

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: 140084

Period: From 12/01/2010 To 11/30/2011

Worksheet S Parts I-III Date/Time Prepared: 5/24/2012 9:44 am

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 5/24/2012 Time: 9:44 am

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended

6. Date Received: Contractor No.

7. Initial Report for this Provider CCN

8. Final Report for this Provider CCN

9. NPR Date: Contractor's Vendor Code: 04

10. 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 VISTA MEDICAL CENTER - EAST for the cost reporting period beginning 12/01/2010 and ending 11/30/2011 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	-519,019	-25,474	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-519,019	-25,474	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140084			Period: From 12/01/2010 To 11/30/2011		Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 8:54 am			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1324 NORTH SHERIDAN ROAD			PO Box:				1.00		
2.00	City: WAUKEGAN			State: IL		Zip Code: 60085-		County: LAKE		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00 8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			VISTA MEDICAL CENTER - EAST	140084	29404	1	07/01/1966	N P P	
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF							N	N N	
8.00	Swing Beds - NF							N	N N	
9.00	Hospital-Based SNF							N	N N	
10.00	Hospital-Based NF							N	N N	
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA							N	N N	
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC							N	N N	
16.00	Hospital-Based Health Clinic - FQHC							N	N N	
17.00	Hospital-Based (CMHC) 1							N	N N	
17.10	Hospital-Based (CORF) 1							N	N N	
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						12/01/2010	11/30/2011		20.00
21.00	Type of Control (see instructions)						4		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			10,830	1,135	99	47	312	0	
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	
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1		26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 8:54 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 8:54 am	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 8:54 am	
			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00		2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			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.		5,000,000	5,000,000	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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet S-2 Part II Date/Time Prepared: 5/24/2012 8:54 am
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		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.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			11.00
		Y/N		
		1.00		
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	03/26/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet S-2 Part II Date/Time Prepared: 5/24/2012 8:54 am
---	--	----------------------	---	--

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	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.				N 32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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?				Y 36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				Y 37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				Y 12/31/2011 38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				N 39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N 40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2012 8:54 am

		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	03/26/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 8:54 am

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	170	62,050	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)		170	62,050	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	23	8,395	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		193	70,445	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
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					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)		193				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: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 8:54 am

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	19,183	7,708	37,470		1.00
2.00 HMO		833	1,593			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	19,183	7,708	37,470		7.00
8.00 INTENSIVE CARE UNIT	0	3,323	447	5,989		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		2,675	3,056		13.00
14.00 Total (see instructions)	0	22,506	10,830	46,515		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
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		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		0	880		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: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 8:54 am

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	4,710	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	818.33	0.00	0	4,710	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
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	818.33	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: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,942	11,459		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,942	11,459		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
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2012 8:54 am

		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	51,450,961	0	51,450,961	1,702,122.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		555,837	454,579	1,010,416	29,886.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		9,825	0	9,825	181.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		215,880	0	215,880	1,745.00	13.00
14.00	Home office salaries & wage-related costs		3,351,021	0	3,351,021	50,441.00	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		10,450,951	0	10,450,951		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		209,350	0	209,350		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	369,516	0	369,516	10,629.00	26.00
27.00	Administrative & General	5.00	5,867,042	-454,693	5,412,349	237,020.00	27.00
28.00	Administrative & General under contract (see inst.)		39,633	0	39,633	494.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	982,229	0	982,229	37,118.00	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)		0	0	0	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	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	2,194,663	0	2,194,663	51,811.00	38.00
39.00	Central Services and Supply	14.00	561,298	0	561,298	39,531.00	39.00
40.00	Pharmacy	15.00	1,570,875	0	1,570,875	44,285.00	40.00
41.00	Medical Records & Medical Records Library	16.00	959,283	0	959,283	44,634.00	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: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet S-3 Part II Date/Time Prepared: 5/24/2012 8:54 am
---------------------------------	--	----------------------	---	--

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	30.23	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	33.81	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	54.28	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	123.71	13.00
14.00	Home office salaries & wage-related costs	66.43	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	34.76	26.00
27.00	Administrative & General	22.83	27.00
28.00	Administrative & General under contract (see inst.)	80.23	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	26.46	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)	0.00	33.00
34.00	Dietary	0.00	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	42.36	38.00
39.00	Central Services and Supply	14.20	39.00
40.00	Pharmacy	35.47	40.00
41.00	Medical Records & Medical Records Library	21.49	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: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet S-3 Part III Date/Time Prepared: 5/24/2012 8:54 am	
	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)	51,490,594	0	51,490,594	1,702,616.00		1.00
2.00	Excluded area salaries (see instructions)	555,837	454,579	1,010,416	29,886.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,934,757	-454,579	50,480,178	1,672,730.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	3,576,726	0	3,576,726	52,367.00		4.00
5.00	Subtotal wage-related costs (see inst.)	10,450,951	0	10,450,951	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	64,962,434	-454,579	64,507,855	1,725,097.00		6.00
7.00	Total overhead cost (see instructions)	12,544,539	-454,693	12,089,846	465,522.00		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet S-3 Part III Date/Time Prepared: 5/24/2012 8:54 am
---------------------------------	--	----------------------	---	---

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	30.24	1.00
2.00	Excluded area salaries (see instructions)	33.81	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30.18	3.00
4.00	Subtotal other wages & related costs (see inst.)	68.30	4.00
5.00	Subtotal wage-related costs (see inst.)	20.70	5.00
6.00	Total (sum of lines 3 thru 5)	37.39	6.00
7.00	Total overhead cost (see instructions)	25.97	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2012 8:54 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,355,438 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost			0 3.00
4.00	Prior Year Pension Service Cost			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,077,808 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			86,258 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			59,127 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)			238,004 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			702,526 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			2,983,508 17.00
18.00	Medicare Taxes - Employers Portion Only			697,756 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			415,471 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			44,405 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			10,660,301 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2012 8:54 am

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
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	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	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet S-10 Date/Time Prepared: 5/24/2012 8:54 am
---	----------------------	---	--

				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)		0.136272		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		18,242,832		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?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		8,573,071		5.00	
6.00	Medicaid charges		196,705,605		6.00	
7.00	Medicaid cost (line 1 times line 6)		26,805,466		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	18,937,708	2,996,151		21,933,859	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,580,679	408,291		2,988,970	21.00
22.00	Partial payment by patients approved for charity care	30,953	4,400		35,353	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,549,726	403,891		2,953,617	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)		16,949,503			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,173,687			27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		15,775,816			28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,149,802			29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,103,419			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,103,419			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet A Date/Time Prepared: 5/24/2012 8:54 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		2,051,912	2,051,912	2,304,001	4,355,913	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		5,855,702	5,855,702	2,525,686	8,381,388	2.00
4.00 EMPLOYEE BENEFITS	369,516	293,885	663,401	6,573,580	7,236,981	4.00
5.00 ADMINISTRATIVE & GENERAL	5,867,042	70,046,965	75,914,007	-10,957,159	64,956,848	5.00
7.00 OPERATION OF PLANT	982,229	3,662,979	4,645,208	-10,424	4,634,784	7.00
8.00 LAUNDRY & LINEN SERVICE	0	873,572	873,572	0	873,572	8.00
9.00 HOUSEKEEPING	0	2,329,170	2,329,170	0	2,329,170	9.00
10.00 DIETARY	0	2,351,139	2,351,139	-38,327	2,312,812	10.00
11.00 CAFETERIA	0	0	0	38,327	38,327	11.00
13.00 NURSING ADMINISTRATION	2,194,663	388,620	2,583,283	-1,127	2,582,156	13.00
14.00 CENTRAL SERVICES & SUPPLY	561,298	9,812,876	10,374,174	-9,018,012	1,356,162	14.00
15.00 PHARMACY	1,570,875	5,373,034	6,943,909	-5,046,924	1,896,985	15.00
16.00 MEDICAL RECORDS & LIBRARY	959,283	1,432,331	2,391,614	-3,197	2,388,417	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	10,914,753	2,182,683	13,097,436	78,993	13,176,429	30.00
31.00 INTENSIVE CARE UNIT	3,727,146	600,785	4,327,931	-565	4,327,366	31.00
40.00 SUBPROVIDER - IPF	114	8	122	-122	0	40.00
41.00 SUBPROVIDER - IRF	0	4,763	4,763	-4,763	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	977,009	175,268	1,152,277	122,202	1,274,479	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
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,834,889	3,925,790	6,760,679	-467,773	6,292,906	50.00
51.00 RECOVERY ROOM	1,682,974	159,699	1,842,673	-4,252	1,838,421	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,581,313	451,212	2,032,525	-203,813	1,828,712	52.00
53.00 ANESTHESIOLOGY	56,467	1,674,669	1,731,136	-4,130	1,727,006	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,145,870	3,822,228	6,968,098	1,186,440	8,154,538	54.00
54.01 ULTRASOUND	344,619	74,203	418,822	-418,822	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	284,715	468,485	753,200	-753,200	0	56.00
57.00 CT SCAN	508,916	418,780	927,696	-927,696	0	57.00
58.00 MRI	194,341	170,233	364,574	-364,574	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,623,579	3,556,888	6,180,467	-82,047	6,098,420	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,003,331	414,930	1,418,261	-118,224	1,300,037	65.00
65.01 GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	1,857,601	510,316	2,367,917	212,598	2,580,515	66.00
67.00 OCCUPATIONAL THERAPY	256,402	22,242	278,644	-278,644	0	67.00
68.00 SPEECH PATHOLOGY	142,915	13,143	156,058	-156,058	0	68.00
69.00 ELECTROCARDIOLOGY	1,645,655	866,109	2,511,764	-59,308	2,452,456	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,698,688	2,698,688	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,249,923	6,249,923	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	4,922,310	4,922,310	73.00
74.00 RENAL DIALYSIS	0	508,993	508,993	0	508,993	74.00
76.00 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 GUIDANCE	173,883	17,872	191,755	0	191,755	76.02
76.03 WOUND CARE	172,382	56,906	229,288	-229,288	0	76.03
76.04 ACUPUNCTURE	0	0	0	0	0	76.04
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	4,261,458	1,975,669	6,237,127	219,902	6,457,029	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	549,507	359,392	908,899	-210	908,689	95.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	51,444,745	126,903,451	178,348,196	-2,016,009	176,332,187	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	3,451	3,451	13,257	16,708	192.00
192.01 CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00 CLINIC CORPORATION	0	0	0	0	0	194.00
194.01 SENIOR CIRCLE	6,216	21,982	28,198	0	28,198	194.01
194.02 MARKETING	0	0	0	1,912,058	1,912,058	194.02
194.03 VISTA MEDICAL CENTER WEST	0	0	0	90,694	90,694	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00 TOTAL (SUM OF LINES 118-199)	51,450,961	126,928,884	178,379,845	0	178,379,845	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	710,969	5,066,882	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-1,311,024	7,070,364	2.00
4.00	EMPLOYEE BENEFITS	-7,853	7,229,128	4.00
5.00	ADMINISTRATIVE & GENERAL	-48,058,980	16,897,868	5.00
7.00	OPERATION OF PLANT	-234,110	4,400,674	7.00
8.00	LAUNDRY & LINEN SERVICE	-449	873,123	8.00
9.00	HOUSEKEEPING	-730,899	1,598,271	9.00
10.00	DIETARY	-3,346	2,309,466	10.00
11.00	CAFETERIA	0	38,327	11.00
13.00	NURSING ADMINISTRATION	-567,591	2,014,565	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,356,162	14.00
15.00	PHARMACY	0	1,896,985	15.00
16.00	MEDICAL RECORDS & LIBRARY	-16,446	2,371,971	16.00
17.00	SOCIAL SERVICE	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-559,039	12,617,390	30.00
31.00	INTENSIVE CARE UNIT	0	4,327,366	31.00
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	-32,563	1,241,916	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-487,021	5,805,885	50.00
51.00	RECOVERY ROOM	-9,050	1,829,371	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-55,000	1,773,712	52.00
53.00	ANESTHESIOLOGY	-1,386,488	340,518	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-85,250	8,069,288	54.00
54.01	ULTRASOUND	0	0	54.01
54.02	CT SCAN	0	0	54.02
54.03	MRI	0	0	54.03
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MRI	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-489	6,097,931	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	-7,125	1,292,912	65.00
65.01	GASTROINTESTINAL SVCS	0	0	65.01
66.00	PHYSICAL THERAPY	0	2,580,515	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	-191,249	2,261,207	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	-481	2,698,207	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	6,249,923	72.00
73.00	DRUGS CHARGED TO PATIENTS	-5,327	4,916,983	73.00
74.00	RENAL DIALYSIS	0	508,993	74.00
76.00	CARDIAC REHAB	0	0	76.00
76.01	SLEEP LAB	0	0	76.01
76.02	GUIDANCE	0	191,755	76.02
76.03	WOUND CARE	0	0	76.03
76.04	ACUPUNCTURE	0	0	76.04
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	-994,883	5,462,146	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	-2,782	905,907	95.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	101.00
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
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-54,036,476	122,295,711	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	16,708	192.00
192.01	CHIROPRACTIC WORKS LESSEE	0	0	192.01
194.00	CLINIC CORPORATION	0	0	194.00
194.01	SENIOR CIRCLE	0	28,198	194.01
194.02	MARKETING	0	1,912,058	194.02
194.03	VISTA MEDICAL CENTER WEST	0	90,694	194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.06
200.00	TOTAL (SUM OF LINES 118-199)	-54,036,476	124,343,369	200.00

