

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: 140100 Period: From 07/01/2010 To 06/30/2011 Worksheet 5 Parts I-III Date/Time Prepared: 1/26/2012 4:21 pm

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 1/26/2012 Time: 4:21 pm
 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 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

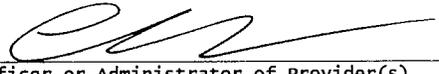
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR 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 MIDWESTERN REGIONAL MEDICAL CENTER for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 1/26/2012 Time: 4:21 pm
 rg4.em3bhGutsNA06YB1q9pYwpN9F0
 7khPd00UTT5a2Be6Kcycn3B0ovpaZT
 xwrT0c0lgk0kvwrf
 PI: Date: 1/26/2012 Time: 4:21 pm
 AYNLvhtpccymfwST73hxU2H:nqMEe0
 PhB.40fXY:xkydNHmLbaJV6kbnpFC0
 mm60:GCR180F7lyG

(Signed) 
 Officer or Administrator of Provider(s)
 CFO
 Title
 1127112
 Date

	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	-119,654	119,550	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	-119,654	119,550	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.

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: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet 5 Parts I-III Date/Time Prepared: 1/26/2012 4:21 pm
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Provider use only

1. Electronically filed cost report
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 4. Medicare Utilization. Enter "F" for full or "L" for low.

Date: 1/26/2012 Time: 4:21 pm

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:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 7khPd00UTT5a2Be6Kcycn3B0ovpaZT
 xwrT0c01gk0kvwrF
 PI: Date: 1/26/2012 Time: 4:21 pm
 AYNLvhptccymfwST73hxU2H:nqMEe0
 PhB.40fXY:xkydNHmLbaJv6KbnpFC0
 mm60:GcrI80F7lyg

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-119,654	119,550	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	-119,654	119,550	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: 140100

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

Worksheet S-2
Part I
Date/Time Prepared:
1/26/2012 10:49 am

		1.00	2.00	3.00	4.00						
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2501 EMMAUS AVENUE	PO Box:	State: IL		Zip Code: 60099	County: LAKE				1.00	
2.00	City: ZION										2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	MIDWESTERN REGIONAL MEDICAL CENTER	140100	29404	1	07/01/1967	N	P	N	3.00	
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)										20.00
21.00	Type of Control (see instructions)										21.00
							07/01/2010	06/30/2011			
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.					N		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.					0		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.	0	0	0	0	0	0		24.00		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00		
							1.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.										1 26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.										1 27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.										0 35.00
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.										36.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 10:49 am		
		Beginning: 1.00	Ending: 2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140100

Period:
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To 06/30/2011

Worksheet S-2
Part I
Date/Time Prepared:
1/26/2012 10:49 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	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00	
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				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	

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					1.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
					V 1.00
					XIX 2.00
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y 90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N 91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N 92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N 93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N 94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00 95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N 96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00 97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N	105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00
					Physical 1.00
					Occupational 2.00
					Speech 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.				109.00
					1.00
					2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.			N	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N	116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y	117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				2 118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		50,000,000		50,000,000 119.00
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.			N	121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140100		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 10:49 am	
		1.00	2.00				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H130				140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: CANCER TREATMENT CENTERS OF AMERICA	Contractor's Name: NGS		Contractor's Number: 00131			141.00
142.00	Street: 1336 BASSWOOD ROAD	PO Box:	6775 W WA				142.00
143.00	City: SCHAUMBURG, IL 60173	State:	WI	Zip Code:	53214		143.00
						1.00	
144.00	Are provider based physicians' costs included in worksheet A?	Y					144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N					145.00
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
						Part A 1.00	Part B 2.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N				155.00
156.00	Subprovider - IPF	N	N				156.00
157.00	Subprovider - IRF	N	N				157.00
158.00	Subprovider - Other	N	N				158.00
159.00	SNF	N	N				159.00
160.00	HHA	N	N				160.00
161.00	CMHC	N	N				161.00
							1.00
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		N				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 10:49 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)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		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.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Description	Part A	
		0	Y/N	Date
			1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	06/30/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			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

	Description	Part A			
		Y/N	Date		
	0	1.00	2.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N			21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	Y			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	Y			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N			27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	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.	N			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140100

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

Worksheet S-2
Part II
Date/Time Prepared:
1/26/2012 10:49 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)	Y	06/30/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140100

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

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2012 10:49 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	64	23,360	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)		64	23,360	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	5	1,825	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		69	25,185	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	46.00	0	0		21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				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)		69			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: 140100

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

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	1,177	22	11,669	1.00	
2.00 HMO	0	0	0	0	2.00	
3.00 HMO IPF	0	0	0	0	3.00	
4.00 HMO IRF	0	0	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	1,177	22	11,669	7.00	
8.00 INTENSIVE CARE UNIT	0	171	11	1,225	8.00	
9.00 CORONARY CARE UNIT	0	0	0	0	9.00	
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0	10.00	
11.00 SURGICAL INTENSIVE CARE UNIT	0	13	7	20	11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)	0	0	0	0	12.00	
13.00 NURSERY	0	0	0	0	13.00	
14.00 Total (see instructions)	0	1,361	40	12,914	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	0	20.00	
21.00 OTHER LONG TERM CARE	0	0	0	0	21.00	
22.00 HOME HEALTH AGENCY	0	0	0	0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	23.00	
24.00 HOSPICE	0	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)	0	0	0	0	27.00	
28.00 Observation Bed Days	0	0	0	0	28.00	
28.01 SUBPROVIDER - IPF	0	0	0	0	28.01	
28.02 SUBPROVIDER - IRF	0	0	0	0	28.02	
28.03 SUBPROVIDER	0	0	0	0	28.03	
29.00 Ambulance Trips	0	0	0	0	29.00	
30.00 Employee discount days (see instruction)	0	0	0	0	30.00	
31.00 Employee discount days - IRF	0	0	0	0	31.00	
32.00 Labor & delivery days (see instructions)	0	0	0	0	32.00	
33.00 LTCH non-covered days	0	0	0	0	33.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140100

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

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2012 10:49 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	190	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	894.00	0.00	0	190	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	0.00		19.00
20.00 NURSING FACILITY	0.00	0.00	0.00	0.00		20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00	0.00		21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00	0.00		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00	0.00		23.00
24.00 HOSPICE	0.00	0.00	0.00	0.00		24.00
25.00 CMHC - CMHC	0.00	0.00	0.00	0.00		25.00
25.10 CMHC - CORF	0.00	0.00	0.00	0.00		25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00	0.00		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00	0.00		26.25
27.00 Total (sum of lines 14-26)	0.00	894.00	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: 140100

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

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2012 10:49 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)	8	11,669		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)	8	11,669		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		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140100

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

Worksheet S-3
Part II
Date/Time Prepared:
1/26/2012 10:49 am

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
	1.00	2.00	2.50	3.00	4.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	55,224,489	0	0	55,224,489 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0 3.00
4.00	Physician-Part A		0	0	0	0 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0 4.01
5.00	Physician-Part B		0	0	0	0 5.00
6.00	Non-physician-Part B		0	0	0	0 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0 7.01
8.00	Home office personnel		0	0	0	0 8.00
9.00	SNF	44.00	0	0	0	0 9.00
10.00	Excluded area salaries (see instructions)		4,107,882	0	1,331,163	5,439,045 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		803,317	0	0	803,317 11.00
12.00	Management and administrative services		0	0	0	0 12.00
13.00	Contract labor: physician-Part A		559,713	0	0	559,713 13.00
14.00	Home office salaries & wage-related costs		35,532,548	0	0	35,532,548 14.00
15.00	Home office: physician Part A		0	0	0	0 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		16,315,753	0	0	16,315,753 17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		425,029	0	0	425,029 18.00
19.00	Excluded areas		1,603,750	0	0	1,603,750 19.00
20.00	Non-physician anesthetist Part A		0	0	0	0 20.00
21.00	Non-physician anesthetist Part B		0	0	0	0 21.00
22.00	Physician Part A		0	0	0	0 22.00
23.00	Physician Part B		0	0	0	0 23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0 24.00
25.00	Interns & residents (in an approved program)		0	0	0	0 25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	8,171,806	0	-7,274,194	897,612 26.00
27.00	Administrative & General	5.00	4,571,833	0	731,351	5,303,184 27.00
28.00	Administrative & General under contract (see inst.)		189,453	0	0	189,453 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0 29.00
30.00	Operation of Plant	7.00	1,385,042	0	185,037	1,570,079 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0 31.00
32.00	Housekeeping	9.00	1,093,911	0	146,143	1,240,054 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0 33.00
34.00	Dietary	10.00	1,543,103	0	-1,338,759	204,344 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0 35.00
36.00	Cafeteria	11.00	0	0	1,544,912	1,544,912 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0 37.00
38.00	Nursing Administration	13.00	1,144,534	0	152,906	1,297,440 38.00
39.00	Central Services and Supply	14.00	356,093	0	47,573	403,666 39.00
40.00	Pharmacy	15.00	1,823,632	0	243,631	2,067,263 40.00
41.00	Medical Records & Medical Records Library	16.00	1,470,572	0	196,463	1,667,035 41.00
42.00	Social Service	17.00	987,563	0	157,831	1,145,394 42.00
43.00	Other General Service	18.00	4,153,954	0	614,241	4,768,195 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140100

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

Worksheet S-3
Part II
Date/Time Prepared:
1/26/2012 10:49 am

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	1,859,338.00	29.70	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	0.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	219,415.00	24.79	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	30,937.00	25.97	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	6,570.00	85.19	13.00
14.00	Home office salaries & wage-related costs	372,423.00	95.41	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) wkst S-3, Part IV line 24			17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	0.00	0.00	26.00
27.00	Administrative & General	0.00	0.00	27.00
28.00	Administrative & General under contract (see inst.)	5,887.00	32.18	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	0.00	0.00	30.00
31.00	Laundry & Linen Service	0.00	0.00	31.00
32.00	Housekeeping	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	0.00	0.00	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	0.00	0.00	38.00
39.00	Central Services and Supply	0.00	0.00	39.00
40.00	Pharmacy	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0.00	0.00	41.00
42.00	Social Service	0.00	0.00	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140100

