7:38 pm
		Title XVIII	Hospital
			PPS
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
3/27/2012 7:38 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		43,485,709		13,045,158	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	09/16/2011	858,586		0	3.01	
3.02		05/13/2011	91,046		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	05/13/2011	175,990	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)		949,632		-175,990	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)		44,435,341		12,869,168	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		367,401		198,111	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		44,802,742		13,067,279	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: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet E-1
Part II
Date/Time Prepared:
3/27/2012 7:38 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			7,560	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			22,201	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			913	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			35,623	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			505,138,544	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			8,301,489	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)			2,165,215	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)			2,165,215	32.00
				Overrides	
				1.00	
CONTRACTOR OVERRIDES					
108.00	Override of HIT payment				108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part II Date/Time Prepared: 3/27/2012 7:38 pm
		Component CCN:	Title XVII I	Subprovider - IPF
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		0	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		0.000000	9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		0	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		0	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		0	18.00
19.00	Deductibles		0	19.00
20.00	Subtotal (line 18 minus line 19)		0	20.00
21.00	Coinurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		0	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		0	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		0	31.00
32.00	Interim payments		0	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet E-4 Date/Time Prepared: 3/27/2012 7:38 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.			24.99	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			0.00	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))			-1.00	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)			23.99	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.76	6.00
7.00	Enter the lesser of line 5 or line 6			20.76	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.	5.94	14.46	20.40	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.	5.94	14.46	20.40	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.49		10.00
11.00	Total weighted FTE count	5.94	17.95		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	6.98	17.02		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.44	18.59		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	6.79	17.85		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	6.79	17.85		17.00
18.00	Per resident amount	102,887.44	95,730.91		18.00
19.00	Approved amount for resident costs	698,606	1,708,797	2,407,403	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)			0.00	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)			2,407,403	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	22,201	913		26.00
27.00	Total Inpatient Days	35,623	35,623		27.00
28.00	Ratio of inpatient days to total inpatient days	0.623221	0.025630		28.00
29.00	Program direct GME amount	1,500,344	61,702		29.00
30.00	Reduction for nursing/allied health		8,718		30.00
31.00	Net Program direct GME amount			1,553,328	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet E-4 Date/Time Prepared: 3/27/2012 7:38 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)		0	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)		57,061,901	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)		4,726	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		57,057,175	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		20,079,386	42.00
43.00	Primary payer payments (see instructions)		673	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,078,713	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		77,135,888	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.739697	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.260303	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,553,328	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		1,148,992	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		404,336	50.00

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

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet G

Date/Time Prepared:
3/27/2012 7:38 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	2,400	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	34,679,902	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-7,262,874	0	0	0	6.00
7.00	Inventory	2,634,985	0	0	0	7.00
8.00	Prepaid expenses	52,951	0	0	0	8.00
9.00	Other current assets	1,641,547	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	31,748,911	0	0	0	11.00
FIXED ASSETS						
12.00	Land	26,269,650	0	0	0	12.00
13.00	Land improvements	2,796,041	0	0	0	13.00
14.00	Accumulated depreciation	-758,493	0	0	0	14.00
15.00	Buildings	112,752,192	0	0	0	15.00
16.00	Accumulated depreciation	-23,979,815	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	32,520,992	0	0	0	23.00
24.00	Accumulated depreciation	-15,030,081	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)	134,570,486	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	59,018	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	59,018	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	166,378,415	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,625,599	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	95,727,078	0	0	0	43.00
44.00	Other current liabilities	3,143,662	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	101,496,339	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	14,693,036	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	14,693,036	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	116,189,375	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	50,189,040				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)	50,189,040	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	166,378,415	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
3/27/2012 7:38 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		50,189,040	
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,303,473			2.00
3.00	Total (sum of line 1 and line 2)		54,492,513		0	3.00
4.00	ROUNDING	1			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)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		54,492,514		0	11.00
12.00	OTHER TRANSFER	4,303,474			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)		4,303,474		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		50,189,040		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
3/27/2012 7:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	63,951,983		63,951,983	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	63,951,983		63,951,983	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	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)	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	63,951,983		63,951,983	17.00
18.00	Ancillary services	119,337,584	156,317,222	275,654,806	18.00
19.00	Outpatient services	110,153,508	55,549,421	165,702,929	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	9,461,976	0	9,461,976	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	302,905,051	211,866,643	514,771,694	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		147,454,066		29.00
30.00	INDIRECT EXPENSE ALLOCATION	2,718,024			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)		2,718,024		36.00
37.00	UTILITIES	1,572,551			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)		1,572,551		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		148,599,539		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140051

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	514,771,694	1.00
2.00	Less contractual allowances and discounts on patients' accounts	363,153,228	2.00
3.00	Net patient revenues (line 1 minus line 2)	151,618,466	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	148,599,539	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,018,927	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	813,708	14.00
15.00	Revenue from rental of living quarters	3,600	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	95,665	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	320,019	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	457	24.00
24.01	OTHER GRANTS	51,587	24.01
25.00	Total other income (sum of lines 6-24)	1,285,036	25.00
26.00	Total (line 5 plus line 25)	4,303,963	26.00
27.00	TUITION EXPENSES	490	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	490	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,303,473	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140051	Period: From 10/01/2010 To 09/30/2011	Worksheet L Parts I-III Date/Time Prepared: 3/27/2012 7:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,926,501	1.00
2.00	Capital DRG outlier payments		74,530	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		97.60	3.00
4.00	Number of interns & residents (see instructions)		25.73	4.00
5.00	Indirect medical education percentage (see instructions)		7.72	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		225,926	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.57	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		15.49	8.00
9.00	Sum of lines 7 and 8		25.06	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.21	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		152,471	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,379,428	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