RECLASSIFICATIONS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-6
Date/Time Prepared:
5/24/2012 8:54 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	6,594,226	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	6,594,226	
B - RECLASS OXYGEN COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	62,919	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	15	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	62,934	
C - RECLASS RENTAL AND LEASES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,507,162	1.00
2.00	NURSERY	43.00	0	90	2.00
3.00	ANESTHESIOLOGY	53.00	0	249	3.00
4.00	RADIOISOTOPE	56.00	0	187	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
TOTALS			0	2,507,688	
D - RECLASS OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,321,581	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	18,524	2.00
TOTALS			0	2,340,105	
E - RECLASS MARKETING COSTS					
1.00	MARKETING	194.02	347,291	1,561,316	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	3,237	2.00
TOTALS			347,291	1,564,553	
F - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,635,769	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,249,923	2.00
3.00	OPERATING ROOM	50.00	0	78,705	3.00
TOTALS			0	8,964,397	
G - RECLASS DRUG/IV SOLUTIONS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,922,310	1.00
TOTALS			0	4,922,310	
H - RECLASS LABOR/DELIVERY COSTS					
1.00	ADULTS & PEDIATRICS	30.00	86,622	0	1.00
2.00	NURSERY	43.00	37,985	84,127	2.00
TOTALS			124,607	84,127	
I - RECLASS PT, OT AND SP COSTS					
1.00	PHYSICAL THERAPY	66.00	399,317	35,385	1.00
2.00		0.00	0	0	2.00
TOTALS			399,317	35,385	
J - RECLASS MISC DEPTS					
1.00	ADULTS & PEDIATRICS	30.00	114	4,771	1.00
2.00	EMERGENCY	91.00	172,382	55,830	2.00
3.00	MARKETING	194.02	0	3,451	3.00
4.00		0.00	0	0	4.00
TOTALS			172,496	64,052	
K - RECLASS OTHER RADIOLOGY COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,332,591	1,131,888	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

RECLASSIFICATIONS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-6
Date/Time Prepared:
5/24/2012 8:54 am

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
	TOTALS			1,332,591	1,131,888	
L - RECLASS PORTION OF DIETARY COSTS						
1.00	CAFETERIA		11.00	0	38,327	1.00
	TOTALS			0	38,327	
M - ALLOCATION TO VISTA WEST						
1.00	VISTA MEDICAL CENTER WEST		194.03	90,694	0	1.00
2.00	PHYSICIANS' PRIVATE OFFICES		192.00	16,708	0	2.00
	TOTALS			107,402	0	
500.00	Grand Total: Increases			2,483,704	28,309,992	500.00

RECLASSIFICATIONS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-6
Date/Time Prepared:
5/24/2012 8:54 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - RECLASS EMPLOYEE BENEFITS							
1.00	EMPLOYEE BENEFITS	4.00	0	20,785	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6,572,503	0		2.00
3.00	PHARMACY	15.00	0	938	0		3.00
	TOTALS		0	6,594,226			
B - RECLASS OXYGEN COSTS							
1.00	OPERATING ROOM	50.00	0	11,474	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	4,379	0		2.00
3.00	LABORATORY	60.00	0	676	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	45,400	0		4.00
5.00	EMERGENCY	91.00	0	1,005	0		5.00
	TOTALS		0	62,934			
C - RECLASS RENTAL AND LEASES							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	17,580	10		1.00
2.00	EMPLOYEE BENEFITS	4.00	0	3,098	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	25,305	0		3.00
4.00	OPERATION OF PLANT	7.00	0	10,424	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,127	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	79,074	0		6.00
7.00	PHARMACY	15.00	0	123,676	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,197	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	7,321	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	565	0		10.00
11.00	OPERATING ROOM	50.00	0	535,004	0		11.00
12.00	RECOVERY ROOM	51.00	0	4,252	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	272	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,278,039	0		14.00
15.00	LABORATORY	60.00	0	81,371	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	70,632	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	222,104	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	33,864	0		18.00
19.00	EMERGENCY	91.00	0	7,305	0		19.00
20.00	WOUND CARE	76.03	0	1,076	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	2,192	0		21.00
22.00	AMBULANCE SERVICES	95.00	0	210	0		22.00
	TOTALS		0	2,507,688			
D - RECLASS OTHER CAPITAL COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	157,390	12		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,182,715	13		2.00
	TOTALS		0	2,340,105			
E - RECLASS MARKETING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	347,291	1,564,553	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		347,291	1,564,553			
F - RECLASS MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,938,953	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	25,444	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	8,964,397			
G - RECLASS DRUG/IV SOLUTIONS							
1.00	PHARMACY	15.00	0	4,922,310	0		1.00
	TOTALS		0	4,922,310			
H - RECLASS LABOR/DELIVERY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	0	5,193	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	124,607	78,934	0		2.00
	TOTALS		124,607	84,127			
I - RECLASS PT, OT AND SP COSTS							
1.00	OCCUPATIONAL THERAPY	67.00	256,402	22,242	0		1.00
2.00	SPEECH PATHOLOGY	68.00	142,915	13,143	0		2.00
	TOTALS		399,317	35,385			
J - RECLASS MISC DEPTS							
1.00	SUBPROVIDER - IPF	40.00	114	8	0		1.00
2.00	SUBPROVIDER - IRF	41.00	0	4,763	0		2.00
3.00	WOUND CARE	76.03	172,382	55,830	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,451	0		4.00
	TOTALS		172,496	64,052			
K - RECLASS OTHER RADIOLOGY COSTS							
1.00	ULTRASOUND	54.01	344,619	74,203	0		1.00
2.00	RADIOISOTOPE	56.00	284,715	468,672	0		2.00
3.00	CT SCAN	57.00	508,916	418,780	0		3.00
4.00	MRI	58.00	194,341	170,233	0		4.00
	TOTALS		1,332,591	1,131,888			

RECLASSIFICATIONS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-6
Date/Time Prepared:
5/24/2012 8:54 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
L - RECLASS PORTION OF DIETARY COSTS							
1.00	DIETARY	10.00	0	38,327	0		1.00
	TOTALS		0	38,327			
M - ALLOCATION TO VISTA WEST							
1.00	ADMINISTRATIVE & GENERAL	5.00	107,402	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		107,402	0			
500.00	Grand Total: Decreases		2,483,704	28,309,992			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/24/2012 8:54 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	3,842,886	0	0	0	0	2.00
3.00	Buildings and Fixtures	85,492,529	4,000	0	4,000	0	3.00
4.00	Building Improvements	6,614,808	0	0	0	4,000	4.00
5.00	Fixed Equipment	4,788,225	10,689	0	10,689	88,882	5.00
6.00	Movable Equipment	77,927,840	325,249	0	325,249	253,862	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	178,666,288	339,938	0	339,938	346,744	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	178,666,288	339,938	0	339,938	346,744	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	2,051,912	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,182,904	672,798	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,234,816	672,798	0	0	0	3.00
Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	Insurance	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)		
		1.00	2.00	3.00	4.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/24/2012 8:54 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0		1.00		
2.00	Land Improvements	3,842,886	0		2.00		
3.00	Buildings and Fixtures	85,496,529	0		3.00		
4.00	Building Improvements	6,610,808	0		4.00		
5.00	Fixed Equipment	4,710,032	0		5.00		
6.00	Movable Equipment	77,999,227	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	178,659,482	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	178,659,482	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,051,912		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,855,702		2.00		
3.00	Total (sum of lines 1-2)	0	7,907,614		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,851,664	-17,580	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,977,149	3,074,691	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,828,813	3,057,111	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	911,217	2,321,581	0	0	5,066,882	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	18,524	0	7,070,364	2.00
3.00	Total (sum of lines 1-2)	911,217	2,321,581	18,524	0	12,137,246	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8

Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP 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)	B	-156,740	ADMINISTRATIVE & GENERAL		5.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,499,073				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	-10,689,067				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	B	-3,346	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	B	-481	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	16.00
17.00 Sale of drugs to other than patients	B	-5,327	DRUGS CHARGED TO PATIENTS		73.00	17.00
18.00 Sale of medical records and abstracts	B	-16,446	MEDICAL RECORDS & LIBRARY		16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-524,296	NURSING ADMINISTRATION		13.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	476,725	CAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,508,582	CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist		0	0*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00	32.00
33.00 INSERVICE EDUCATION REVENUE	B	-12,050	NURSING ADMINISTRATION		13.00	33.00
33.01 NONRESTRICTED DONATIONS	B	-315	ADMINISTRATIVE & GENERAL		5.00	33.01
34.00 FITNESS REVENUE	B	-78,522	ADMINISTRATIVE & GENERAL		5.00	34.00
35.00 CARELINE REVENUE	B	-40,661	ADMINISTRATIVE & GENERAL		5.00	35.00
36.00 RENTAL INCOME	B	-788,925	CAP REL COSTS-BLDG & FIXT		1.00	36.00
37.00 OTHER MISC REVENUE	B	-19,172	ADMINISTRATIVE & GENERAL		5.00	37.00
38.00 ORG COST AMORTIZATION	A	-14,020	ADMINISTRATIVE & GENERAL		5.00	38.00
39.00 BAD DEBTS	A	-30,178,831	ADMINISTRATIVE & GENERAL		5.00	39.00
40.00 NON-ALLOWABLE PHONE / TV	A	-37,902	ADMINISTRATIVE & GENERAL		5.00	40.00
40.01 NON-ALLOWABLE PHONE / TV	A	-11,970	ADMINISTRATIVE & GENERAL		5.00	40.01
40.02 NON-ALLOWABLE PHONE / TV	A	-157,265	ADMINISTRATIVE & GENERAL		5.00	40.02
40.03 NON-ALLOWABLE PHONE / TV	A	-303	CAP REL COSTS-MVBLE EQUIP		2.00	40.03
40.04 NON-ALLOWABLE PHONE / TV BENEFITS	A	-7,853	EMPLOYEE BENEFITS		4.00	40.04
40.05 NON-ALLOWABLE PHONE / TV DEPREC	A	-3,011	CAP REL COSTS-MVBLE EQUIP		2.00	40.05
41.00 PHYSICIAN RECRUITING	A	-199,808	ADMINISTRATIVE & GENERAL		5.00	41.00
42.00 STATE OPERATING TAX	A	-4,863,324	ADMINISTRATIVE & GENERAL		5.00	42.00
43.00 CLUB DUES AND LOBBYING	A	-39,200	ADMINISTRATIVE & GENERAL		5.00	43.00
44.00 LEGAL FEES	A	-168,425	ADMINISTRATIVE & GENERAL		5.00	44.00
45.01 ALLOCATED SECURITY / PLANT OPS	A	-234,110	OPERATION OF PLANT		7.00	45.01
45.02 ALLOCATED HOUSEKEEPING	A	-730,899	HOUSEKEEPING		9.00	45.02
45.03 ALLOCATED LAUNDRY & LINEN	A	-449	LAUNDRY & LINEN SERVICE		8.00	45.03
45.04 ALLOCATED RECOVERY ROOM	A	-9,050	RECOVERY ROOM		51.00	45.04