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

Worksheet S-3
Part III
Date/Time Prepared:
1/26/2012 10:49 am

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	55,413,942	0	0	55,413,942	1.00
2.00	Excluded area salaries (see instructions)	4,107,882	0	1,331,163	5,439,045	2.00
3.00	Subtotal salaries (line 1 minus line 2)	51,306,060	0	-1,331,163	49,974,897	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,895,578	0	0	36,895,578	4.00
5.00	Subtotal wage-related costs (see inst.)	16,740,782	0	0	16,740,782	5.00
6.00	Total (sum of lines 3 thru 5)	104,942,420	0	-1,331,163	103,611,257	6.00
7.00	Total overhead cost (see instructions)	26,891,496	0	-4,592,865	22,298,631	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/26/2012 10:49 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	1,865,225.00	29.71	1.00
2.00	Excluded area salaries (see instructions)	219,415.00	24.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,645,810.00	30.36	3.00
4.00	Subtotal other wages & related costs (see inst.)	409,930.00	90.00	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	33.50	5.00
6.00	Total (sum of lines 3 thru 5)	2,055,740.00	50.40	6.00
7.00	Total overhead cost (see instructions)	5,887.00	3,787.77	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140100

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

Worksheet S-3
Part IV
Date/Time Prepared:
1/26/2012 10:49 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,474,412	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)	7,162,618	8.00
9.00	Prescription Drug Plan	1,505,066	9.00
10.00	Dental, Hearing and Vision Plan	499,200	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	52,059	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	485,747	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	756,064	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	6,405	14.00
15.00	'Workers' Compensation Insurance	447,856	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	2,749,690	17.00
18.00	Medicare Taxes - Employers Portion Only	643,073	18.00
19.00	Unemployment Insurance	56,123	19.00
20.00	State or Federal Unemployment Taxes	246,676	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	230,764	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,315,753	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	425,029	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140100

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

Worksheet S-3
Part V
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	992,770	0	1.00
2.00	Hospital	992,770	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	0	0	10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	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: 140100

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

Worksheet S-10

Date/Time Prepared:
1/26/2012 10:49 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)	0.335769		1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid	295,495		2.00		
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00		
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0		5.00		
6.00	Medicaid charges	0		6.00		
7.00	Medicaid cost (line 1 times line 6)	0		7.00		
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0		8.00		
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP	0		9.00		
10.00	Stand-alone SCHIP charges	0		10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0		11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00		
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00		
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00		
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00		
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0		19.00		
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
			1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		0	30,371,245	30,371,245	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		0	10,197,723	10,197,723	21.00
22.00	Partial payment by patients approved for charity care		0	17,232,928	17,232,928	22.00
23.00	Cost of charity care (line 21 minus line 22)		0	-7,035,205	-7,035,205	23.00
					1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				13,138,317	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				244,986	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				12,893,331	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				4,329,181	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				-2,706,024	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				-2,706,024	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140100

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

Worksheet A

Date/Time Prepared: 1/26/2012 10:49 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	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		6,493,174	6,493,174	1,308,794	7,801,968	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		8,466,302	8,466,302	0	8,466,302	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	8,171,806	12,169,529	20,341,335	-7,274,194	13,067,141	4.00
5.00 ADMINISTRATIVE & GENERAL	4,571,833	292,499,012	297,070,845	594,831	297,665,676	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	1,385,042	3,906,656	5,291,698	185,037	5,476,735	7.00
8.00 LAUNDRY & LINEN SERVICE	0	83,022	83,022	0	83,022	8.00
9.00 HOUSEKEEPING	1,093,911	727,442	1,821,353	146,143	1,967,496	9.00
10.00 DIETARY	1,543,103	2,581,267	4,124,370	-3,618,488	505,882	10.00
11.00 CAFETERIA	0	0	0	3,824,641	3,824,641	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,144,534	492,989	1,637,523	152,906	1,790,429	13.00
14.00 CENTRAL SERVICES & SUPPLY	356,093	234,346	590,439	47,573	638,012	14.00
15.00 PHARMACY	1,823,632	324,523	2,148,155	243,631	2,391,786	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,470,572	485,928	1,956,500	196,463	2,152,963	16.00
17.00 SOCIAL SERVICE	987,563	2,161,386	3,148,949	241,078	3,390,027	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	4,153,954	1,144,064	5,298,018	614,241	5,912,259	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	4,934,043	1,066,782	6,000,825	659,171	6,659,996	30.00
31.00 INTENSIVE CARE UNIT	1,330,956	409,863	1,740,819	177,811	1,918,630	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	761,110	133,916	895,026	101,682	996,708	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,857,804	558,833	2,416,637	248,196	2,664,833	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,205,242	1,078,010	3,283,252	294,613	3,577,865	54.00
55.00 RADIOLOGY-THERAPEUTIC	1,353,689	1,950,723	3,304,412	180,848	3,485,260	55.00
56.00 RADIOISOTOPE	283,581	94,006	377,587	37,885	415,472	56.00
57.00 CT SCAN	351,586	301,923	653,509	46,971	700,480	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	245,739	171,873	417,612	32,830	450,442	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,151,438	2,578,523	4,729,961	287,425	5,017,386	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	327,345	1,650,338	1,977,683	43,732	2,021,415	63.00
64.00 INTRAVENOUS THERAPY	1,472,443	344,198	1,816,641	196,713	2,013,354	64.00
65.00 RESPIRATORY THERAPY	656,745	155,754	812,499	87,739	900,238	65.00
66.00 PHYSICAL THERAPY	600,434	141,266	741,700	80,216	821,916	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	279,893	105,667	385,560	37,393	422,953	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,394,596	9,394,596	0	9,394,596	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	72,526,158	72,526,158	0	72,526,158	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 HOSPITAL NUTRITION	685,818	129,078	814,896	91,623	906,519	76.01
76.02 PAIN MANAGEMENT	452,239	70,900	523,139	60,418	583,557	76.02
76.03 INFUSION CENTER	0	0	0	0	0	76.03
76.04 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140100

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

Worksheet A

Date/Time Prepared:
1/26/2012 10:49 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	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	3,315,354	1,544,822	4,860,176	442,920	5,303,096	90.00
91.00 EMERGENCY	1,149,105	1,148,174	2,297,279	153,516	2,450,795	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	4,253,666	4,253,666	-1,611,433	2,642,233	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	51,116,607	431,578,709	482,695,316	-1,687,075	481,008,241	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,333	69,869	105,202	4,720	109,922	190.00
191.00 RESEARCH	219,117	48,327	267,444	29,273	296,717	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	3,853,432	10,632,937	14,486,369	1,653,082	16,139,451	194.00
200.00 TOTAL (SUM OF LINES 118-199)	55,224,489	442,329,842	497,554,331	0	497,554,331	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140100

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

Worksheet A

Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	-2,365,682	5,436,286	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,085,071	9,551,373	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-5,127	13,062,014	4.00
5.00	ADMINISTRATIVE & GENERAL	-187,679,754	109,985,922	5.00
6.00	MAINTENANCE & REPAIRS	-61,224	-61,224	6.00
7.00	OPERATION OF PLANT	0	5,476,735	7.00
8.00	LAUNDRY & LINEN SERVICE	0	83,022	8.00
9.00	HOUSEKEEPING	0	1,967,496	9.00
10.00	DIETARY	-2,931,603	-2,425,721	10.00
11.00	CAFETERIA	0	3,824,641	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	19,200	1,809,629	13.00
14.00	CENTRAL SERVICES & SUPPLY	-25	637,987	14.00
15.00	PHARMACY	-414	2,391,372	15.00
16.00	MEDICAL RECORDS & LIBRARY	-2,508	2,150,455	16.00
17.00	SOCIAL SERVICE	-1,930,191	1,459,836	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	-189,346	5,722,913	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-508	6,659,488	30.00
31.00	INTENSIVE CARE UNIT	9	1,918,639	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	996,708	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	192	2,665,025	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	260	3,578,125	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	3,485,260	55.00
56.00	RADIOISOTOPE	0	415,472	56.00
57.00	CT SCAN	0	700,480	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	450,442	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	855	5,018,241	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	98	2,021,513	63.00
64.00	INTRAVENOUS THERAPY	163	2,013,517	64.00
65.00	RESPIRATORY THERAPY	55	900,293	65.00
66.00	PHYSICAL THERAPY	0	821,916	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	422,953	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,394,596	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	72,526,158	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.01	HOSPITAL NUTRITION	25	906,544	76.01
76.02	PAIN MANAGEMENT	0	583,557	76.02
76.03	INFUSION CENTER	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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	5,303,096	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140100

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

Worksheet A

Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
91.00	EMERGENCY	-252,485	2,198,310	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	-2,642,233	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-196,955,172	284,053,069	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	109,922	190.00
191.00	RESEARCH	0	296,717	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	3	16,139,454	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-196,955,169	300,599,162	200.00

RECLASSIFICATIONS

Provider CCN: 140100

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

Worksheet A-6

Date/Time Prepared:
1/26/2012 10:49 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - RECLASS OF CAFETERIA EXPENSE						
1.00	CAFETERIA	11.00	1,544,912	2,279,729		1.00
	TOTALS		1,544,912	2,279,729		
B - RECLASS OF EMPLOYEE BONUS						
1.00	EMPLOYEE BENEFITS	4.00	105,785	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	1,539,611	0		2.00
3.00	OPERATION OF PLANT	7.00	185,037	0		3.00
4.00	HOUSEKEEPING	9.00	146,143	0		4.00
5.00	DIETARY	10.00	206,153	0		5.00
6.00	NURSING ADMINISTRATION	13.00	152,906	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	47,573	0		7.00
8.00	PHARMACY	15.00	243,631	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	196,463	0		9.00
10.00	SOCIAL SERVICE	17.00	131,935	0		10.00
11.00	OTHER GENERAL SERVICE (SPECIFY)	18.00	614,241	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	659,171	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	177,811	0		13.00
14.00	SURGICAL INTENSIVE CARE UNIT	34.00	101,682	0		14.00
15.00	OPERATING ROOM	50.00	248,196	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	294,613	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	180,848	0		17.00
18.00	RADIOISOTOPE	56.00	37,885	0		18.00
19.00	CT SCAN	57.00	46,971	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	32,830	0		20.00
21.00	LABORATORY	60.00	287,425	0		21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	43,732	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	196,713	0		23.00
24.00	RESPIRATORY THERAPY	65.00	87,739	0		24.00
25.00	PHYSICAL THERAPY	66.00	80,216	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	37,393	0		26.00
27.00	HOSPITAL NUTRITION	76.01	91,623	0		27.00
28.00	PAIN MANAGEMENT	76.02	60,418	0		28.00
29.00	CLINIC	90.00	442,920	0		29.00
30.00	EMERGENCY	91.00	153,516	0		30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	4,720	0		31.00
32.00	RESEARCH	191.00	29,273	0		32.00
33.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	514,806	0		33.00
	TOTALS		7,379,979	0		
C - RECLASS OF PROP TAXES NOT REL TO PAT						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	302,639		1.00
	TOTALS		0	302,639		
D - CARE COORDINATION RECLASS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	808,260	136,520		1.00
	TOTALS		808,260	136,520		
F - GUEST SERVICES RECLASS						
1.00	SOCIAL SERVICE	17.00	25,896	83,247		1.00
	TOTALS		25,896	83,247		
G - RECLASS INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,611,433		1.00
	TOTALS		0	1,611,433		
500.00	Grand Total: Increases		9,759,047	4,413,568		500.00

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - RECLASS OF CAFETERIA EXPENSE							
1.00	DIETARY	10.00	1,544,912	2,279,729	0		1.00
	TOTALS		1,544,912	2,279,729			
B - RECLASS OF EMPLOYEE BONUS							
1.00	EMPLOYEE BENEFITS	4.00	6,391,862	0	0		1.00
2.00	EMPLOYEE BENEFITS	4.00	988,117	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
	TOTALS		7,379,979	0			
C - RECLASS OF PROP TAXES NOT REL TO PAT							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	302,639	13		1.00
	TOTALS		0	302,639			
D - CARE COORDINATION RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	808,260	136,520	0		1.00
	TOTALS		808,260	136,520			
F - GUEST SERVICES RECLASS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	25,896	83,247	0		1.00
	TOTALS		25,896	83,247			
G - RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	1,611,433	11		1.00
	TOTALS		0	1,611,433			
500.00	Grand Total: Decreases		9,759,047	4,413,568			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140100

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/26/2012 10:49 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,081,457	0	0	0	1.00	
2.00	Land Improvements	5,645,016	0	0	0	2.00	
3.00	Buildings and Fixtures	0	0	0	0	3.00	
4.00	Building Improvements	60,196,847	0	0	0	4.00	
5.00	Fixed Equipment	3,811,381	0	0	0	5.00	
6.00	Movable Equipment	5,428,047	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	76,162,748	0	0	0	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	76,162,748	0	0	0	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	2,469,398	257,044	1,611,433	661,962	1,122,295	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,725,858	1,006,057	0	3,734,387	0	2.00
3.00	Total (sum of lines 1-2)	6,195,256	1,263,101	1,611,433	4,396,349	1,122,295	3.00
COMPUTATION OF RATIOS							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	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: 140100

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/26/2012 10:49 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,081,457	0				1.00
2.00	Land Improvements	5,645,016	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	60,196,847	0				4.00
5.00	Fixed Equipment	3,811,381	0				5.00
6.00	Movable Equipment	5,428,047	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	76,162,748	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	76,162,748	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	371,042	6,493,174				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,466,302				2.00
3.00	Total (sum of lines 1-2)	371,042	14,959,476				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	2,304,393	-1,350,041	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,853,577	3,963,409	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,157,970	2,613,368	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140100

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/26/2012 10:49 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	2,629,274	661,962	819,656	371,042	5,436,286	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,734,387	0	0	9,551,373	2.00
3.00	Total (sum of lines 1-2)	2,629,274	4,396,349	819,656	371,042	14,987,659	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140100

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

Worksheet A-8

Date/Time Prepared:
1/26/2012 10:49 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00	Television and radio service (chapter 21)		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	-313,709		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	-178,781,747		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests		0		0.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts		0		0.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines		0		0.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	0UTILIZATION REVIEW-SNF	114.00 25.00
26.00	Depreciation - buildings and fixtures		0	0CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment		0	0CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist		0	0NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00	Physicians' assistant		0		0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0SPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00 33.00
33.01	ADMINISTRATIVE & GENERAL	B	-1,719,003	ADMINISTRATIVE & GENERAL	5.00 33.01
33.02	CAPITAL COST-BLDG & FIXTURES	B	-593,592	CAP REL COSTS-BLDG & FIXT	1.00 33.02
33.03	SOCIAL SERVICES	B	-76,468	SOCIAL SERVICE	17.00 33.03
33.04	ADMINISTRATIVE & GENERAL	B	-23,567	ADMINISTRATIVE & GENERAL	5.00 33.04
33.05	ADMINISTRATIVE & GENERAL	B	-4,186	ADMINISTRATIVE & GENERAL	5.00 33.05
33.06	MEDICAL RECORDS & LIBRARY	B	-2,659	MEDICAL RECORDS & LIBRARY	16.00 33.06
33.07	ADVERTISING	A	-300	SOCIAL SERVICE	17.00 33.07
33.08	ALCOHOLIC BEVERAGES	A	-100	NURSING ADMINISTRATION	13.00 33.08
33.09	ALCOHOLIC BEVERAGES	A	-600	ADULTS & PEDIATRICS	30.00 33.09
33.10	ALCOHOLIC BEVERAGES	A	-17	OPERATING ROOM	50.00 33.10
33.11	ALCOHOLIC BEVERAGES	A	-58	LABORATORY	60.00 33.11
33.12	ALCOHOLIC BEVERAGES	A	-13	RADIOLOGY-DIAGNOSTIC	54.00 33.12
33.13	ALCOHOLIC BEVERAGES	A	-462	PHARMACY	15.00 33.13
33.14	ALCOHOLIC BEVERAGES	A	-40	MEDICAL RECORDS & LIBRARY	16.00 33.14
33.15	ALCOHOLIC BEVERAGES	A	-60	OTHER GENERAL SERVICE (SPECIFY)	18.00 33.15
33.16	ALCOHOLIC BEVERAGES	A	-513	DIETARY	10.00 33.16
33.17	ALCOHOLIC BEVERAGES	A	-25	CENTRAL SERVICES & SUPPLY	14.00 33.17
33.18	ALCOHOLIC BEVERAGES	A	-530	ADMINISTRATIVE & GENERAL	5.00 33.18
33.19	ALCOHOLIC BEVERAGES	A	-20	OTHER GENERAL SERVICE (SPECIFY)	18.00 33.19

ADJUSTMENTS TO EXPENSES

Provider CCN: 140100

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

Worksheet A-8

Date/Time Prepared:
1/26/2012 10:49 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
33.20	ALCOHOLIC BEVERAGES	A	-36	ADMINISTRATIVE & GENERAL	5.00 33.20
33.21	DONATIONS/CONTRIBUTIONS	A	-6,411	ADMINISTRATIVE & GENERAL	5.00 33.21
33.22	ELECTRONIC EDITING	A	-5,200	SOCIAL SERVICE	17.00 33.22
33.23	ENTERTAINMENT	A	-5,127	EMPLOYEE BENEFITS	4.00 33.23
33.24	LOCAL RADIO	A	-39,550	SOCIAL SERVICE	17.00 33.24
33.25	PATIENT AIRFARE	A	-191,199	OTHER GENERAL SERVICE (SPECIFY)	18.00 33.25
33.26	PATIENT AIRFARE	A	-7,354,853	ADMINISTRATIVE & GENERAL	5.00 33.26
33.27	PATIENT AIRFARE	A	-100,000	ADMINISTRATIVE & GENERAL	5.00 33.27
33.28	PATIENT ITEMS	A	-49,575	SOCIAL SERVICE	17.00 33.28
33.29	PATIENT MILEAGE REIMBURSEMENT	A	-940,174	ADMINISTRATIVE & GENERAL	5.00 33.29
33.30	PATIENT SERVICE RECOVERY	A	-989	SOCIAL SERVICE	17.00 33.30
33.31	PATIENT TRAVEL OTHER TICKETS	A	-3,395	OTHER GENERAL SERVICE (SPECIFY)	18.00 33.31
33.32	PATIENT TRAVEL OTHER TICKETS	A	-15,460	ADMINISTRATIVE & GENERAL	5.00 33.32
33.33	PATIENT/GUEST HOUSING	A	-1,731,302	SOCIAL SERVICE	17.00 33.33
33.34	PHYSICIAN RECRUITMENT	A	-3,731	ADMINISTRATIVE & GENERAL	5.00 33.34
33.35	PRINT PRODUCTION	A	-1	SOCIAL SERVICE	17.00 33.35
33.36	PROMOTIONS	A	-26,806	SOCIAL SERVICE	17.00 33.36
33.37	CAFETERIA	A	-2,931,090	DIETARY	10.00 33.37
33.38	TOTAL CONSULTING OFFSET	A	-30,000	ADMINISTRATIVE & GENERAL	5.00 33.38
33.39	ADULT & PEDIATRICS	A	92	ADULTS & PEDIATRICS	30.00 33.39
33.40	INTENSIVE CARE UNIT	A	9	INTENSIVE CARE UNIT	31.00 33.40
33.41	OPERATING ROOM	A	209	OPERATING ROOM	50.00 33.41
33.42	INTRAVENOUS THERAPY	A	163	INTRAVENOUS THERAPY	64.00 33.42
33.43	LABORATORY	A	913	LABORATORY	60.00 33.43
33.44	BLOOD STORING, PROCESSING AND TRANS	A	98	BLOOD STORING, PROCESSING & TRANS.	63.00 33.44
33.45	RESPIRATORY THERAPY	A	55	RESPIRATORY THERAPY	65.00 33.45
33.46	RADIOLOGY-DIAGNOSTIC	A	273	RADIOLOGY-DIAGNOSTIC	54.00 33.46
33.47	PHARMACY	A	48	PHARMACY	15.00 33.47
33.48	HOSPITAL NUTRITION	A	25	HOSPITAL NUTRITION	76.01 33.48
33.49	OTHER NONREIMBURS	A	3	OTHER NONREIMBURSABLE COST CENTERS	194.00 33.49
33.50	OTHER GEN. SRVC. COST CENTERS/ONCOL	A	5,328	OTHER GENERAL SERVICE (SPECIFY)	18.00 33.50
33.51	ADMINISTRATIVE & GENERAL	A	7,978	ADMINISTRATIVE & GENERAL	5.00 33.51
33.52	MEDICAL RECORDS & LIBRARY	A	191	MEDICAL RECORDS & LIBRARY	16.00 33.52
33.53	NURSING ADMINISTRATION	A	19,300	NURSING ADMINISTRATION	13.00 33.53
33.54	CAPITAL COST-BLDG & FIXTURES	A	-15,037	CAP REL COSTS-BLDG & FIXT	1.00 33.54
33.55	CAPITAL COST-BLDG & FIXTURES	A	-119,105	CAP REL COSTS-BLDG & FIXT	1.00 33.55
33.56	CAPITAL COST-BLDG & FIXTURES	A	-30,863	CAP REL COSTS-BLDG & FIXT	1.00 33.56
33.57	CAPITAL COST-MVBLE EQUIP	A	-341	CAP REL COSTS-MVBLE EQUIP	2.00 33.57
33.58	CAPITAL COST-MVBLE EQUIP	A	-56,702	CAP REL COSTS-MVBLE EQUIP	2.00 33.58
33.59	CAPITAL COST-MVBLE EQUIP	A	-17,427	CAP REL COSTS-MVBLE EQUIP	2.00 33.59
33.60	CAPITAL COST-MVBLE EQUIP	A	-8,076	CAP REL COSTS-MVBLE EQUIP	2.00 33.60
33.61	CAPITAL COST-MVBLE EQUIP	A	-294,361	CAP REL COSTS-MVBLE EQUIP	2.00 33.61
33.62	CAPITAL COST-MVBLE EQUIP	A	-902,524	CAP REL COSTS-MVBLE EQUIP	2.00 33.62
33.63	CAPITAL COST-MVBLE EQUIP	A	-592,850	CAP REL COSTS-MVBLE EQUIP	2.00 33.63
33.64			0		0.00 33.64
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-196,955,169		50.00