Provider CCN: 140084 Period: From 12/01/2010 To 11/30/2011 Worksheet A-8
 Date/Time Prepared: 5/24/2012 8:54 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center	Line #	
			1.00	2.00	
45.05 ALLOCATED ANESTHESIA	A	-568	ANESTHESIOLOGY	53.00	45.05
45.06 ALLOCATED EKG	A	-12,495	ELECTROCARDIOLOGY	69.00	45.06
45.07 ALLOCATED BUSINESS OFFICE FROM WEST	A	499,285	ADMINISTRATIVE & GENERAL	5.00	45.07
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-54,036,476			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8

Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - 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 - CAP REL COSTS-BLDG & FIXT	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	9	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	INSERVICE EDUCATION REVENUE	0	33.00
33.01	NONRESTRICTED DONATIONS	0	33.01
34.00	FITNESS REVENUE	0	34.00
35.00	CARELINE REVENUE	0	35.00
36.00	RENTAL INCOME	9	36.00
37.00	OTHER MISC REVENUE	0	37.00
38.00	ORG COST AMORTIZATION	0	38.00
39.00	BAD DEBTS	0	39.00
40.00	NON-ALLOWABLE PHONE / TV	0	40.00
40.01	NON-ALLOWABLE PHONE / TV	0	40.01
40.02	NON-ALLOWABLE PHONE / TV	0	40.02
40.03	NON-ALLOWABLE PHONE / TV	9	40.03
40.04	NON-ALLOWABLE PHONE / TV BENEFITS	0	40.04
40.05	NON-ALLOWABLE PHONE / TV DEPREC	9	40.05
41.00	PHYSICIAN RECRUITING	0	41.00
42.00	STATE OPERATING TAX	0	42.00
43.00	CLUB DUES AND LOBBYING	0	43.00
44.00	LEGAL FEES	0	44.00
45.01	ALLOCATED SECURITY / PLANT OPS	0	45.01
45.02	ALLOCATED HOUSEKEEPING	0	45.02
45.03	ALLOCATED LAUNDRY & LINEN	0	45.03
45.04	ALLOCATED RECOVERY ROOM	0	45.04
45.05	ALLOCATED ANESTHESIA	0	45.05
45.06	ALLOCATED EKG	0	45.06
45.07	ALLOCATED BUSINESS OFFICE FROM WEST	0	45.07
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8-1

Date/Time Prepared:
5/24/2012 8:54 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT CAPITAL RELATED INTEREST	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	PASI OPERATING COSTS	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS	3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL BUILDING & FIXTURES	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL MOVABLE EQUIPMENT	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	NON-CAPITAL HOME OFFICE COSTS	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE COSTS	4.03
4.04	2.00	CAP REL COSTS-MVBLE EQUIP	CIG LEASED EQUIPMENT	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

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

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

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

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

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8-1

Date/Time Prepared:
5/24/2012 8:54 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
						4.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	911,217	0	911,217	11	1.00	
2.00	628,500	0	628,500	0	2.00	
3.00	57,342	0	57,342	9	3.00	
4.00	54,610	0	54,610	9	4.00	
4.01	306,141	0	306,141	9	4.01	
4.02	2,727,730	11,683,508	-8,955,778	0	4.02	
4.03	1,806,083	5,391,913	-3,585,830	0	4.03	
4.04	567,529	672,798	-105,269	10	4.04	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	7,059,152	17,748,219	-10,689,067		5.00

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

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

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

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

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

6.00	COMMUNITY HEALTH SYSTEMS	0.00	HOME OFFICE	6.00
7.00	PASI	100.00	COLLECTION AGENCY	7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8-2

Date/Time Prepared:
5/24/2012 8:54 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	679,002	679,002	1.00
2.00	13.00	NURSING ADMINISTRATION	59,834	5,459	2.00
3.00	30.00	ADULTS & PEDIATRICS	559,039	559,039	3.00
4.00	50.00	OPERATING ROOM	487,021	487,021	4.00
5.00	43.00	NURSERY	32,563	32,563	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	55,000	55,000	6.00
7.00	53.00	ANESTHESIOLOGY	1,385,920	1,385,920	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	85,250	85,250	8.00
9.00	60.00	LABORATORY	489	489	9.00
10.00	65.00	RESPIRATORY THERAPY	7,125	7,125	10.00
11.00	69.00	ELECTROCARDIOLOGY	178,754	178,754	11.00
12.00	91.00	EMERGENCY	994,883	994,883	12.00
13.00	95.00	AMBULANCE SERVICES	2,782	2,782	13.00
200.00			4,527,662	4,473,287	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8-2

Date/Time Prepared:
5/24/2012 8:54 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	54,375	136,700	435	28,589	1,429	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	54,375		435	28,589	1,429	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8-2

Date/Time Prepared:
5/24/2012 8:54 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	28,589	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	0	0	0	0	28,589	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8-2

Date/Time Prepared:
5/24/2012 8:54 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	679,002	1.00
2.00	25,786	31,245	2.00
3.00	0	559,039	3.00
4.00	0	487,021	4.00
5.00	0	32,563	5.00
6.00	0	55,000	6.00
7.00	0	1,385,920	7.00
8.00	0	85,250	8.00
9.00	0	489	9.00
10.00	0	7,125	10.00
11.00	0	178,754	11.00
12.00	0	994,883	12.00
13.00	0	2,782	13.00
200.00	25,786	4,499,073	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	5,066,882	5,066,882			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,070,364		7,070,364		2.00
4.00	EMPLOYEE BENEFITS	7,229,128	73,238	102,197	7,404,563	4.00
5.00	ADMINISTRATIVE & GENERAL	16,897,868	607,888	848,252	784,552	5.00
7.00	OPERATION OF PLANT	4,400,674	1,472,365	2,054,547	142,380	7.00
8.00	LAUNDRY & LINEN SERVICE	873,123	86,595	120,836	0	8.00
9.00	HOUSEKEEPING	1,598,271	46,642	65,084	0	9.00
10.00	DIETARY	2,309,466	97,889	136,595	0	10.00
11.00	CAFETERIA	38,327	48,333	67,445	0	11.00
13.00	NURSING ADMINISTRATION	2,014,565	12,526	17,479	318,130	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,356,162	112,967	157,635	81,364	14.00
15.00	PHARMACY	1,896,985	32,864	45,859	227,708	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,371,971	52,206	72,848	139,054	16.00
17.00	SOCIAL SERVICE	0	4,283	5,976	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	12,617,390	752,439	1,049,958	1,594,732	30.00
31.00	INTENSIVE CARE UNIT	4,327,366	120,291	167,855	540,272	31.00
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	1,241,916	24,592	34,316	147,129	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	5,805,885	302,604	422,256	410,934	50.00
51.00	RECOVERY ROOM	1,829,371	32,287	45,054	243,957	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,773,712	83,545	116,579	211,158	52.00
53.00	ANESTHESIOLOGY	340,518	10,433	14,559	8,185	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,069,288	460,815	643,025	649,180	54.00
54.01	ULTRASOUND	0	0	0	0	54.01
54.02	CT SCAN	0	0	0	0	54.02
54.03	MRI	0	0	0	0	54.03
56.00	RADIOLOGY	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MRI	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	6,097,931	111,236	155,220	380,304	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	1,292,912	42,467	59,258	145,439	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	2,580,515	214,406	299,183	327,154	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,261,207	65,680	91,650	238,548	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	2,698,207	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	6,249,923	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,916,983	0	0	0	73.00
74.00	RENAL DIALYSIS	508,993	0	0	0	74.00
76.00	CARDIAC REHAB	0	0	0	0	76.00
76.01	SLEEP LAB	0	0	0	0	76.01
76.02	DANCE	191,755	0	0	25,205	76.02
76.03	WOUND CARE	0	0	0	0	76.03
76.04	ACUPUNCTURE	0	0	0	0	76.04
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	5,462,146	178,569	249,176	642,712	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	905,907	12,115	16,906	79,654	95.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
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
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	122,295,711	5,059,275	7,059,748	7,337,751	122,210,676	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	16,708	0	0	2,422	19,130	192.00
192.01 CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00 CLINIC CORPORATION	0	0	0	0	0	194.00
194.01 SENIOR CIRCLE	28,198	1,985	2,770	901	33,854	194.01
194.02 MARKETING	1,912,058	5,622	7,846	50,342	1,975,868	194.02
194.03 VISTA MEDICAL CENTER WEST	90,694	0	0	13,147	103,841	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	124,343,369	5,066,882	7,070,364	7,404,563	124,343,369	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet B Part I Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	19,138,560					5.00
7.00	OPERATION OF PLANT	1,468,064	9,538,030				7.00
8.00	LAUNDRY & LINEN SERVICE	196,571	283,501	1,560,626			8.00
9.00	HOUSEKEEPING	311,078	152,699	0	2,173,774		9.00
10.00	DIETARY	462,788	320,475	0	93,983	3,421,196	10.00
11.00	CAFETERIA	28,034	158,237	0	46,405	13,072	11.00
13.00	NURSING ADMINISTRATION	429,815	41,008	0	12,026	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	310,738	369,838	41,124	108,459	0	14.00
15.00	PHARMACY	400,839	107,593	0	31,553	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	479,548	170,914	0	50,122	0	16.00
17.00	SOCIAL SERVICE	1,866	14,021	0	4,112	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,913,329	2,463,378	644,521	722,411	2,878,727	30.00
31.00	INTENSIVE CARE UNIT	937,925	393,815	130,616	115,491	330,352	31.00
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	263,407	80,511	17,864	23,611	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
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,262,809	990,684	142,032	253,175	0	50.00
51.00	RECOVERY ROOM	391,243	105,705	64,168	30,999	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	397,488	273,513	129,911	80,211	0	52.00
53.00	ANESTHESIOLOGY	67,981	34,157	0	8,459	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,786,845	1,508,643	118,207	181,394	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
54.02	CT SCAN	0	0	0	0	0	54.02
54.03	MRI	0	0	0	0	0	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MRI	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,226,974	364,172	0	101,259	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	280,166	139,029	3,879	40,772	0	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	622,385	701,934	828	15,894	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	483,369	215,027	29,308	63,059	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	490,850	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,136,967	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	894,483	0	0	0	0	73.00
74.00	RENAL DIALYSIS	92,594	0	0	0	0	74.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	SLEEP LAB	0	0	0	0	0	76.01
76.02	GUIDANCE	39,469	0	0	0	0	76.02
76.03	WOUND CARE	0	0	0	0	0	76.03
76.04	ACUPUNCTURE	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	1,188,392	584,608	238,168	171,443	36,640	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	184,570	39,663	0	11,632	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,750,587	9,513,125	1,560,626	2,166,470	3,258,791	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,480	0	0	0	162,405	192.00
192.01 CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00 CLINIC CORPORATION	0	0	0	0	0	194.00
194.01 SENIOR CIRCLE	6,159	6,498	0	1,906	0	194.01
194.02 MARKETING	359,444	18,407	0	5,398	0	194.02
194.03 VISTA MEDICAL CENTER WEST	18,890	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	19,138,560	9,538,030	1,560,626	2,173,774	3,421,196	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet B Part I Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	399,853					11.00
13.00	NURSING ADMINISTRATION	14,648	2,860,197				13.00
14.00	CENTRAL SERVICES & SUPPLY	11,179	0	2,549,466			14.00
15.00	PHARMACY	12,520	0	0	2,755,921		15.00
16.00	MEDICAL RECORDS & LIBRARY	12,620	0	5,899	0	3,355,182	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	106,449	1,192,719	108,854	0	268,758	30.00
31.00	INTENSIVE CARE UNIT	30,602	404,075	49,026	0	73,271	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	8,580	110,040	12,902	0	14,222	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
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	22,816	307,342	169,064	0	736,886	50.00
51.00	RECOVERY ROOM	12,049	182,458	3,987	0	82,394	51.00
52.00	DELIVERY ROOM & LABOR ROOM	12,320	157,927	34,740	0	20,411	52.00
53.00	ANESTHESIOLOGY	1,170	6,122	45,190	0	19,857	53.00
54.00	RADIOLOGY-DIAGNOSTIC	37,641	0	73,987	0	570,455	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
54.02	CT SCAN	0	0	0	0	0	54.02
54.03	MRI	0	0	0	0	0	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MRI	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	30,555	0	274,828	0	343,085	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	9,574	0	27,857	0	42,953	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	19,418	0	6,627	0	59,560	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	13,308	0	5,251	0	172,995	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	659,531	0	88,697	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	979,745	0	169,589	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	2,755,921	404,885	73.00
74.00	RENAL DIALYSIS	0	0	0	0	11,285	74.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	SLEEP LAB	0	0	0	0	0	76.01
76.02	GUIDANCE	1,999	18,851	257	0	1,118	76.02
76.03	WOUND CARE	0	0	0	0	0	76.03
76.04	ACUPUNCTURE	0	0	0	0	0	76.04
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	34,825	480,663	80,871	0	274,761	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	5,057	0	10,622	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
116.00	HOSPICE	0	0	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	397,330	2,860,197	2,549,238	2,755,921	3,355,182	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00 CLINIC CORPORATION	0	0	0	0	0	194.00
194.01 SENIOR CIRCLE	2,405	0	0	0	0	194.01
194.02 MARKETING	118	0	228	0	0	194.02
194.03 VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	399,853	2,860,197	2,549,466	2,755,921	3,355,182	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES APPRV				
	17.00	21.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	30,258					17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0				21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	24,374	0	27,338,039	0	27,338,039	30.00
31.00 INTENSIVE CARE UNIT	3,896	0	7,624,853	0	7,624,853	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,988	0	1,981,078	0	1,981,078	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
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	10,826,487	0	10,826,487	50.00
51.00 RECOVERY ROOM	0	0	3,023,672	0	3,023,672	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	3,291,515	0	3,291,515	52.00
53.00 ANESTHESIOLOGY	0	0	556,631	0	556,631	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	14,099,480	0	14,099,480	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MRI	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	9,085,564	0	9,085,564	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	2,084,306	0	2,084,306	65.00
65.01 GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	4,847,904	0	4,847,904	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	3,639,402	0	3,639,402	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,937,285	0	3,937,285	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	8,536,224	0	8,536,224	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	8,972,272	0	8,972,272	73.00
74.00 RENAL DIALYSIS	0	0	612,872	0	612,872	74.00
76.00 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 GUIDANCE	0	0	278,654	0	278,654	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
76.04 ACUPUNCTURE	0	0	0	0	0	76.04
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	9,622,974	0	9,622,974	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	1,266,126	0	1,266,126	95.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES APPRV				
	17.00	21.00	24.00	25.00	26.00	
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
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	30,258	0	121,625,338	0	121,625,338
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	185,015	0	185,015
192.01	CHIROPRACTIC WORKS LESSEE	0	0	0	0	192.01
194.00	CLINIC CORPORATION	0	0	0	0	194.00
194.01	SENIOR CIRCLE	0	0	50,822	0	50,822
194.02	MARKETING	0	0	2,359,463	0	2,359,463
194.03	VISTA MEDICAL CENTER WEST	0	0	122,731	0	122,731
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.06
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)	30,258	0	124,343,369	0	124,343,369

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	73,238	102,197	175,435	4.00
5.00	ADMINISTRATIVE & GENERAL	0	607,888	848,252	1,456,140	5.00
7.00	OPERATION OF PLANT	0	1,472,365	2,054,547	3,526,912	7.00
8.00	LAUNDRY & LINEN SERVICE	0	86,595	120,836	207,431	8.00
9.00	HOUSEKEEPING	0	46,642	65,084	111,726	9.00
10.00	DIETARY	0	97,889	136,595	234,484	10.00
11.00	CAFETERIA	0	48,333	67,445	115,778	11.00
13.00	NURSING ADMINISTRATION	0	12,526	17,479	30,005	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	112,967	157,635	270,602	14.00
15.00	PHARMACY	0	32,864	45,859	78,723	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	52,206	72,848	125,054	16.00
17.00	SOCIAL SERVICE	0	4,283	5,976	10,259	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	752,439	1,049,958	1,802,397	30.00
31.00	INTENSIVE CARE UNIT	0	120,291	167,855	288,146	31.00
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	24,592	34,316	58,908	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	302,604	422,256	724,860	50.00
51.00	RECOVERY ROOM	0	32,287	45,054	77,341	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	83,545	116,579	200,124	52.00
53.00	ANESTHESIOLOGY	0	10,433	14,559	24,992	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	460,815	643,025	1,103,840	54.00
54.01	ULTRASOUND	0	0	0	0	54.01
54.02	CT SCAN	0	0	0	0	54.02
54.03	MRI	0	0	0	0	54.03
56.00	RADIOISOTOPE	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MRI	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	0	111,236	155,220	266,456	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	42,467	59,258	101,725	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	214,406	299,183	513,589	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	65,680	91,650	157,330	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
76.00	CARDIAC REHAB	0	0	0	0	76.00
76.01	SLEEP LAB	0	0	0	0	76.01
76.02	GUIDANCE	0	0	0	597	76.02
76.03	WOUND CARE	0	0	0	0	76.03
76.04	ACUPUNCTURE	0	0	0	0	76.04
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	178,569	249,176	427,745	15,226
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	12,115	16,906	29,021	1,887
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,059,275	7,059,748	12,119,023	173,853
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	57	192.00
192.01	CHIROPRACTIC WORKS LESSEE	0	0	0	0	192.01
194.00	CLINIC CORPORATION	0	0	0	0	194.00
194.01	SENIOR CIRCLE	0	1,985	2,770	4,755	21
194.02	MARKETING	0	5,622	7,846	13,468	1,193
194.03	VISTA MEDICAL CENTER WEST	0	0	0	0	311
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	5,066,882	7,070,364	12,137,246	175,435

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet B Part II Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	1,474,726					5.00
7.00	OPERATION OF PLANT	113,125	3,643,410				7.00
8.00	LAUNDRY & LINEN SERVICE	15,147	108,294	330,872			8.00
9.00	HOUSEKEEPING	23,971	58,329	0	194,026		9.00
10.00	DIETARY	35,661	122,418	0	8,389	400,952	10.00
11.00	CAFETERIA	2,160	60,444	0	4,142	1,532	11.00
13.00	NURSING ADMINISTRATION	33,120	15,664	0	1,073	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	23,945	141,274	8,719	9,681	0	14.00
15.00	PHARMACY	30,887	41,099	0	2,816	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	36,953	65,287	0	4,474	0	16.00
17.00	SOCIAL SERVICE	144	5,356	0	367	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	224,459	940,980	136,646	64,482	337,377	30.00
31.00	INTENSIVE CARE UNIT	72,274	150,433	27,692	10,308	38,716	31.00
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	20,297	30,754	3,787	2,107	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
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	97,308	378,429	30,113	22,598	0	50.00
51.00	RECOVERY ROOM	30,148	40,378	13,604	2,767	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	30,629	104,479	27,543	7,159	0	52.00
53.00	ANESTHESIOLOGY	5,238	13,048	0	755	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	137,689	576,283	25,061	16,191	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
54.02	CT SCAN	0	0	0	0	0	54.02
54.03	MRI	0	0	0	0	0	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MRI	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	94,547	139,109	0	9,038	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	21,589	53,108	822	3,639	0	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	47,959	268,130	176	1,419	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	37,247	82,137	6,214	5,628	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	37,823	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	87,611	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	68,926	0	0	0	0	73.00
74.00	RENAL DIALYSIS	7,135	0	0	0	0	74.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	SLEEP LAB	0	0	0	0	0	76.01
76.02	GUIDANCE	3,041	0	0	0	0	76.02
76.03	WOUND CARE	0	0	0	0	0	76.03
76.04	ACUPUNCTURE	0	0	0	0	0	76.04
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	91,574	223,313	50,495	15,303	4,294	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	14,222	15,151	0	1,038	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,444,829	3,633,897	330,872	193,374	381,919	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	268	0	0	0	19,033	192.00
192.01 CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00 CLINIC CORPORATION	0	0	0	0	0	194.00
194.01 SENIOR CIRCLE	475	2,482	0	170	0	194.01
194.02 MARKETING	27,698	7,031	0	482	0	194.02
194.03 VISTA MEDICAL CENTER WEST	1,456	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,474,726	3,643,410	330,872	194,026	400,952	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet B Part II Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	184,056					11.00
13.00	NURSING ADMINISTRATION	6,743	94,141				13.00
14.00	CENTRAL SERVICES & SUPPLY	5,146	0	461,294			14.00
15.00	PHARMACY	5,763	0	0	164,682		15.00
16.00	MEDICAL RECORDS & LIBRARY	5,809	0	1,067	0	241,938	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	48,998	39,264	19,696	0	19,402	30.00
31.00	INTENSIVE CARE UNIT	14,087	13,298	8,871	0	5,290	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	3,949	3,621	2,335	0	1,027	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
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	10,503	10,115	30,590	0	52,914	50.00
51.00	RECOVERY ROOM	5,546	6,005	721	0	5,948	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,671	5,198	6,286	0	1,474	52.00
53.00	ANESTHESIOLOGY	539	201	8,177	0	1,434	53.00
54.00	RADIOLOGY-DIAGNOSTIC	17,327	0	13,387	0	41,183	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
54.02	CT SCAN	0	0	0	0	0	54.02
54.03	MRI	0	0	0	0	0	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MRI	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	14,065	0	49,727	0	24,768	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	4,407	0	5,040	0	3,101	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	8,938	0	1,199	0	4,300	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	6,126	0	950	0	12,489	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	119,334	0	6,403	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	177,272	0	12,243	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	164,682	29,230	73.00
74.00	RENAL DIALYSIS	0	0	0	0	815	74.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	SLEEP LAB	0	0	0	0	0	76.01
76.02	GUIDANCE	920	620	46	0	81	76.02
76.03	WOUND CARE	0	0	0	0	0	76.03
76.04	ACUPUNCTURE	0	0	0	0	0	76.04
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	16,030	15,819	14,633	0	19,836	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	2,328	0	1,922	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
116.00	HOSPICE	0	0	0	0	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140084			Period: From 12/01/2010 To 11/30/2011		Worksheet B Part II Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)	182,895	94,141	461,253	164,682	241,938		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
192.01	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0		192.01
194.00	CLINIC CORPORATION	0	0	0	0	0		194.00
194.01	SENIOR CIRCLE	1,107	0	0	0	0		194.01
194.02	MARKETING	54	0	41	0	0		194.02
194.03	VISTA MEDICAL CENTER WEST	0	0	0	0	0		194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.06
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	184,056	94,141	461,294	164,682	241,938		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES APPRV				
	17.00	21.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	16,126					17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0				21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	12,991		3,684,497	0	3,684,497	30.00
31.00 INTENSIVE CARE UNIT	2,076		643,990	0	643,990	31.00
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	1,059		131,329	0	131,329	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0		1,367,165	0	1,367,165	50.00
51.00 RECOVERY ROOM	0		188,237	0	188,237	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0		393,565	0	393,565	52.00
53.00 ANESTHESIOLOGY	0		54,578	0	54,578	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0		1,946,340	0	1,946,340	54.00
54.01 ULTRASOUND	0		0	0	0	54.01
54.02 CT SCAN	0		0	0	0	54.02
54.03 MRI	0		0	0	0	54.03
56.00 RADIOISOTOPE	0		0	0	0	56.00
57.00 CT SCAN	0		0	0	0	57.00
58.00 MRI	0		0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00 LABORATORY	0		606,719	0	606,719	60.00
60.01 BLOOD LABORATORY	0		0	0	0	60.01
65.00 RESPIRATORY THERAPY	0		196,876	0	196,876	65.00
65.01 GASTROINTESTINAL SVCS	0		0	0	0	65.01
66.00 PHYSICAL THERAPY	0		853,460	0	853,460	66.00
67.00 OCCUPATIONAL THERAPY	0		0	0	0	67.00
68.00 SPEECH PATHOLOGY	0		0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0		313,772	0	313,772	69.00
70.00 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0		163,560	0	163,560	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0		277,126	0	277,126	72.00
73.00 DRUGS CHARGED TO PATIENTS	0		262,838	0	262,838	73.00
74.00 RENAL DIALYSIS	0		7,950	0	7,950	74.00
76.00 CARDIAC REHAB	0		0	0	0	76.00
76.01 SLEEP LAB	0		0	0	0	76.01
76.02 GUIDANCE	0		5,305	0	5,305	76.02
76.03 WOUND CARE	0		0	0	0	76.03
76.04 ACUPUNCTURE	0		0	0	0	76.04
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		894,268	0	894,268	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTE	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0		65,569	0	65,569	95.00
99.00 CMHC	0		0	0	0	99.00
99.10 CORF	0		0	0	0	99.10
101.00 HOME HEALTH AGENCY	0		0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES APPRV				
	17.00	21.00	24.00	25.00	26.00	
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
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,126	0	12,057,144	0	12,057,144
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	19,358	0	19,358	192.00
192.01	CHIROPRACTIC WORKS LESSEE	0	0	0	0	192.01
194.00	CLINIC CORPORATION	0	0	0	0	194.00
194.01	SENIOR CIRCLE	0	9,010	0	9,010	194.01
194.02	MARKETING	0	49,967	0	49,967	194.02
194.03	VISTA MEDICAL CENTER WEST	0	1,767	0	1,767	194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.06
200.00	Cross Foot Adjustments		0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	16,126	0	12,137,246	0	12,137,246