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)	0	33.00
33.01	ADMINISTRATIVE & GENERAL	0	33.01
33.02	CAPITAL COST-BLDG & FIXTURES	11	33.02
33.03	SOCIAL SERVICES	0	33.03
33.04	ADMINISTRATIVE & GENERAL	0	33.04
33.05	ADMINISTRATIVE & GENERAL	0	33.05
33.06	MEDICAL RECORDS & LIBRARY	0	33.06
33.07	ADVERTISING	0	33.07
33.08	ALCOHOLIC BEVERAGES	0	33.08
33.09	ALCOHOLIC BEVERAGES	0	33.09
33.10	ALCOHOLIC BEVERAGES	0	33.10
33.11	ALCOHOLIC BEVERAGES	0	33.11
33.12	ALCOHOLIC BEVERAGES	0	33.12
33.13	ALCOHOLIC BEVERAGES	0	33.13
33.14	ALCOHOLIC BEVERAGES	0	33.14
33.15	ALCOHOLIC BEVERAGES	0	33.15
33.16	ALCOHOLIC BEVERAGES	0	33.16
33.17	ALCOHOLIC BEVERAGES	0	33.17
33.18	ALCOHOLIC BEVERAGES	0	33.18
33.19	ALCOHOLIC BEVERAGES	0	33.19
33.20	ALCOHOLIC BEVERAGES	0	33.20
33.21	DONATIONS/CONTRIBUTIONS	0	33.21
33.22	ELECTRONIC EDITING	0	33.22
33.23	ENTERTAINMENT	0	33.23
33.24	LOCAL RADIO	0	33.24
33.25	PATIENT AIRFARE	0	33.25
33.26	PATIENT AIRFARE	0	33.26
33.27	PATIENT AIRFARE	0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 140100

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

Worksheet A-8

Date/Time Prepared:
1/26/2012 10:49 am

		Wkst. A-7 Ref.	
		5.00	
33.28	PATIENT ITEMS	0	33.28
33.29	PATIENT MILEAGE REIMBURSEMENT	0	33.29
33.30	PATIENT SERVICE RECOVERY	0	33.30
33.31	PATIENT TRAVEL OTHER TICKETS	0	33.31
33.32	PATIENT TRAVEL OTHER TICKETS	0	33.32
33.33	PATIENT/GUEST HOUSING	0	33.33
33.34	PHYSICIAN RECRUITMENT	0	33.34
33.35	PRINT PRODUCTION	0	33.35
33.36	PROMOTIONS	0	33.36
33.37	CAFETERIA	0	33.37
33.38	TOTAL CONSULTING OFFSET	0	33.38
33.39	ADULT & PEDIATRICS	0	33.39
33.40	INTENSIVE CARE UNIT	0	33.40
33.41	OPERATING ROOM	0	33.41
33.42	INTRAVENOUS THERAPY	0	33.42
33.43	LABORATORY	0	33.43
33.44	BLOOD STORING, PROCESSING AND TRANS	0	33.44
33.45	RESPIRATORY THERAPY	0	33.45
33.46	RADIOLOGY-DIAGNOSTIC	0	33.46
33.47	PHARMACY	0	33.47
33.48	HOSPITAL NUTRITION	0	33.48
33.49	OTHER NONREIMBURS	0	33.49
33.50	OTHER GEN. SRVC. COST CENTERS/ONCOL	0	33.50
33.51	ADMINISTRATIVE & GENERAL	0	33.51
33.52	MEDICAL RECORDS & LIBRARY	0	33.52
33.53	NURSING ADMINISTRATION	0	33.53
33.54	CAPITAL COST-BLDG & FIXTURES	9	33.54
33.55	CAPITAL COST-BLDG & FIXTURES	9	33.55
33.56	CAPITAL COST-BLDG & FIXTURES	9	33.56
33.57	CAPITAL COST-MVBLE EQUIP	9	33.57
33.58	CAPITAL COST-MVBLE EQUIP	9	33.58
33.59	CAPITAL COST-MVBLE EQUIP	9	33.59
33.60	CAPITAL COST-MVBLE EQUIP	9	33.60
33.61	CAPITAL COST-MVBLE EQUIP	9	33.61
33.62	CAPITAL COST-MVBLE EQUIP	9	33.62
33.63	CAPITAL COST-MVBLE EQUIP	9	33.63
33.64		0	33.64
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: 140100

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

Worksheet A-8-1

Date/Time Prepared:
1/26/2012 10:49 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	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	TRAVEL AIR CHARTER	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	GUARANTEE FEES	3.00
4.00	113.00	INTEREST EXPENSE	SHAREHOLDER	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	GCF	4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	GCF	4.02
4.03	113.00	INTEREST EXPENSE	GCF	4.03
4.04	113.00	INTEREST EXPENSE	NIMP/ZHP	4.04
4.05	1.00	CAP REL COSTS-BLDG & FIXT	NIMP/ZHP	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	CTCA	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	CTCA	4.07
4.08	1.00	CAP REL COSTS-BLDG & FIXT	CTCA	4.08
4.09	2.00	CAP REL COSTS-MVBLE EQUIP	CTCA	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	CTCA	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	INSURANCE/STELLAR	4.11
4.12	0.00			4.12
4.13	0.00			4.13
4.14	0.00			4.14
4.15	0.00			4.15
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	A	MIDWESTERN REG	100.00	6.00
7.00	A	MIDWESTERN REG	100.00	7.00
8.00	A	MIDWESTERN REG	100.00	8.00
9.00	A	MIDWESTERN REG	100.00	9.00
10.00	A	MIDWESTERN REG	100.00	10.00
10.01	A	MIDWESTERN REG	100.00	10.01
10.02	A	MIDWESTERN REG	100.00	10.02
10.03	A	MIDWESTERN REG	100.00	10.03
10.04	A	MIDWESTERN REG	100.00	10.04
10.05	A	MIDWESTERN REG	100.00	10.05
10.06	A	MIDWESTERN REG	100.00	10.06
10.07			0.00	10.07
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: 140100

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

Worksheet A-8-1

Date/Time Prepared: 1/26/2012 10:49 am

	Amount of Allowable Cost 4.00	Amount Included in Wks. A, column 5 5.00	Net Adjustments (col. 4 minus col. 5)* 6.00	Wkst. A-7 Ref. 7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0	72,807,007	-72,807,007	0	1.00
2.00	160,203	2,640,000	-2,479,797	0	2.00
3.00	0	74,470	-74,470	0	3.00
4.00	0	95,625	-95,625	0	4.00
4.01	1,006,057	1,006,057	0	10	4.01
4.02	0	667,607	-667,607	10	4.02
4.03	0	508,055	-508,055	11	4.03
4.04	1,611,434	3,649,987	-2,038,553	11	4.04
4.05	255,346	2,433,837	-2,178,491	10	4.05
4.06	0	40,720,373	-40,720,373	0	4.06
4.07	0	102,024,956	-102,024,956	0	4.07
4.08	571,406	0	571,406	10	4.08
4.09	3,624,959	0	3,624,959	10	4.09
4.10	43,165,202	0	43,165,202	0	4.10
4.11	3,095,101	5,643,481	-2,548,380	12	4.11
4.12	0	0	0	0	4.12
4.13	0	0	0	0	4.13
4.14	0	0	0	0	4.14
4.15	0	0	0	0	4.15
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	53,489,708	232,271,455	-178,781,747	5.00

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

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

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

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

6.00	NIMP	100.00	PROPERTY	6.00
7.00	CTCA	100.00	MANAGEMENT	7.00
8.00	ICIC	100.00	CONSULTING	8.00
9.00	INTERNATIONAL A	100.00	CORPORATE JET	9.00
10.00	SCL	100.00	SECURITIES FINA	10.00
10.01	EXPEDITION PROP	100.00	RENTS BLDG SHAR	10.01
10.02	BUCKLEY RD PR	100.00	PROPERTY COMP	10.02
10.03	LAND TRUST	100.00	PROPERTY COMP	10.03
10.04	GCF	100.00	FINANCIAL	10.04
10.05	STELLAR INS	100.00	INSURANCE	10.05
10.06	ICMC	100.00	CAPITAL MANAGEM	10.06
10.07		0.00		10.07
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: 140100