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	518,184				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		518,184			2.00
4.00	EMPLOYEE BENEFITS	7,490	7,490	51,081,445		4.00
5.00	ADMINISTRATIVE & GENERAL	62,168	62,168	5,412,349	-19,138,560	105,204,809
7.00	OPERATION OF PLANT	150,577	150,577	982,229	0	8,069,966
8.00	LAUNDRY & LINEN SERVICE	8,856	8,856	0	0	1,080,554
9.00	HOUSEKEEPING	4,770	4,770	0	0	1,709,997
10.00	DIETARY	10,011	10,011	0	0	2,543,950
11.00	CAFETERIA	4,943	4,943	0	0	154,105
13.00	NURSING ADMINISTRATION	1,281	1,281	2,194,663	0	2,362,700
14.00	CENTRAL SERVICES & SUPPLY	11,553	11,553	561,298	0	1,708,128
15.00	PHARMACY	3,361	3,361	1,570,875	0	2,203,416
16.00	MEDICAL RECORDS & LIBRARY	5,339	5,339	959,283	0	2,636,079
17.00	SOCIAL SERVICE	438	438	0	0	10,259
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	76,951	76,951	11,001,489	0	16,014,519
31.00	INTENSIVE CARE UNIT	12,302	12,302	3,727,146	0	5,155,784
40.00	SUBPROVIDER - I PF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	2,515	2,515	1,014,994	0	1,447,953
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	30,947	30,947	2,834,889	0	6,941,679
51.00	RECOVERY ROOM	3,302	3,302	1,682,974	0	2,150,669
52.00	DELIVERY ROOM & LABOR ROOM	8,544	8,544	1,456,706	0	2,184,994
53.00	ANESTHESIOLOGY	1,067	1,067	56,467	0	373,695
54.00	RADIOLOGY-DIAGNOSTIC	47,127	47,127	4,478,461	0	9,822,308
54.01	ULTRASOUND	0	0	0	0	0
54.02	CT SCAN	0	0	0	0	0
54.03	MRI	0	0	0	0	0
56.00	RADIOISOTOPE	0	0	0	0	0
57.00	CT SCAN	0	0	0	0	0
58.00	MRI	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	11,376	11,376	2,623,579	0	6,744,691
60.01	BLOOD LABORATORY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	4,343	4,343	1,003,331	0	1,540,076
65.01	GASTROINTESTINAL SVCS	0	0	0	0	0
66.00	PHYSICAL THERAPY	21,927	21,927	2,256,918	0	3,421,258
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	6,717	6,717	1,645,655	0	2,657,085
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,698,207
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,249,923
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,916,983
74.00	RENAL DIALYSIS	0	0	0	0	508,993
76.00	CARDIAC REHAB	0	0	0	0	0
76.01	SLEEP LAB	0	0	0	0	0
76.02	GUIDANCE	0	0	173,883	0	216,960
76.03	WOUND CARE	0	0	0	0	0
76.04	ACUPUNCTURE	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	0	0	0	0
91.00	EMERGENCY	18,262	18,262	4,433,840	0	6,532,603
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	1,239	1,239	549,507	0	1,014,582
99.00	CMHC	0	0	0	0	0
99.10	CORF	0	0	0	0	0
101.00	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1

Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					4.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	517,406	517,406	50,620,536	-19,138,560	103,072,116	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	16,708	0	19,130	192.00
192.01	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	SENIOR CIRCLE	203	203	6,216	0	33,854	194.01
194.02	MARKETING	575	575	347,291	0	1,975,868	194.02
194.03	VISTA MEDICAL CENTER WEST	0	0	90,694	0	103,841	194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,066,882	7,070,364	7,404,563		19,138,560	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.778152	13.644505	0.144956		0.181917	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			175,435		1,474,726	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.003434		0.014018	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1

Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT	297,949					7.00
8.00 LAUNDRY & LINEN SERVICE	8,856	1,505,825				8.00
9.00 HOUSEKEEPING	4,770	0	231,549			9.00
10.00 DIETARY	10,011	0	10,011	139,498		10.00
11.00 CAFETERIA	4,943	0	4,943	533	67,996	11.00
13.00 NURSING ADMINISTRATION	1,281	0	1,281	0	2,491	13.00
14.00 CENTRAL SERVICES & SUPPLY	11,553	39,680	11,553	0	1,901	14.00
15.00 PHARMACY	3,361	0	3,361	0	2,129	15.00
16.00 MEDICAL RECORDS & LIBRARY	5,339	0	5,339	0	2,146	16.00
17.00 SOCIAL SERVICE	438	0	438	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	76,951	621,888	76,951	117,379	18,102	30.00
31.00 INTENSIVE CARE UNIT	12,302	126,029	12,302	13,470	5,204	31.00
40.00 SUBPROVIDER - I PF	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	2,515	17,237	2,515	0	1,459	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
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	30,947	137,045	26,968	0	3,880	50.00
51.00 RECOVERY ROOM	3,302	61,915	3,302	0	2,049	51.00
52.00 DELIVERY ROOM & LABOR ROOM	8,544	125,349	8,544	0	2,095	52.00
53.00 ANESTHESIOLOGY	1,067	0	901	0	199	53.00
54.00 RADIOLOGY-DIAGNOSTIC	47,127	114,056	19,322	0	6,401	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MRI	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	11,376	0	10,786	0	5,196	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	4,343	3,743	4,343	0	1,628	65.00
65.01 GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	21,927	799	1,693	0	3,302	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	6,717	28,279	6,717	0	2,263	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 GUIDANCE	0	0	0	0	340	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
76.04 ACUPUNCTURE	0	0	0	0	0	76.04
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	18,262	229,805	18,262	1,494	5,922	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,239	0	1,239	0	860	95.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1

Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	297,171	1,505,825	230,771	132,876	67,567	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	6,622	0	192.00
192.01	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	SENIOR CIRCLE	203	0	203	0	409	194.01
194.02	MARKETING	575	0	575	0	20	194.02
194.03	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,538,030	1,560,626	2,173,774	3,421,196	399,853	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	32.012291	1.036393	9.387965	24.525054	5.880537	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,643,410	330,872	194,026	400,952	184,056	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	12.228301	0.219728	0.837948	2.874249	2.706865	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HR)	CENTRAL SERVICES & SUPPLY (TOTAL SUPPLIE)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PT. DAYS & OP OB)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	26,382,137					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	14,919,886				14.00
15.00	PHARMACY	0	0	4,922,310			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	34,522	0	897,125,105		16.00
17.00	SOCIAL SERVICE	0	0	0	0	46,515	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,001,488	637,034	0	71,860,306	37,470	30.00
31.00	INTENSIVE CARE UNIT	3,727,146	286,911	0	19,591,089	5,989	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,014,994	75,507	0	3,802,688	3,056	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
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,834,889	989,392	0	197,046,053	0	50.00
51.00	RECOVERY ROOM	1,682,974	23,330	0	22,030,361	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,456,706	203,305	0	5,457,569	0	52.00
53.00	ANESTHESIOLOGY	56,467	264,459	0	5,309,438	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	432,982	0	152,527,963	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
54.02	CT SCAN	0	0	0	0	0	54.02
54.03	MRI	0	0	0	0	0	54.03
56.00	RADIOISOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MRI	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	1,608,337	0	91,733,972	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	163,022	0	11,484,641	0	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	38,783	0	15,925,260	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	30,732	0	46,255,324	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,859,684	0	23,715,901	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	5,733,620	0	45,344,520	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	4,922,310	108,258,152	0	73.00
74.00	RENAL DIALYSIS	0	0	0	3,017,310	0	74.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	SLEEP LAB	0	0	0	0	0	76.01
76.02	GUIDANCE	173,883	1,503	0	299,019	0	76.02
76.03	WOUND CARE	0	0	0	0	0	76.03
76.04	ACUPUNCTURE	0	0	0	0	0	76.04
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	4,433,590	473,268	0	73,465,539	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	62,161	0	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1

Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSG HR)	CENTRAL SERVICES & SUPPLY (TOTAL SUPPLIE)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PT. DAYS & OP OB)	
		13.00	14.00	15.00	16.00	17.00	
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	26,382,137	14,918,552	4,922,310	897,125,105	46,515	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	SENIOR CIRCLE	0	0	0	0	0	194.01
194.02	MARKETING	0	1,334	0	0	0	194.02
194.03	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,860,197	2,549,466	2,755,921	3,355,182	30,258	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.108414	0.170877	0.559884	0.003740	0.650500	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	94,141	461,294	164,682	241,938	16,126	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.003568	0.030918	0.033456	0.000270	0.346684	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	INTERNS & RESIDENTS		
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	21.00		
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT			1.00
2.00 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0		21.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0		30.00
31.00 INTENSIVE CARE UNIT	0		31.00
40.00 SUBPROVIDER - IPF	0		40.00
41.00 SUBPROVIDER - IRF	0		41.00
42.00 SUBPROVIDER	0		42.00
43.00 NURSERY	0		43.00
44.00 SKILLED NURSING FACILITY	0		44.00
45.00 NURSING FACILITY	0		45.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0		50.00
51.00 RECOVERY ROOM	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0		52.00
53.00 ANESTHESIOLOGY	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0		54.00
54.01 ULTRASOUND	0		54.01
54.02 CT SCAN	0		54.02
54.03 MRI	0		54.03
56.00 RADIOISOTOPE	0		56.00
57.00 CT SCAN	0		57.00
58.00 MRI	0		58.00
59.00 CARDIAC CATHETERIZATION	0		59.00
60.00 LABORATORY	0		60.00
60.01 BLOOD LABORATORY	0		60.01
65.00 RESPIRATORY THERAPY	0		65.00
65.01 GASTROINTESTINAL SVCS	0		65.01
66.00 PHYSICAL THERAPY	0		66.00
67.00 OCCUPATIONAL THERAPY	0		67.00
68.00 SPEECH PATHOLOGY	0		68.00
69.00 ELECTROCARDIOLOGY	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0		73.00
74.00 RENAL DIALYSIS	0		74.00
76.00 CARDIAC REHAB	0		76.00
76.01 SLEEP LAB	0		76.01
76.02 GUIDANCE	0		76.02
76.03 WOUND CARE	0		76.03
76.04 ACUPUNCTURE	0		76.04
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00 CLINIC	0		90.00
91.00 EMERGENCY	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0		93.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	0		95.00
99.00 CMHC	0		99.00
99.10 CORF	0		99.10
101.00 HOME HEALTH AGENCY	0		101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1

Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description	INTERNS & RESIDENTS		
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	21.00		
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
116.00 HOSPICE	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0		118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0		192.00
192.01 CHIROPRACTIC WORKS LESSEE	0		192.01
194.00 CLINIC CORPORATION	0		194.00
194.01 SENIOR CIRCLE	0		194.01
194.02 MARKETING	0		194.02
194.03 VISTA MEDICAL CENTER WEST	0		194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0		194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0		194.05
194.06 OTHER NONREIMBURSABLE COST CENTERS	0		194.06
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 8:54 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		27,338,039	0	27,338,039	30.00
31.00	INTENSIVE CARE UNIT		7,624,853	0	7,624,853	31.00
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		1,981,078	0	1,981,078	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		10,826,487	0	10,826,487	50.00
51.00	RECOVERY ROOM		3,023,672	0	3,023,672	51.00
52.00	DELIVERY ROOM & LABOR ROOM		3,291,515	0	3,291,515	52.00
53.00	ANESTHESIOLOGY		556,631	0	556,631	53.00
54.00	RADIOLOGY-DIAGNOSTIC		14,099,480	0	14,099,480	54.00
54.01	ULTRASOUND		0	0	0	54.01
54.02	CT SCAN		0	0	0	54.02
54.03	MRI		0	0	0	54.03
56.00	RADIO SOTOPE		0	0	0	56.00
57.00	CT SCAN		0	0	0	57.00
58.00	MRI		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		9,085,564	0	9,085,564	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	2,084,306	0	2,084,306	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	4,847,904	0	4,847,904	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY		3,639,402	0	3,639,402	69.00
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT		3,937,285	0	3,937,285	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		8,536,224	0	8,536,224	72.00
73.00	DRUGS CHARGED TO PATIENTS		8,972,272	0	8,972,272	73.00
74.00	RENAL DIALYSIS		612,872	0	612,872	74.00
76.00	CARDIAC REHAB		0	0	0	76.00
76.01	SLEEP LAB		0	0	0	76.01
76.02	GUIDANCE		278,654	0	278,654	76.02
76.03	WOUND CARE		0	0	0	76.03
76.04	ACUPUNCTURE		0	0	0	76.04
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		9,622,974	0	9,622,974	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART		627,317	0	627,317	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		1,266,126	0	1,266,126	95.00
99.00	CMHC		0	0	0	99.00
99.10	CORF		0	0	0	99.10
101.00	HOME HEALTH AGENCY		0	0	0	101.00
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
116.00	HOSPICE		0	0	0	116.00
200.00	Subtotal (see instructions)	0	122,252,655	0	122,252,655	200.00
201.00	Less Observation Beds		627,317	0	627,317	201.00
202.00	Total (see instructions)	0	121,625,338	0	121,625,338	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 8:54 am	
			Title XVII	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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	70,330,052		70,330,052		30.00
31.00	INTENSIVE CARE UNIT	19,591,089		19,591,089		31.00
40.00	SUBPROVIDER - IPF	0		0		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	3,802,688		3,802,688		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	102,366,739	94,679,314	197,046,053	0.054944	50.00
51.00	RECOVERY ROOM	8,446,831	13,583,530	22,030,361	0.137250	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,859,304	598,265	5,457,569	0.603110	52.00
53.00	ANESTHESIOLOGY	3,215,924	2,093,514	5,309,438	0.104838	53.00
54.00	RADIOLOGY-DIAGNOSTIC	46,667,621	105,860,342	152,527,963	0.092439	54.00
54.01	ULTRASOUND	0	0	0	0.000000	54.01
54.02	CT SCAN	0	0	0	0.000000	54.02
54.03	MRI	0	0	0	0.000000	54.03
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MRI	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	55,670,233	36,063,739	91,733,972	0.099043	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	10,035,342	1,449,299	11,484,641	0.181486	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0.000000	65.01
66.00	PHYSICAL THERAPY	5,418,866	10,506,394	15,925,260	0.304416	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	33,206,596	13,048,728	46,255,324	0.078681	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	17,674,998	6,040,903	23,715,901	0.166019	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	36,693,376	8,651,144	45,344,520	0.188253	72.00
73.00	DRUGS CHARGED TO PATIENTS	78,437,831	29,820,321	108,258,152	0.082878	73.00
74.00	RENAL DIALYSIS	2,982,417	34,893	3,017,310	0.203119	74.00
76.00	CARDIAC REHAB	0	0	0	0.000000	76.00
76.01	SLEEP LAB	0	0	0	0.000000	76.01
76.02	GUIDANCE	22,993	276,026	299,019	0.931894	76.02
76.03	WOUND CARE	0	0	0	0.000000	76.03
76.04	ACUPUNCTURE	0	0	0	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0	0.000000	90.00
91.00	EMERGENCY	25,167,315	48,298,224	73,465,539	0.130986	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	111,949	1,418,305	1,530,254	0.409943	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	0	0		101.00
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
116.00	HOSPICE	0	0	0		116.00
200.00	Subtotal (see instructions)	524,702,164	372,422,941	897,125,105		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	524,702,164	372,422,941	897,125,105		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 8:54 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.054944		50.00
51.00	RECOVERY ROOM	0.137250		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.603110		52.00
53.00	ANESTHESIOLOGY	0.104838		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.092439		54.00
54.01	ULTRASOUND	0.000000		54.01
54.02	CT SCAN	0.000000		54.02
54.03	MRI	0.000000		54.03
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MRI	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.099043		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.181486		65.00
65.01	GASTROINTESTINAL SVCS	0.000000		65.01
66.00	PHYSICAL THERAPY	0.304416		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.078681		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.166019		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.188253		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.082878		73.00
74.00	RENAL DIALYSIS	0.203119		74.00
76.00	CARDIAC REHAB	0.000000		76.00
76.01	SLEEP LAB	0.000000		76.01
76.02	GUIDANCE	0.931894		76.02
76.03	WOUND CARE	0.000000		76.03
76.04	ACUPUNCTURE	0.000000		76.04
	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	0.130986		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.409943		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0.000000		95.00
99.00	CMHC			99.00
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
116.00	HOSPICE			116.00
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: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 8:54 am
		Title XIX	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		27,338,039	0	27,338,039	30.00
31.00	INTENSIVE CARE UNIT		7,624,853	0	7,624,853	31.00
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		1,981,078	0	1,981,078	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		10,826,487	0	10,826,487	50.00
51.00	RECOVERY ROOM		3,023,672	0	3,023,672	51.00
52.00	DELIVERY ROOM & LABOR ROOM		3,291,515	0	3,291,515	52.00
53.00	ANESTHESIOLOGY		556,631	0	556,631	53.00
54.00	RADIOLOGY-DIAGNOSTIC		14,099,480	0	14,099,480	54.00
54.01	ULTRASOUND		0	0	0	54.01
54.02	CT SCAN		0	0	0	54.02
54.03	MRI		0	0	0	54.03
56.00	RADIO SOTOPE		0	0	0	56.00
57.00	CT SCAN		0	0	0	57.00
58.00	MRI		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		9,085,564	0	9,085,564	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	2,084,306	0	2,084,306	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	4,847,904	0	4,847,904	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY		3,639,402	0	3,639,402	69.00
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT		3,937,285	0	3,937,285	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		8,536,224	0	8,536,224	72.00
73.00	DRUGS CHARGED TO PATIENTS		8,972,272	0	8,972,272	73.00
74.00	RENAL DIALYSIS		612,872	0	612,872	74.00
76.00	CARDIAC REHAB		0	0	0	76.00
76.01	SLEEP LAB		0	0	0	76.01
76.02	GUIDANCE		278,654	0	278,654	76.02
76.03	WOUND CARE		0	0	0	76.03
76.04	ACUPUNCTURE		0	0	0	76.04
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		9,622,974	0	9,622,974	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART		627,317	0	627,317	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		1,266,126	0	1,266,126	95.00
99.00	CMHC		0	0	0	99.00
99.10	CORF		0	0	0	99.10
101.00	HOME HEALTH AGENCY		0	0	0	101.00
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
116.00	HOSPICE		0	0	0	116.00
200.00	Subtotal (see instructions)	0	122,252,655	0	122,252,655	200.00
201.00	Less Observation Beds		627,317	0	627,317	201.00
202.00	Total (see instructions)	0	121,625,338	0	121,625,338	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet C Part I Date/Time Prepared: 5/24/2012 8:54 am	
		Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	70,330,052		70,330,052			30.00
31.00	INTENSIVE CARE UNIT	19,591,089		19,591,089			31.00
40.00	SUBPROVIDER - IPF	0		0			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	3,802,688		3,802,688			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	102,366,739	94,679,314	197,046,053	0.054944	0.000000	50.00
51.00	RECOVERY ROOM	8,446,831	13,583,530	22,030,361	0.137250	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,859,304	598,265	5,457,569	0.603110	0.000000	52.00
53.00	ANESTHESIOLOGY	3,215,924	2,093,514	5,309,438	0.104838	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	46,667,621	105,860,342	152,527,963	0.092439	0.000000	54.00
54.01	ULTRASOUND	0	0	0	0.000000	0.000000	54.01
54.02	CT SCAN	0	0	0	0.000000	0.000000	54.02
54.03	MRI	0	0	0	0.000000	0.000000	54.03
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MRI	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	55,670,233	36,063,739	91,733,972	0.099043	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	10,035,342	1,449,299	11,484,641	0.181486	0.000000	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0.000000	0.000000	65.01
66.00	PHYSICAL THERAPY	5,418,866	10,506,394	15,925,260	0.304416	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	33,206,596	13,048,728	46,255,324	0.078681	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	17,674,998	6,040,903	23,715,901	0.166019	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	36,693,376	8,651,144	45,344,520	0.188253	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	78,437,831	29,820,321	108,258,152	0.082878	0.000000	73.00
74.00	RENAL DIALYSIS	2,982,417	34,893	3,017,310	0.203119	0.000000	74.00
76.00	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.01	SLEEP LAB	0	0	0	0.000000	0.000000	76.01
76.02	GUIDANCE	22,993	276,026	299,019	0.931894	0.000000	76.02
76.03	WOUND CARE	0	0	0	0.000000	0.000000	76.03
76.04	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	EMERGENCY	25,167,315	48,298,224	73,465,539	0.130986	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	111,949	1,418,305	1,530,254	0.409943	0.000000	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	0	0			101.00
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
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	524,702,164	372,422,941	897,125,105			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	524,702,164	372,422,941	897,125,105			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 8:54 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.054944		50.00
51.00	RECOVERY ROOM	0.137250		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.603110		52.00
53.00	ANESTHESIOLOGY	0.104838		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.092439		54.00
54.01	ULTRASOUND	0.000000		54.01
54.02	CT SCAN	0.000000		54.02
54.03	MRI	0.000000		54.03
56.00	RADIOLOGY	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MRI	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.099043		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.181486		65.00
65.01	GASTROINTESTINAL SVCS	0.000000		65.01
66.00	PHYSICAL THERAPY	0.304416		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.078681		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.166019		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.188253		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.082878		73.00
74.00	RENAL DIALYSIS	0.203119		74.00
76.00	CARDIAC REHAB	0.000000		76.00
76.01	SLEEP LAB	0.000000		76.01
76.02	GUIDANCE	0.931894		76.02
76.03	WOUND CARE	0.000000		76.03
76.04	ACUPUNCTURE	0.000000		76.04
	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	0.130986		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.409943		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0.000000		95.00
99.00	CMHC			99.00
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140084

Period: From 12/01/2010 To 11/30/2011

Worksheet C Part II Date/Time Prepared: 5/24/2012 8:54 am

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	10,826,487	1,367,165	9,459,322	0	0	50.00
51.00	RECOVERY ROOM	3,023,672	188,237	2,835,435	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,291,515	393,565	2,897,950	0	0	52.00
53.00	ANESTHESIOLOGY	556,631	54,578	502,053	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,099,480	1,946,340	12,153,140	0	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
54.02	CT SCAN	0	0	0	0	0	54.02
54.03	MRI	0	0	0	0	0	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MRI	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	9,085,564	606,719	8,478,845	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	2,084,306	196,876	1,887,430	0	0	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	4,847,904	853,460	3,994,444	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	3,639,402	313,772	3,325,630	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	3,937,285	163,560	3,773,725	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	8,536,224	277,126	8,259,098	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,972,272	262,838	8,709,434	0	0	73.00
74.00	RENAL DIALYSIS	612,872	7,950	604,922	0	0	74.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	SLEEP LAB	0	0	0	0	0	76.01
76.02	GUIDANCE	278,654	5,305	273,349	0	0	76.02
76.03	WOUND CARE	0	0	0	0	0	76.03
76.04	ACUPUNCTURE	0	0	0	0	0	76.04
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	9,622,974	894,268	8,728,706	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	627,317	84,547	542,770	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,266,126	65,569	1,200,557	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
116.00	HOSPICE	0	0	0	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	85,308,685	7,681,875	77,626,810	0	0	200.00
201.00	Less Observation Beds	627,317	84,547	542,770	0	0	201.00
202.00	Total (line 200 minus line 201)	84,681,368	7,597,328	77,084,040	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part II Date/Time Prepared: 5/24/2012 8:54 am
---	--	----------------------	---------------------------------------	---

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part 1, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	10,826,487	197,046,053	0.054944		50.00
51.00	RECOVERY ROOM	3,023,672	22,030,361	0.137250		51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,291,515	5,457,569	0.603110		52.00
53.00	ANESTHESIOLOGY	556,631	5,309,438	0.104838		53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,099,480	152,527,963	0.092439		54.00
54.01	ULTRASOUND	0	0	0.000000		54.01
54.02	CT SCAN	0	0	0.000000		54.02
54.03	MRI	0	0	0.000000		54.03
56.00	RADIOISOTOPE	0	0	0.000000		56.00
57.00	CT SCAN	0	0	0.000000		57.00
58.00	MRI	0	0	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000		59.00
60.00	LABORATORY	9,085,564	91,733,972	0.099043		60.00
60.01	BLOOD LABORATORY	0	0	0.000000		60.01
65.00	RESPIRATORY THERAPY	2,084,306	11,484,641	0.181486		65.00
65.01	GASTROINTESTINAL SVCS	0	0	0.000000		65.01
66.00	PHYSICAL THERAPY	4,847,904	15,925,260	0.304416		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	ELECTROCARDIOLOGY	3,639,402	46,255,324	0.078681		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	3,937,285	23,715,901	0.166019		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	8,536,224	45,344,520	0.188253		72.00
73.00	DRUGS CHARGED TO PATIENTS	8,972,272	108,258,152	0.082878		73.00
74.00	RENAL DIALYSIS	612,872	3,017,310	0.203119		74.00
76.00	CARDIAC REHAB	0	0	0.000000		76.00
76.01	SLEEP LAB	0	0	0.000000		76.01
76.02	GUIDANCE	278,654	299,019	0.931894		76.02
76.03	WOUND CARE	0	0	0.000000		76.03
76.04	ACUPUNCTURE	0	0	0.000000		76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	CLINIC	0	0	0.000000		90.00
91.00	EMERGENCY	9,622,974	73,465,539	0.130986		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	627,317	1,530,254	0.409943		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	1,266,126	0	0.000000		95.00
99.00	CMHC	0	0	0.000000		99.00
99.10	CORF	0	0	0.000000		99.10
101.00	HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	ISLET ACQUISITION	0	0	0.000000		111.00
116.00	HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	85,308,685	0			200.00
201.00	Less Observation Beds	627,317	0			201.00
202.00	Total (line 200 minus line 201)	84,681,368	803,401,276			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet D
Part I
Date/Time Prepared:
5/24/2012 8:54 am

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	3,684,497	0	3,684,497	38,350	96.08	30.00
31.00	INTENSIVE CARE UNIT	643,990		643,990	5,989	107.53	31.00
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	131,329		131,329	3,056	42.97	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
200.00	Total (lines 30-199)	4,459,816		4,459,816	47,395		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part I Date/Time Prepared: 5/24/2012 8:54 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	19,183	1,843,103		30.00
31.00 INTENSIVE CARE UNIT	3,323	357,322		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (Lines 30-199)	22,506	2,200,425		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part II Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,367,165	197,046,053	0.006938	45,132,941	313,132	50.00
51.00	RECOVERY ROOM	188,237	22,030,361	0.008544	2,699,613	23,065	51.00
52.00	DELIVERY ROOM & LABOR ROOM	393,565	5,457,569	0.072114	28,004	2,019	52.00
53.00	ANESTHESIOLOGY	54,578	5,309,438	0.010279	765,824	7,872	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,946,340	152,527,963	0.012761	24,896,609	317,706	54.00
54.01	ULTRASOUND	0	0	0.000000	0	0	54.01
54.02	CT SCAN	0	0	0.000000	0	0	54.02
54.03	MRI	0	0	0.000000	0	0	54.03
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MRI	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	606,719	91,733,972	0.006614	29,257,264	193,508	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	196,876	11,484,641	0.017143	6,173,858	105,838	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0.000000	0	0	65.01
66.00	PHYSICAL THERAPY	853,460	15,925,260	0.053592	3,346,669	179,355	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	313,772	46,255,324	0.006783	16,542,942	112,211	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	163,560	23,715,901	0.006897	7,029,451	48,482	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	277,126	45,344,520	0.006112	19,819,544	121,137	72.00
73.00	DRUGS CHARGED TO PATIENTS	262,838	108,258,152	0.002428	40,700,514	98,821	73.00
74.00	RENAL DIALYSIS	7,950	3,017,310	0.002635	2,056,944	5,420	74.00
76.00	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.01	SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	GUIDANCE	5,305	299,019	0.017741	7,952	141	76.02
76.03	WOUND CARE	0	0	0.000000	0	0	76.03
76.04	ACUPUNCTURE	0	0	0.000000	0	0	76.04
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	894,268	73,465,539	0.012173	12,454,060	151,603	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	84,547	1,530,254	0.055250	52,974	2,927	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	7,616,306	803,401,276		210,965,163	1,683,237	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part III Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part III Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	38,350	0.00	19,183	0		30.00
31.00	INTENSIVE CARE UNIT	5,989	0.00	3,323	0		31.00
40.00	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	SUBPROVIDER	0	0.00	0	0		42.00
43.00	NURSERY	3,056	0.00	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	NURSING FACILITY	0	0.00	0	0		45.00
200.00	Total (lines 30-199)	47,395		22,506	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 8:54 am
--	----------------------	---	--

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MRI	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 GASTROINTESTINAL SVCS	0	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 CARDIAC REHAB	0	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	0	76.01
76.02 GUIDANCE	0	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	0	76.03
76.04 ACUPUNCTURE	0	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES							95.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 8:54 am
--	----------------------	---------------------------------------	---

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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	197,046,053	0.000000	0.000000	45,132,941	50.00
51.00	RECOVERY ROOM	0	22,030,361	0.000000	0.000000	2,699,613	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	5,457,569	0.000000	0.000000	28,004	52.00
53.00	ANESTHESIOLOGY	0	5,309,438	0.000000	0.000000	765,824	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	152,527,963	0.000000	0.000000	24,896,609	54.00
54.01	ULTRASOUND	0	0	0.000000	0.000000	0	54.01
54.02	CT SCAN	0	0	0.000000	0.000000	0	54.02
54.03	MRI	0	0	0.000000	0.000000	0	54.03
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MRI	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	91,733,972	0.000000	0.000000	29,257,264	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0	11,484,641	0.000000	0.000000	6,173,858	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	15,925,260	0.000000	0.000000	3,346,669	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	46,255,324	0.000000	0.000000	16,542,942	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,715,901	0.000000	0.000000	7,029,451	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	45,344,520	0.000000	0.000000	19,819,544	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	108,258,152	0.000000	0.000000	40,700,514	73.00
74.00	RENAL DIALYSIS	0	3,017,310	0.000000	0.000000	2,056,944	74.00
76.00	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.01	SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	GUIDANCE	0	299,019	0.000000	0.000000	7,952	76.02
76.03	WOUND CARE	0	0	0.000000	0.000000	0	76.03
76.04	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.04
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	73,465,539	0.000000	0.000000	12,454,060	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0	1,530,254	0.000000	0.000000	52,974	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	803,401,276			210,965,163	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 8:54 am
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	29,292,311	0	50.00
51.00 RECOVERY ROOM	0	3,695,986	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	6,702	0	52.00
53.00 ANESTHESIOLOGY	0	552,803	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	26,907,857	0	54.00
54.01 ULTRASOUND	0	0	0	54.01
54.02 CT SCAN	0	0	0	54.02
54.03 MRI	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MRI	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	1,859,547	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	535,409	0	65.00
65.01 GASTROINTESTINAL SVCS	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	4,235,308	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,052,974	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	3,523,354	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	13,181,456	0	73.00
74.00 RENAL DIALYSIS	0	8,223	0	74.00
76.00 CARDIAC REHAB	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	76.01
76.02 GUIDANCE	0	32,006	0	76.02
76.03 WOUND CARE	0	0	0	76.03
76.04 ACUPUNCTURE	0	0	0	76.04
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	6,648,363	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0	185,567	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	92,717,866	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 8:54 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.054944	29,292,311	0	0	50.00
51.00	RECOVERY ROOM	0.137250	3,695,986	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.603110	6,702	0	0	52.00
53.00	ANESTHESIOLOGY	0.104838	552,803	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.092439	26,907,857	0	0	54.00
54.01	ULTRASOUND	0.000000	0	0	0	54.01
54.02	CT SCAN	0.000000	0	0	0	54.02
54.03	MRI	0.000000	0	0	0	54.03
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MRI	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.099043	1,859,547	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0.181486	535,409	0	0	65.00
65.01	GASTROINTESTINAL SVCS	0.000000	0	0	0	65.01
66.00	PHYSICAL THERAPY	0.304416	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.078681	4,235,308	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.166019	2,052,974	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.188253	3,523,354	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.082878	13,181,456	0	0	73.00
74.00	RENAL DIALYSIS	0.203119	8,223	0	0	74.00
76.00	CARDIAC REHAB	0.000000	0	0	0	76.00
76.01	SLEEP LAB	0.000000	0	0	0	76.01
76.02	GUIDANCE	0.931894	32,006	0	0	76.02
76.03	WOUND CARE	0.000000	0	0	0	76.03
76.04	ACUPUNCTURE	0.000000	0	0	0	76.04
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	0.130986	6,648,363	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.409943	185,567	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0.000000	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.000000		0		95.00
200.00	Subtotal (see instructions)		92,717,866	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		92,717,866	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part V Date/Time Prepared: 5/24/2012 8:54 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,609,437	0	0			50.00
51.00	RECOVERY ROOM	507,274	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,042	0	0			52.00
53.00	ANESTHESIOLOGY	57,955	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,487,335	0	0			54.00
54.01	ULTRASOUND	0	0	0			54.01
54.02	CT SCAN	0	0	0			54.02
54.03	MRI	0	0	0			54.03
56.00	RADIOISOTOPE	0	0	0			56.00
57.00	CT SCAN	0	0	0			57.00
58.00	MRI	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	184,175	0	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
65.00	RESPIRATORY THERAPY	97,169	0	0			65.00
65.01	GASTROINTESTINAL SVCS	0	0	0			65.01
66.00	PHYSICAL THERAPY	0	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0	0			68.00
69.00	ELECTROCARDIOLOGY	333,238	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	340,833	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	663,282	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	1,092,453	0	0			73.00
74.00	RENAL DIALYSIS	1,670	0	0			74.00
76.00	CARDIAC REHAB	0	0	0			76.00
76.01	SLEEP LAB	0	0	0			76.01
76.02	GUIDANCE	29,826	0	0			76.02
76.03	WOUND CARE	0	0	0			76.03
76.04	ACUPUNCTURE	0	0	0			76.04
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	870,842	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	76,072	0	0			92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0			93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES		0				95.00
200.00	Subtotal (see instructions)	8,355,603	0	0			200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0				201.00
202.00	Net Charges (line 200 +/- line 201)	8,355,603	0	0			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet D
Part I
Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description		Title XIX			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	3,684,497	0	3,684,497	38,350	96.08	30.00
31.00	INTENSIVE CARE UNIT	643,990		643,990	5,989	107.53	31.00
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	131,329		131,329	3,056	42.97	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
200.00	Total (lines 30-199)	4,459,816		4,459,816	47,395		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part I Date/Time Prepared: 5/24/2012 8:54 am
		Title XIX	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	7,708	740,585	30.00
31.00 INTENSIVE CARE UNIT	447	48,066	31.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	2,675	114,945	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
200.00 Total (Lines 30-199)	10,830	903,596	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part II Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,367,165	197,046,053	0.006938	0	0	50.00
51.00	RECOVERY ROOM	188,237	22,030,361	0.008544	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	393,565	5,457,569	0.072114	0	0	52.00
53.00	ANESTHESIOLOGY	54,578	5,309,438	0.010279	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,946,340	152,527,963	0.012761	0	0	54.00
54.01	ULTRASOUND	0	0	0.000000	0	0	54.01
54.02	CT SCAN	0	0	0.000000	0	0	54.02
54.03	MRI	0	0	0.000000	0	0	54.03
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MRI	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	606,719	91,733,972	0.006614	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	196,876	11,484,641	0.017143	0	0	65.00
65.01	GASTROINTESTINAL SVCS	0	0	0.000000	0	0	65.01
66.00	PHYSICAL THERAPY	853,460	15,925,260	0.053592	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	313,772	46,255,324	0.006783	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	163,560	23,715,901	0.006897	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	277,126	45,344,520	0.006112	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	262,838	108,258,152	0.002428	0	0	73.00
74.00	RENAL DIALYSIS	7,950	3,017,310	0.002635	0	0	74.00
76.00	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.01	SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	GUIDANCE	5,305	299,019	0.017741	0	0	76.02
76.03	WOUND CARE	0	0	0.000000	0	0	76.03
76.04	ACUPUNCTURE	0	0	0.000000	0	0	76.04
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	894,268	73,465,539	0.012173	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	84,547	1,530,254	0.055250	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	7,616,306	803,401,276		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part III Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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
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
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part III Date/Time Prepared: 5/24/2012 8:54 am
---	----------------------	---	---