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2012 10:49 am

	1.00	2.00	3.00	4.00	
	wkst. A Line # Cost Center/Physician Identifier		Total Remuneration	Professional Component	
1.00	91.00	EMERGENCY	998,770	249,692	1.00
2.00	91.00	EMERGENCY	0	0	2.00
3.00	6.00	MAINTENANCE & REPAIRS	61,224	15,306	3.00
4.00	0.00		0	0	4.00
5.00	0.00		0	0	5.00
6.00	0.00		0	0	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00	TOTAL (lines 1.00 through 199.00)		1,059,994	264,998	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140100

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2012 10:49 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	749,077	177,200	8,760	746,285	37,314	1.00
2.00	0	0	3	0	0	2.00
3.00	45,918	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	794,995		8,763	746,285	37,314	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140100

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2012 10:49 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	746,285	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	746,285	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140100

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

Worksheet A-8-2
Date/Time Prepared:
1/26/2012 10:49 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	2,792	252,485	1.00
2.00	0	0	2.00
3.00	45,918	61,224	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
200.00	48,710	313,709	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140100

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

Worksheet B
Part I
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	5,436,286	5,436,286				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	9,551,373		9,551,373			2.00
4.00 EMPLOYEE BENEFITS	13,062,014	185,460	1,119	13,248,593		4.00
5.00 ADMINISTRATIVE & GENERAL	109,985,922	202,510	5,514,819	1,329,514	117,032,765	5.00
6.00 MAINTENANCE & REPAIRS	-61,224	0	0	0	-61,224	6.00
7.00 OPERATION OF PLANT	5,476,735	1,364,117	325,427	382,892	7,549,171	7.00
8.00 LAUNDRY & LINEN SERVICE	83,022	0	0	0	83,022	8.00
9.00 HOUSEKEEPING	1,967,496	92,798	2,439	302,409	2,365,142	9.00
10.00 DIETARY	-2,425,721	32,851	51,535	49,833	-2,291,502	10.00
11.00 CAFETERIA	3,824,641	248,312	0	376,755	4,449,708	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,809,629	193,904	6,242	316,404	2,326,179	13.00
14.00 CENTRAL SERVICES & SUPPLY	637,987	54,490	2,885	98,441	793,803	14.00
15.00 PHARMACY	2,391,372	95,459	13,222	504,139	3,004,192	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,150,455	106,454	5,880	406,536	2,669,325	16.00
17.00 SOCIAL SERVICE	1,459,836	28,317	0	279,325	1,767,478	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	5,722,913	60,028	6,477	1,162,810	6,952,228	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,659,488	671,252	24,532	1,364,014	8,719,286	30.00
31.00 INTENSIVE CARE UNIT	1,918,639	93,042	11,797	367,940	2,391,418	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	996,708	0	0	210,407	1,207,115	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,665,025	159,858	231,160	513,586	3,569,629	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,578,125	172,483	810,493	609,634	5,170,735	54.00
55.00 RADIOLOGY-THERAPEUTIC	3,485,260	351,074	1,461,040	374,225	5,671,599	55.00
56.00 RADIOISOTOPE	415,472	8,444	0	78,395	502,311	56.00
57.00 CT SCAN	700,480	17,973	22,807	97,195	838,455	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	450,442	20,797	214,806	67,934	753,979	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	5,018,241	196,782	219,477	594,760	6,029,260	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	2,021,513	7,928	12,039	90,494	2,131,974	63.00
64.00 INTRAVENOUS THERAPY	2,013,517	171,532	0	407,054	2,592,103	64.00
65.00 RESPIRATORY THERAPY	900,293	27,720	18,681	181,556	1,128,250	65.00
66.00 PHYSICAL THERAPY	821,916	41,512	0	165,989	1,029,417	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	422,953	6,950	80,866	77,376	588,145	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,394,596	15,665	6,734	0	9,416,995	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	72,526,158	0	0	0	72,526,158	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 HOSPITAL NUTRITION	906,544	18,543	0	189,593	1,114,680	76.01
76.02 PAIN MANAGEMENT	583,557	6,353	0	125,021	714,931	76.02
76.03 INFUSION CENTER	0	0	0	0	0	76.03
76.04 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140100

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

Worksheet B
Part I
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	5,303,096	566,643	33,446	916,523	6,819,708	90.00
91.00 EMERGENCY	2,198,310	117,993	1,088	317,668	2,635,059	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	284,053,069	5,337,244	9,079,011	11,958,422	282,191,494	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	109,922	11,430	0	9,768	131,120	190.00
191.00 RESEARCH	296,717	18,842	0	60,574	376,133	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	16,139,454	68,770	472,362	1,219,829	17,900,415	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	300,599,162	5,436,286	9,551,373	13,248,593	300,599,162	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140100

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

Worksheet B
Part I
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
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	117,032,765					5.00
6.00	MAINTENANCE & REPAIRS	0	-61,224				6.00
7.00	OPERATION OF PLANT	4,752,067	0	12,301,238			7.00
8.00	LAUNDRY & LINEN SERVICE	52,261	0	0	135,283		8.00
9.00	HOUSEKEEPING	1,488,814	0	309,845	0	4,163,801	9.00
10.00	DIETARY	0	0	109,688	0	38,087	10.00
11.00	CAFETERIA	2,801,011	0	829,093	0	287,888	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,464,288	0	647,429	0	224,808	13.00
14.00	CENTRAL SERVICES & SUPPLY	499,685	0	181,936	0	63,174	14.00
15.00	PHARMACY	1,891,085	0	318,729	0	110,673	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,680,292	0	355,442	0	123,421	16.00
17.00	SOCIAL SERVICE	1,112,596	0	94,549	409	32,830	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	4,376,302	0	200,429	0	69,596	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,488,634	0	2,241,251	48,646	778,238	30.00
31.00	INTENSIVE CARE UNIT	1,505,355	0	310,661	6,257	107,871	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	759,857	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,247,017	0	533,753	15,270	185,336	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,254,885	0	575,905	24,109	199,973	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,570,169	0	1,172,207	7,908	407,028	55.00
56.00	RADIOISOTOPE	316,196	0	28,192	0	9,789	56.00
57.00	CT SCAN	527,792	0	60,011	0	20,838	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	474,616	0	69,439	0	24,111	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	3,795,311	0	657,038	0	228,145	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,342,039	0	26,470	0	9,191	63.00
64.00	INTRAVENOUS THERAPY	1,631,682	0	572,732	17,121	198,871	64.00
65.00	RESPIRATORY THERAPY	710,213	0	92,555	0	32,138	65.00
66.00	PHYSICAL THERAPY	647,999	0	138,605	4,183	48,128	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	370,227	0	23,207	0	8,058	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	490	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,927,829	0	52,306	0	18,162	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	45,653,935	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	HOSPITAL NUTRITION	701,671	0	61,915	0	21,499	76.01
76.02	PAIN MANAGEMENT	450,036	0	21,212	161	7,366	76.02
76.03	INFUSION CENTER	0	0	0	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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	4,292,883	0	1,891,975	3,592	656,955	90.00
91.00	EMERGENCY	1,658,722	0	393,969	7,137	136,799	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		& GENERAL	REPAIRS	PLANT	LINEN SERVICE		
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	5.00	6.00	7.00	8.00	9.00	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	105,445,469	0	11,970,543	135,283	4,048,973	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	82,538	0	38,164	0	13,252	190.00
191.00	RESEARCH	236,769	0	62,912	0	21,845	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	11,267,989	0	229,619	0	79,731	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	-61,224	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	117,032,765	-61,224	12,301,238	135,283	4,163,801	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
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
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	-2,143,727					10.00
11.00 CAFETERIA	0	8,367,700				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	0	0	4,662,704		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	1,538,598	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	5,872,172	0	2,412,155	0	30.00
31.00 INTENSIVE CARE UNIT	0	380,696	0	606,001	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	988,709	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,538,598	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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 HOSPITAL NUTRITION	0	0	0	0	0	76.01
76.02 PAIN MANAGEMENT	0	0	0	0	0	76.02
76.03 INFUSION CENTER	0	2,083,064	0	0	0	76.03
76.04 OTHER ANCILLARY SERVICE COST CENTERS	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

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
91.00	EMERGENCY	0	31,768	0	655,839	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,367,700	0	4,662,704	1,538,598	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	-2,143,727	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-2,143,727	8,367,700	0	4,662,704	1,538,598	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
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
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	5,324,679					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	4,828,480				16.00
17.00 SOCIAL SERVICE	0	0	3,007,862			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	11,598,555		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	76,436	47,610	8,139,477	0	30.00
31.00 INTENSIVE CARE UNIT	0	17,192	10,708	527,687	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	10,549	6,571	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	132,540	82,556	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	177,617	110,634	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	252,733	157,422	0	0	55.00
56.00 RADIOISOTOPE	0	20,295	12,641	0	0	56.00
57.00 CT SCAN	0	312,927	194,916	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	57,772	35,985	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	354,451	220,780	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	38,662	24,081	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	126,806	78,985	0	0	64.00
65.00 RESPIRATORY THERAPY	0	11,476	7,148	0	0	65.00
66.00 PHYSICAL THERAPY	0	9,917	6,177	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	21,022	13,094	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	139,790	87,072	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	5,324,679	3,033,684	1,889,923	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 HOSPITAL NUTRITION	0	3,220	2,006	0	0	76.01
76.02 PAIN MANAGEMENT	0	1,535	956	0	0	76.02
76.03 INFUSION CENTER	0	0	0	2,887,356	0	76.03
76.04 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	19,174	11,943	0	0	90.00
91.00 EMERGENCY	0	10,682	6,654	44,035	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,324,679	4,828,480	3,007,862	11,598,555	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,324,679	4,828,480	3,007,862	11,598,555	0	202.00

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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED		
		Y & FRINGES	PRGM COSTS			
	20.00	21.00	22.00	23.00	24.00	
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
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL	0					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	33,823,905	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	5,863,846	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	1,984,092	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	7,754,810	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	9,513,858	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	11,239,066	55.00
56.00 RADIOISOTOPE	0	0	0	0	889,424	56.00
57.00 CT SCAN	0	0	0	0	1,954,939	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,415,902	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	11,284,985	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	3,572,417	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	5,218,300	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	1,981,780	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	1,884,426	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	1,023,753	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	490	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	17,180,752	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	128,428,379	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 HOSPITAL NUTRITION	0	0	0	0	1,904,991	76.01
76.02 PAIN MANAGEMENT	0	0	0	0	1,196,197	76.02
76.03 INFUSION CENTER	0	0	0	0	4,970,420	76.03
76.04 OTHER ANCILLARY SERVICE COST CENTERS	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

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
90.00 CLINIC	0	0	0	0	13,696,230	90.00
91.00 EMERGENCY	0	0	0	0	5,580,664	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	272,363,626	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	265,074	190.00
191.00 RESEARCH	0	0	0	0	697,659	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	29,477,754	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	-2,204,951	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	300,599,162	202.00

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	33,823,905	30.00
31.00	INTENSIVE CARE UNIT	0	5,863,846	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	1,984,092	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	7,754,810	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	9,513,858	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	11,239,066	55.00
56.00	RADIOISOTOPE	0	889,424	56.00
57.00	CT SCAN	0	1,954,939	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,415,902	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	11,284,985	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	3,572,417	63.00
64.00	INTRAVENOUS THERAPY	0	5,218,300	64.00
65.00	RESPIRATORY THERAPY	0	1,981,780	65.00
66.00	PHYSICAL THERAPY	0	1,884,426	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,023,753	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	490	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,180,752	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	128,428,379	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.01	HOSPITAL NUTRITION	0	1,904,991	76.01
76.02	PAIN MANAGEMENT	0	1,196,197	76.02
76.03	INFUSION CENTER	0	4,970,420	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	13,696,230	90.00
91.00	EMERGENCY	0	5,580,664	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	272,363,626	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	265,074	190.00
191.00	RESEARCH	0	697,659	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	29,477,754	194.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	-2,204,951	201.00
202.00	TOTAL (sum lines 118-201)	0	300,599,162	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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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	185,460	1,119	186,579	186,579
5.00	ADMINISTRATIVE & GENERAL	0	202,510	5,514,819	5,717,329	18,721
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	1,364,117	325,427	1,689,544	5,392
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	HOUSEKEEPING	0	92,798	2,439	95,237	4,258
10.00	DIETARY	0	32,851	51,535	84,386	702
11.00	CAFETERIA	0	248,312	0	248,312	5,305
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	193,904	6,242	200,146	4,455
14.00	CENTRAL SERVICES & SUPPLY	0	54,490	2,885	57,375	1,386
15.00	PHARMACY	0	95,459	13,222	108,681	7,099
16.00	MEDICAL RECORDS & LIBRARY	0	106,454	5,880	112,334	5,725
17.00	SOCIAL SERVICE	0	28,317	0	28,317	3,933
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	60,028	6,477	66,505	16,374
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	671,252	24,532	695,784	19,227
31.00	INTENSIVE CARE UNIT	0	93,042	11,797	104,839	5,181
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	2,963
40.00	SUBPROVIDER - IPF	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	0	0	0	0	0
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	159,858	231,160	391,018	7,232
51.00	RECOVERY ROOM	0	0	0	0	0
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	0	0	0	0	0
54.00	RADIOLOGY-DIAGNOSTIC	0	172,483	810,493	982,976	8,584
55.00	RADIOLOGY-THERAPEUTIC	0	351,074	1,461,040	1,812,114	5,270
56.00	RADIOISOTOPE	0	8,444	0	8,444	1,104
57.00	CT SCAN	0	17,973	22,807	40,780	1,369
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	20,797	214,806	235,603	957
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	196,782	219,477	416,259	8,375
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	7,928	12,039	19,967	1,274
64.00	INTRAVENOUS THERAPY	0	171,532	0	171,532	5,732
65.00	RESPIRATORY THERAPY	0	27,720	18,681	46,401	2,557
66.00	PHYSICAL THERAPY	0	41,512	0	41,512	2,337
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	0	6,950	80,866	87,816	1,090
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,665	6,734	22,399	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.01	HOSPITAL NUTRITION	0	18,543	0	18,543	2,670
76.02	PAIN MANAGEMENT	0	6,353	0	6,353	1,760
76.03	INFUSION CENTER	0	0	0	0	0
76.04	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	89.00
90.00	CLINIC	0	566,643	33,446	600,089	12,906
91.00	EMERGENCY	0	117,993	1,088	119,081	4,473
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,337,244	9,079,011	14,416,255	168,411
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,430	0	11,430	138
191.00	RESEARCH	0	18,842	0	18,842	853
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	NONPAID WORKERS	0	0	0	0	0
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	68,770	472,362	541,132	17,177
200.00	Cross Foot Adjustments				0	0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	5,436,286	9,551,373	14,987,659	186,579

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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From 07/01/2010
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
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	5,736,050					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	232,907		1,927,843			7.00
8.00	LAUNDRY & LINEN SERVICE	2,561		0	2,561		8.00
9.00	HOUSEKEEPING	72,969		48,559	0	221,023	9.00
10.00	DIETARY	0		17,190	0	2,022	10.00
11.00	CAFETERIA	137,282		129,935	0	15,282	11.00
12.00	MAINTENANCE OF PERSONNEL	0		0	0	0	12.00
13.00	NURSING ADMINISTRATION	71,767		101,465	0	11,933	13.00
14.00	CENTRAL SERVICES & SUPPLY	24,490		28,513	0	3,353	14.00
15.00	PHARMACY	92,685		49,951	0	5,875	15.00
16.00	MEDICAL RECORDS & LIBRARY	82,354		55,705	0	6,551	16.00
17.00	SOCIAL SERVICE	54,530		14,818	8	1,743	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	214,490		31,411	0	3,694	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0		0	0	0	19.00
20.00	NURSING SCHOOL	0		0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0		0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0		0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	269,007		351,248	922	41,310	30.00
31.00	INTENSIVE CARE UNIT	73,780		48,687	118	5,726	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	37,242		0	0	0	34.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	0		0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	110,130		83,649	289	9,838	50.00
51.00	RECOVERY ROOM	0		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	159,528		90,256	456	10,615	54.00
55.00	RADIOLOGY-THERAPEUTIC	174,980		183,708	150	21,606	55.00
56.00	RADIOISOTOPE	15,497		4,418	0	520	56.00
57.00	CT SCAN	25,868		9,405	0	1,106	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	23,262		10,882	0	1,280	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	LABORATORY	186,015		102,971	0	12,110	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	65,776		4,148	0	488	63.00
64.00	INTRAVENOUS THERAPY	79,972		89,758	324	10,556	64.00
65.00	RESPIRATORY THERAPY	34,809		14,505	0	1,706	65.00
66.00	PHYSICAL THERAPY	31,760		21,722	79	2,555	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	18,145		3,637	0	428	69.00
70.00	ELECTROENCEPHALOGRAPHY	0		0	9	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	290,533		8,197	0	964	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,237,652		0	0	0	73.00
74.00	RENAL DIALYSIS	0		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.01	HOSPITAL NUTRITION	34,390		9,703	0	1,141	76.01
76.02	PAIN MANAGEMENT	22,057		3,324	3	391	76.02
76.03	INFUSION CENTER	0		0	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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	210,402		296,509	68	34,873	90.00
91.00	EMERGENCY	81,297		61,743	135	7,262	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,168,137	0	1,876,017	2,561	214,928	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,045	0	5,981	0	703	190.00
191.00 RESEARCH	11,604	0	9,859	0	1,160	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	552,264	0	35,986	0	4,232	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,736,050	0	1,927,843	2,561	221,023	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
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
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	104,300					10.00
11.00	CAFETERIA	0	536,116				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	0	0	389,766		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	115,117	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	376,229	0	201,638	0	30.00
31.00	INTENSIVE CARE UNIT	0	24,391	0	50,657	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	82,648	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	115,117	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
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	HOSPITAL NUTRITION	0	0	0	0	0	76.01
76.02	PAIN MANAGEMENT	0	0	0	0	0	76.02
76.03	INFUSION CENTER	0	133,461	0	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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

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Part II
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
91.00	EMERGENCY	0	2,035	0	54,823	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	536,116	0	389,766	115,117	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	104,300	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	104,300	536,116	0	389,766	115,117	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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

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Part II
Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00	264,291					15.00
16.00	0	262,669				16.00
17.00	0	0	103,349			17.00
18.00	0	0	0	332,474		18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0	4,160	1,631	233,320		30.00
31.00	0	936	367	15,126		31.00
32.00	0	0	0	0		32.00
33.00	0	0	0	0		33.00
34.00	0	574	225	0		34.00
40.00	0	0	0	0		40.00
41.00	0	0	0	0		41.00
42.00	0	0	0	0		42.00
43.00	0	0	0	0		43.00
44.00	0	0	0	0		44.00
45.00	0	0	0	0		45.00
46.00	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	7,214	2,828	0		50.00
51.00	0	0	0	0		51.00
52.00	0	0	0	0		52.00
53.00	0	0	0	0		53.00
54.00	0	9,667	3,789	0		54.00
55.00	0	13,755	5,392	0		55.00
56.00	0	1,105	433	0		56.00
57.00	0	17,031	6,676	0		57.00
58.00	0	3,144	1,232	0		58.00
59.00	0	0	0	0		59.00
60.00	0	19,291	7,562	0		60.00
60.01	0	0	0	0		60.01
61.00	0	0	0	0		61.00
62.00	0	0	0	0		62.00
63.00	0	2,104	825	0		63.00
64.00	0	6,902	2,705	0		64.00
65.00	0	625	245	0		65.00
66.00	0	540	212	0		66.00
67.00	0	0	0	0		67.00
68.00	0	0	0	0		68.00
69.00	0	1,144	448	0		69.00
70.00	0	0	0	0		70.00
71.00	0	7,608	2,982	0		71.00
72.00	0	0	0	0		72.00
73.00	264,291	164,985	65,058	0		73.00
74.00	0	0	0	0		74.00
75.00	0	0	0	0		75.00
76.00	0	0	0	0		76.00
76.01	0	175	69	0		76.01
76.02	0	84	33	0		76.02
76.03	0	0	0	82,766		76.03
76.04	0	0	0	0		76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0		88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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

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Part II
Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	0	1,044	409	0		90.00
91.00 EMERGENCY	0	581	228	1,262		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	264,291	262,669	103,349	332,474	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0		193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	264,291	262,669	103,349	332,474	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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