Cost Center Description	Title XIX				Hospital	PPS
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	38,350	0.00	7,708	0		30.00
31.00 INTENSIVE CARE UNIT	5,989	0.00	447	0		31.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00 SUBPROVIDER	0	0.00	0	0		42.00
43.00 NURSERY	3,056	0.00	2,675	0		43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00 NURSING FACILITY	0	0.00	0	0		45.00
200.00 Total (lines 30-199)	47,395		10,830	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 8:54 am
--	----------------------	---	--

Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MRI	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 GASTROINTESTINAL SVCS	0	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 CARDIAC REHAB	0	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	0	76.01
76.02 GUIDANCE	0	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	0	76.03
76.04 ACUPUNCTURE	0	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES							95.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 8:54 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XIX			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	197,046,053	0.000000	0.000000	0	50.00
51.00 RECOVERY ROOM	0	22,030,361	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,457,569	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	5,309,438	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	152,527,963	0.000000	0.000000	0	54.00
54.01 ULTRASOUND	0	0	0.000000	0.000000	0	54.01
54.02 CT SCAN	0	0	0.000000	0.000000	0	54.02
54.03 MRI	0	0	0.000000	0.000000	0	54.03
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MRI	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	91,733,972	0.000000	0.000000	0	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	11,484,641	0.000000	0.000000	0	65.00
65.01 GASTROINTESTINAL SVCS	0	0	0.000000	0.000000	0	65.01
66.00 PHYSICAL THERAPY	0	15,925,260	0.000000	0.000000	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	46,255,324	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 PATIENT	0	23,715,901	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	45,344,520	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	108,258,152	0.000000	0.000000	0	73.00
74.00 RENAL DIALYSIS	0	3,017,310	0.000000	0.000000	0	74.00
76.00 CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.01 SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02 GUIDANCE	0	299,019	0.000000	0.000000	0	76.02
76.03 WOUND CARE	0	0	0.000000	0.000000	0	76.03
76.04 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.04
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	73,465,539	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0	1,530,254	0.000000	0.000000	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTE	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	803,401,276			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 8:54 am
	Title XIX	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	54.01
54.02 CT SCAN	0	0	0	54.02
54.03 MRI	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MRI	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	65.00
65.01 GASTROINTESTINAL SVCS	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 CARDIAC REHAB	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	76.01
76.02 GUIDANCE	0	0	0	76.02
76.03 WOUND CARE	0	0	0	76.03
76.04 ACUPUNCTURE	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2012 8:54 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,350	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,350	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		38,350	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)		19,183	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)		27,338,039	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)		27,338,039	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		74,132,740	28.00
29.00	Private room charges (excluding swing-bed charges)		2,426,862	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		71,705,878	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.368771	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)		1,869.78	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)		27,338,039	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)		712.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,674,793	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)		13,674,793	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 8:54 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,624,853	5,989	1,273.14	3,323	4,230,644	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,937,017	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					39,842,454	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)					2,200,425	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,683,237	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,883,662	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,958,792	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)					880	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					712.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					627,317	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,684,497	27,338,039	0.134775	627,317	84,547	90.00
91.00	Nursing School cost	0	27,338,039	0.000000	627,317	0	91.00
92.00	Allied health cost	0	27,338,039	0.000000	627,317	0	92.00
93.00	All other Medical Education	0	27,338,039	0.000000	627,317	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2012 8:54 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,350	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,350	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		38,350	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)		7,708	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,056	15.00
16.00	Nursery days (title V or XIX only)		2,675	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)		27,338,039	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)		27,338,039	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)		27,338,039	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)		712.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,494,725	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)		5,494,725	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 8:54 am		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,981,078	3,056	648.26	2,675	1,734,096	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,624,853	5,989	1,273.14	447	569,094	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,797,915	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)					903,596	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)					903,596	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,894,319	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)					880	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					712.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					627,317	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084		Period: From 12/01/2010 To 11/30/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 8:54 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,684,497	27,338,039	0.134775	627,317	84,547	90.00
91.00	Nursing School cost	0	27,338,039	0.000000	627,317	0	91.00
92.00	Allied health cost	0	27,338,039	0.000000	627,317	0	92.00
93.00	All other Medical Education	0	27,338,039	0.000000	627,317	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		37,444,550		30.00
31.00	INTENSIVE CARE UNIT		10,855,616		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.054944	45,132,941	2,479,784	50.00
51.00	RECOVERY ROOM	0.137250	2,699,613	370,522	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.603110	28,004	16,889	52.00
53.00	ANESTHESIOLOGY	0.104838	765,824	80,287	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.092439	24,896,609	2,301,418	54.00
54.01	ULTRASOUND	0.000000	0	0	54.01
54.02	CT SCAN	0.000000	0	0	54.02
54.03	MRI	0.000000	0	0	54.03
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MRI	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.099043	29,257,264	2,897,727	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.181486	6,173,858	1,120,469	65.00
65.01	GASTROINTESTINAL SVCS	0.000000	0	0	65.01
66.00	PHYSICAL THERAPY	0.304416	3,346,669	1,018,780	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.078681	16,542,942	1,301,615	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.166019	7,029,451	1,167,022	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.188253	19,819,544	3,731,089	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.082878	40,700,514	3,373,177	73.00
74.00	RENAL DIALYSIS	0.203119	2,056,944	417,804	74.00
76.00	CARDIAC REHAB	0.000000	0	0	76.00
76.01	SLEEP LAB	0.000000	0	0	76.01
76.02	GUIDANCE	0.931894	7,952	7,410	76.02
76.03	WOUND CARE	0.000000	0	0	76.03
76.04	ACUPUNCTURE	0.000000	0	0	76.04
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	90.00
91.00	EMERGENCY	0.130986	12,454,060	1,631,308	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.409943	52,974	21,716	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		210,965,163	21,937,017	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		210,965,163		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 8:54 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		34,010,234	1.00
2.00	Outlier payments for discharges. (see instructions)		458,697	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		190.59	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.10	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		26.71	31.00
32.00	Sum of lines 30 and 31		33.81	32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.11	33.00
34.00	Disproportionate share adjustment (see instructions)		5,819,151	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)		40,288,082	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)		40,288,082	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 8:54 am
		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)	3,080,243	1.00	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0	1.01	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	0		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	0		58.00
59.00	Total (sum of amounts on lines 49 through 58)	43,368,325		59.00
60.00	Primary payer payments	34,127		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	43,334,198		61.00
62.00	Deductibles billed to program beneficiaries	3,632,600		62.00
63.00	Coinsurance billed to program beneficiaries	142,406		63.00
64.00	Allowable bad debts (see instructions)	934,803		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	654,362		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	813,818		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	40,213,554		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)	40,213,554		71.00
72.00	Interim payments	40,732,573		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)	-519,019		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	1,039,387		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: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 8:54 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,355,603	2.00
3.00	PPS payments		9,996,174	3.00
4.00	Outlier payment (see instructions)		14,929	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		10,011,103	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,455,446	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)		7,555,657	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,555,657	30.00
31.00	Primary payer payments		6,534	31.00
32.00	Subtotal (line 30 minus line 31)		7,549,123	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)		741,893	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		519,325	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		693,239	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		8,068,448	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		8,068,448	40.00
41.00	Interim payments		8,093,922	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)		-25,474	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		66,024	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2012 8:54 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		39,953,073		7,549,122	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		686,900		503,200	3.01	
3.02		05/23/2011	92,600	05/23/2011	41,600	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		779,500		544,800	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)		40,732,573		8,093,922	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		519,019		25,474	6.02	
7.00	Total Medicare program liability (see instructions)		40,213,554		8,068,448	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

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

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet G
Date/Time Prepared:
5/24/2012 8:54 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-263,540	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	43,024,749	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-15,353,619	0	0	0	6.00
7.00	Inventory	3,470,290	0	0	0	7.00
8.00	Prepaid expenses	1,059,276	0	0	0	8.00
9.00	Other current assets	311,504	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)	32,248,660	0	0	0	11.00
FIXED ASSETS						
12.00	Land	11,242,045	0	0	0	12.00
13.00	Land improvements	2,267,670	0	0	0	13.00
14.00	Accumulated depreciation	-644,601	0	0	0	14.00
15.00	Buildings	55,281,036	0	0	0	15.00
16.00	Accumulated depreciation	-6,612,634	0	0	0	16.00
17.00	Leasehold improvements	13,287,902	0	0	0	17.00
18.00	Accumulated depreciation	-1,251,061	0	0	0	18.00
19.00	Fixed equipment	2,917,789	0	0	0	19.00
20.00	Accumulated depreciation	-830,952	0	0	0	20.00
21.00	Automobiles and trucks	108,337	0	0	0	21.00
22.00	Accumulated depreciation	-52,563	0	0	0	22.00
23.00	Major movable equipment	21,783,805	0	0	0	23.00
24.00	Accumulated depreciation	-10,868,404	0	0	0	24.00
25.00	Minor equipment depreciable	10,590,215	0	0	0	25.00
26.00	Accumulated depreciation	-7,503,509	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)	89,715,075	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	2,390,819	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,390,819	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	124,354,554	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	21,466,060	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,828,254	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	69,152,612	0	0	0	43.00
44.00	Other current liabilities	1,978,954	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	98,425,880	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	98,425,880	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	25,928,674	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	25,928,674	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	124,354,554	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet G-1

Date/Time Prepared:
5/24/2012 8:54 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
		1.00	Fund balances at beginning of period		27,863,854		
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,935,180			2.00	
3.00	Total (sum of line 1 and line 2)		25,928,674		0	3.00	
4.00	Additions (credit adjustments) (specify)	0		0		4.00	
5.00		0		0		5.00	
6.00		0		0		6.00	
7.00		0		0		7.00	
8.00		0		0		8.00	
9.00		0		0		9.00	
10.00	Total additions (sum of line 4-9)		0		0	10.00	
11.00	Subtotal (line 3 plus line 10)		25,928,674		0	11.00	
12.00	Deductions (debit adjustments) (specify)	0		0		12.00	
13.00		0		0		13.00	
14.00		0		0		14.00	
15.00		0		0		15.00	
16.00		0		0		16.00	
17.00		0		0		17.00	
18.00	Total deductions (sum of lines 12-17)		0		0	18.00	
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		25,928,674		0	19.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet G-1

Date/Time Prepared:
5/24/2012 8:54 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
5/24/2012 8:54 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	74,132,740		74,132,740	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
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,132,740		74,132,740	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,591,089		19,591,089	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,591,089		19,591,089	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	93,723,829		93,723,829	17.00
18.00	Ancillary services	430,978,335	0	430,978,335	18.00
19.00	Outpatient services	0	372,422,941	372,422,941	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	524,702,164	372,422,941	897,125,105	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		178,379,845		29.00
30.00	ADD (SPECIFY)	0			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)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		178,379,845		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140084

Period:
From 12/01/2010
To 11/30/2011

Worksheet G-3

Date/Time Prepared:
5/24/2012 8:54 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	897,125,105	1.00
2.00	Less contractual allowances and discounts on patients' accounts	722,311,798	2.00
3.00	Net patient revenues (line 1 minus line 2)	174,813,307	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	178,379,845	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,566,538	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	1,631,358	24.00
25.00	Total other income (sum of lines 6-24)	1,631,358	25.00
26.00	Total (line 5 plus line 25)	-1,935,180	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,935,180	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140084	Period: From 12/01/2010 To 11/30/2011	Worksheet L Parts I-III Date/Time Prepared: 5/24/2012 8:54 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,762,240	1.00
2.00	Capital DRG outlier payments		122,160	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		119.07	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.10	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		26.71	8.00
9.00	Sum of lines 7 and 8		33.81	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.09	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		195,843	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,080,243	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