Worksheet B
Part II
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description	INTERNS & RESIDENTS				Subtotal
	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL	0				20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD		0			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS					2,194,476
31.00 INTENSIVE CARE UNIT					329,808
32.00 CORONARY CARE UNIT					0
33.00 BURN INTENSIVE CARE UNIT					0
34.00 SURGICAL INTENSIVE CARE UNIT					41,004
40.00 SUBPROVIDER - IPF					0
41.00 SUBPROVIDER - IRF					0
42.00 SUBPROVIDER					0
43.00 NURSERY					0
44.00 SKILLED NURSING FACILITY					0
45.00 NURSING FACILITY					0
46.00 OTHER LONG TERM CARE					0
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM					694,846
51.00 RECOVERY ROOM					0
52.00 DELIVERY ROOM & LABOR ROOM					0
53.00 ANESTHESIOLOGY					0
54.00 RADIOLOGY-DIAGNOSTIC					1,265,871
55.00 RADIOLOGY-THERAPEUTIC					2,216,975
56.00 RADIOISOTOPE					31,521
57.00 CT SCAN					102,235
58.00 MAGNETIC RESONANCE IMAGING (MRI)					276,360
59.00 CARDIAC CATHETERIZATION					0
60.00 LABORATORY					752,583
60.01 BLOOD LABORATORY					0
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY					0
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS					0
63.00 BLOOD STORING, PROCESSING & TRANS.					94,582
64.00 INTRAVENOUS THERAPY					367,481
65.00 RESPIRATORY THERAPY					100,848
66.00 PHYSICAL THERAPY					100,717
67.00 OCCUPATIONAL THERAPY					0
68.00 SPEECH PATHOLOGY					0
69.00 ELECTROCARDIOLOGY					112,708
70.00 ELECTROENCEPHALOGRAPHY					9
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS					447,800
72.00 IMPL. DEV. CHARGED TO PATIENTS					0
73.00 DRUGS CHARGED TO PATIENTS					2,731,986
74.00 RENAL DIALYSIS					0
75.00 ASC (NON-DISTINCT PART)					0
76.00 OTHER ANCILLARY SERVICE COST CENTERS					0
76.01 HOSPITAL NUTRITION					66,691
76.02 PAIN MANAGEMENT					34,005
76.03 INFUSION CENTER					216,227
76.04 OTHER ANCILLARY SERVICE COST CENTERS					0
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC					0
89.00 FEDERALLY QUALIFIED HEALTH CENTER					0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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

Worksheet B
Part II
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
90.00 CLINIC					1,156,300	90.00
91.00 EMERGENCY					332,920	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS					0	94.00
95.00 AMBULANCE SERVICES					0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00 CMHC					0	99.00
99.10 CORF					0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00 HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION					0	105.00
106.00 HEART ACQUISITION					0	106.00
107.00 LIVER ACQUISITION					0	107.00
108.00 LUNG ACQUISITION					0	108.00
109.00 PANCREAS ACQUISITION					0	109.00
110.00 INTESTINAL ACQUISITION					0	110.00
111.00 ISLET ACQUISITION					0	111.00
113.00 INTEREST EXPENSE					0	113.00
114.00 UTILIZATION REVIEW-SNF					0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 HOSPICE					0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	13,667,953	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					22,297	190.00
191.00 RESEARCH					42,318	191.00
192.00 PHYSICIANS' PRIVATE OFFICES					0	192.00
193.00 NONPAID WORKERS					0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS					1,150,791	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	104,300	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	14,987,659	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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

Worksheet B
Part II
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	2,194,476	30.00
31.00	INTENSIVE CARE UNIT	0	329,808	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	41,004	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	694,846	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,265,871	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	2,216,975	55.00
56.00	RADIOISOTOPE	0	31,521	56.00
57.00	CT SCAN	0	102,235	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	276,360	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	752,583	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	94,582	63.00
64.00	INTRAVENOUS THERAPY	0	367,481	64.00
65.00	RESPIRATORY THERAPY	0	100,848	65.00
66.00	PHYSICAL THERAPY	0	100,717	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	112,708	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	9	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	447,800	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,731,986	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.01	HOSPITAL NUTRITION	0	66,691	76.01
76.02	PAIN MANAGEMENT	0	34,005	76.02
76.03	INFUSION CENTER	0	216,227	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140100

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

Worksheet B
Part II
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	1,156,300	90.00
91.00	EMERGENCY	0	332,920	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	13,667,953	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,297	190.00
191.00	RESEARCH	0	42,318	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	1,150,791	194.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	104,300	201.00
202.00	TOTAL (sum lines 118-201)	0	14,987,659	202.00

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	200,233					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		8,127,399				2.00
4.00	EMPLOYEE BENEFITS	6,831	952	54,326,874			4.00
5.00	ADMINISTRATIVE & GENERAL	7,459	4,692,641	5,451,778	-117,032,765	185,919,123	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	61,224	0	6.00
7.00	OPERATION OF PLANT	50,244	276,910	1,570,079	0	7,549,171	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	83,022	8.00
9.00	HOUSEKEEPING	3,418	2,075	1,240,054	0	2,365,142	9.00
10.00	DIETARY	1,210	43,852	204,344	2,291,502	0	10.00
11.00	CAFETERIA	9,146	0	1,544,912	0	4,449,708	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	7,142	5,311	1,297,440	0	2,326,179	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,007	2,455	403,666	0	793,803	14.00
15.00	PHARMACY	3,516	11,251	2,067,262	0	3,004,192	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,921	5,003	1,667,035	0	2,669,325	16.00
17.00	SOCIAL SERVICE	1,043	0	1,145,394	0	1,767,478	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	2,211	5,511	4,768,195	0	6,952,228	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	24,724	20,875	5,593,214	0	8,719,286	30.00
31.00	INTENSIVE CARE UNIT	3,427	10,038	1,508,767	0	2,391,418	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	862,792	0	1,207,115	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	5,888	196,697	2,106,001	0	3,569,629	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,353	689,660	2,499,854	0	5,170,735	54.00
55.00	RADIOLOGY-THERAPEUTIC	12,931	1,243,219	1,534,538	0	5,671,599	55.00
56.00	RADIOISOTOPE	311	0	321,466	0	502,311	56.00
57.00	CT SCAN	662	19,407	398,556	0	838,455	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	766	182,781	278,569	0	753,979	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	7,248	186,756	2,438,862	0	6,029,260	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	292	10,244	371,078	0	2,131,974	63.00
64.00	INTRAVENOUS THERAPY	6,318	0	1,669,157	0	2,592,103	64.00
65.00	RESPIRATORY THERAPY	1,021	15,896	744,483	0	1,128,250	65.00
66.00	PHYSICAL THERAPY	1,529	0	680,650	0	1,029,417	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	256	68,810	317,286	0	588,145	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	577	5,730	0	0	9,416,995	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	72,526,158	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	HOSPITAL NUTRITION	683	0	777,440	0	1,114,680	76.01
76.02	PAIN MANAGEMENT	234	0	512,657	0	714,931	76.02
76.03	INFUSION CENTER	0	0	0	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140100

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

Worksheet B-1

Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	20,871	28,460	3,758,274	0	6,819,708	90.00
91.00	EMERGENCY	4,346	926	1,302,621	0	2,635,059	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	196,585	7,725,460	49,036,424	-114,680,039	167,511,455	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	421	0	40,053	0	131,120	190.00
191.00	RESEARCH	694	0	248,390	0	376,133	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	2,533	401,939	5,002,007	0	17,900,415	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,436,286	9,551,373	13,248,593		117,032,765	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	27.149800	1.175207	0.243868		0.629482	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			186,579		5,736,050	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.003434		0.030852	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140100

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

Worksheet B-1

Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		MAINTENANCE & REPAIRS (SQURE FEET)	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQURE FEET)	DIETARY (TIME SPENT)	
		6.00	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						5.00
6.00	MAINTENANCE & REPAIRS	185,943					6.00
7.00	OPERATION OF PLANT	50,244	135,699				7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	435,328			8.00
9.00	HOUSEKEEPING	3,418	3,418	0	132,281		9.00
10.00	DIETARY	1,210	1,210	0	1,210	31,871	10.00
11.00	CAFETERIA	9,146	9,146	0	9,146	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	7,142	7,142	0	7,142	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,007	2,007	0	2,007	0	14.00
15.00	PHARMACY	3,516	3,516	0	3,516	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,921	3,921	0	3,921	0	16.00
17.00	SOCIAL SERVICE	1,043	1,043	1,317	1,043	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	2,211	2,211	0	2,211	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	24,724	24,724	156,537	24,724	22,366	30.00
31.00	INTENSIVE CARE UNIT	3,427	3,427	20,135	3,427	1,450	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	5,888	5,888	49,136	5,888	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,353	6,353	77,582	6,353	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	12,931	12,931	25,448	12,931	0	55.00
56.00	RADIOISOTOPE	311	311	0	311	0	56.00
57.00	CT SCAN	662	662	0	662	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	766	766	0	766	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	7,248	7,248	0	7,248	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	292	292	0	292	0	63.00
64.00	INTRAVENOUS THERAPY	6,318	6,318	55,094	6,318	0	64.00
65.00	RESPIRATORY THERAPY	1,021	1,021	0	1,021	0	65.00
66.00	PHYSICAL THERAPY	1,529	1,529	13,461	1,529	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	256	256	0	256	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	1,577	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	577	577	0	577	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
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	HOSPITAL NUTRITION	683	683	0	683	0	76.01
76.02	PAIN MANAGEMENT	234	234	517	234	0	76.02
76.03	INFUSION CENTER	0	0	0	0	7,934	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TIME SPENT)	
		6.00	7.00	8.00	9.00	10.00	
90.00	CLINIC	20,871	20,871	11,559	20,871	0	90.00
91.00	EMERGENCY	4,346	4,346	22,965	4,346	121	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	182,295	132,051	435,328	128,633	31,871	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	421	421	0	421	0	190.00
191.00	RESEARCH	694	694	0	694	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	2,533	2,533	0	2,533	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	-61,224	12,301,238	135,283	4,163,801	-2,143,727	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	90.650911	0.310761	31.476939	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,927,843	2,561	221,023	104,300	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	14.206759	0.005883	1.670860	3.272568	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140100

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

Worksheet B-1

Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		CAFETERIA (TIME SPENT)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
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
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	31,871					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	NURSING ADMINISTRATION	0	0	323,519			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	100		14.00
15.00	PHARMACY	0	0	0	0	100	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	22,366	0	167,366	0	0	30.00
31.00	INTENSIVE CARE UNIT	1,450	0	42,047	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	68,601	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	100	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	100	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	HOSPITAL NUTRITION	0	0	0	0	0	76.01
76.02	PAIN MANAGEMENT	0	0	0	0	0	76.02
76.03	INFUSION CENTER	7,934	0	0	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140100

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

Worksheet B-1

Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		CAFETERIA (TIME SPENT)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
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	121	0	45,505	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	31,871	0	323,519	100	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,367,700	0	4,662,704	1,538,598	5,324,679	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	262.549026	0.000000	14.412458	15,385.980000	53,246.790000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	536,116	0	389,766	115,117	264,291	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	16.821436	0.000000	1.204770	1,151.170000	2,642.910000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140100

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
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
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	811,164,878					16.00
17.00 SOCIAL SERVICE	0	811,164,878				17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	31,871			18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	12,839,920	12,839,920	22,366			30.00
31.00 INTENSIVE CARE UNIT	2,887,905	2,887,905	1,450			31.00
32.00 CORONARY CARE UNIT	0	0	0			32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0			33.00
34.00 SURGICAL INTENSIVE CARE UNIT	1,772,122	1,772,122	0			34.00
40.00 SUBPROVIDER - IPF	0	0	0			40.00
41.00 SUBPROVIDER - IRF	0	0	0			41.00
42.00 SUBPROVIDER	0	0	0			42.00
43.00 NURSERY	0	0	0			43.00
44.00 SKILLED NURSING FACILITY	0	0	0			44.00
45.00 NURSING FACILITY	0	0	0			45.00
46.00 OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	22,264,408	22,264,408	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	29,836,572	29,836,572	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	42,454,652	42,454,652	0	0	0	55.00
56.00 RADIOISOTOPE	3,409,143	3,409,143	0	0	0	56.00
57.00 CT SCAN	52,566,223	52,566,223	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	9,704,612	9,704,612	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	59,541,567	59,541,567	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	6,494,469	6,494,469	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	21,301,198	21,301,198	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,927,761	1,927,761	0	0	0	65.00
66.00 PHYSICAL THERAPY	1,665,921	1,665,921	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	3,531,404	3,531,404	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	23,482,205	23,482,205	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	509,670,678	509,670,678	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 HOSPITAL NUTRITION	540,921	540,921	0	0	0	76.01
76.02 PAIN MANAGEMENT	257,853	257,853	0	0	0	76.02
76.03 INFUSION CENTER	0	0	7,934	0	0	76.03
76.04 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140100

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

Worksheet B-1

Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	3,220,950	3,220,950	0	0	0	90.00
91.00 EMERGENCY	1,794,394	1,794,394	121	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (O.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	811,164,878	811,164,878	31,871	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,828,480	3,007,862	11,598,555	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.005953	0.003708	363.921904	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	262,669	103,349	332,474	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000324	0.000127	10.431866	0.000000	0.000000	205.00

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00					1.00
2.00					2.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	56.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO 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
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.01	HOSPITAL NUTRITION	0	0	0	76.01
76.02	PAIN MANAGEMENT	0	0	0	76.02
76.03	INFUSION CENTER	0	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140100

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

Worksheet B-1

Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	89.00
90.00	EMERGENCY	0	0	0	90.00
91.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	91.00
92.00					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	CMHC	0	0	0	99.00
99.10	CORF	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	RESEARCH	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140100

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

Worksheet C
Part I
Date/Time Prepared:
1/26/2012 10:49 am

		Title XVIII			Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	Total Costs		
			Total Costs	RCE				Total Costs
				Disallowance				
1.00	2.00	3.00	4.00	5.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		33,823,905		33,823,905	0	33,823,905	30.00
31.00	INTENSIVE CARE UNIT		5,863,846		5,863,846	0	5,863,846	31.00
32.00	CORONARY CARE UNIT		0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT		0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		1,984,092		1,984,092	0	1,984,092	34.00
40.00	SUBPROVIDER - IPF		0		0	0	0	40.00
41.00	SUBPROVIDER - IRF		0		0	0	0	41.00
42.00	SUBPROVIDER		0		0	0	0	42.00
43.00	NURSERY		0		0	0	0	43.00
44.00	SKILLED NURSING FACILITY		0		0	0	0	44.00
45.00	NURSING FACILITY		0		0	0	0	45.00
46.00	OTHER LONG TERM CARE		0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM		7,754,810		7,754,810	0	7,754,810	50.00
51.00	RECOVERY ROOM		0		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		0		0	0	0	52.00
53.00	ANESTHESIOLOGY		0		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		9,513,858		9,513,858	0	9,513,858	54.00
55.00	RADIOLOGY-THERAPEUTIC		11,239,066		11,239,066	0	11,239,066	55.00
56.00	RADIOISOTOPE		889,424		889,424	0	889,424	56.00
57.00	CT SCAN		1,954,939		1,954,939	0	1,954,939	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,415,902		1,415,902	0	1,415,902	58.00
59.00	CARDIAC CATHETERIZATION		0		0	0	0	59.00
60.00	LABORATORY		11,284,985		11,284,985	0	11,284,985	60.00
60.01	BLOOD LABORATORY		0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		3,572,417		3,572,417	0	3,572,417	63.00
64.00	INTRAVENOUS THERAPY		5,218,300		5,218,300	0	5,218,300	64.00
65.00	RESPIRATORY THERAPY		1,981,780	0	1,981,780	0	1,981,780	65.00
66.00	PHYSICAL THERAPY		1,884,426	0	1,884,426	0	1,884,426	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		1,023,753		1,023,753	0	1,023,753	69.00
70.00	ELECTROENCEPHALOGRAPHY		490		490	0	490	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		17,180,752		17,180,752	0	17,180,752	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		0		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		128,428,379		128,428,379	0	128,428,379	73.00
74.00	RENAL DIALYSIS		0		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)		0		0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS		0		0	0	0	76.00
76.01	HOSPITAL NUTRITION		1,904,991		1,904,991	0	1,904,991	76.01
76.02	PAIN MANAGEMENT		1,196,197		1,196,197	0	1,196,197	76.02
76.03	INFUSION CENTER		4,970,420		4,970,420	0	4,970,420	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS		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		13,696,230		13,696,230	0	13,696,230	90.00
91.00	EMERGENCY		5,580,664		5,580,664	2,792	5,583,456	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS		0		0	0	0	94.00
95.00	AMBULANCE SERVICES		0		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS		0		0	0	0	98.00
99.00	CMHC		0		0	0	0	99.00
99.10	CORF		0		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		0		0	0	0	100.00
101.00	HOME HEALTH AGENCY		0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	KIDNEY ACQUISITION		0		0	0	0	105.00
106.00	HEART ACQUISITION		0		0	0	0	106.00
107.00	LIVER ACQUISITION		0		0	0	0	107.00
108.00	LUNG ACQUISITION		0		0	0	0	108.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140100

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

Worksheet C
Part I
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE	Total Costs	
				Disallowance		
1.00	2.00	3.00	4.00	5.00		
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0			0 115.00
116.00 HOSPICE	0		0			0 116.00
200.00 Subtotal (see instructions)	272,363,626	0	272,363,626	2,792	272,366,418	200.00
201.00 Less Observation Beds	0		0			0 201.00
202.00 Total (see instructions)	272,363,626	0	272,363,626	2,792	272,366,418	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140100

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

Worksheet C
Part I
Date/Time Prepared:
1/26/2012 10:49 am

		Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	12,839,920		12,839,920		30.00
31.00	INTENSIVE CARE UNIT	2,887,905		2,887,905		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,772,122		1,772,122		34.00
40.00	SUBPROVIDER - IPF	0		0		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	0		0		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	11,543,393	10,721,015	22,264,408	0.348305	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,396,438	25,440,134	29,836,572	0.318866	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,481,247	39,973,405	42,454,652	0.264731	55.00
56.00	RADIOISOTOPE	180,807	3,228,336	3,409,143	0.260894	56.00
57.00	CT SCAN	3,013,828	49,552,395	52,566,223	0.037190	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,017,729	8,686,883	9,704,612	0.145900	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	13,204,555	46,337,012	59,541,567	0.189531	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	4,226,975	2,267,494	6,494,469	0.550071	63.00
64.00	INTRAVENOUS THERAPY	143,148	21,158,050	21,301,198	0.244977	64.00
65.00	RESPIRATORY THERAPY	1,599,495	328,266	1,927,761	1.028022	65.00
66.00	PHYSICAL THERAPY	1,008,740	657,181	1,665,921	1.131162	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	734,778	2,796,626	3,531,404	0.289900	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,588,709	8,893,496	23,482,205	0.731650	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	69,347,401	440,323,277	509,670,678	0.251983	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.00
76.01	HOSPITAL NUTRITION	27,595	513,326	540,921	3.521755	76.01
76.02	PAIN MANAGEMENT	9,652	248,201	257,853	4.639066	76.02
76.03	INFUSION CENTER	0	0	0	0.000000	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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	114,568	3,106,382	3,220,950	4.252233	90.00
91.00	EMERGENCY	365,544	1,428,850	1,794,394	3.110055	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0		113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 10:49 am		
		Title XVIII	Hospital	PPS		
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	145,504,549	665,660,329	811,164,878			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	145,504,549	665,660,329	811,164,878			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140100

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

Worksheet C
Part I
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
46.00	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.348305			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.318866			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.264731			55.00
56.00	RADIOISOTOPE	0.260894			56.00
57.00	CT SCAN	0.037190			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.145900			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.189531			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.550071			63.00
64.00	INTRAVENOUS THERAPY	0.244977			64.00
65.00	RESPIRATORY THERAPY	1.028022			65.00
66.00	PHYSICAL THERAPY	1.131162			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.289900			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.731650			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.251983			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.00
76.01	HOSPITAL NUTRITION	3.521755			76.01
76.02	PAIN MANAGEMENT	4.639066			76.02
76.03	INFUSION CENTER	0.000000			76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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	4.252233			90.00
91.00	EMERGENCY	3.111611			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 10:49 am
		Title XVIII	Hospital

Cost Center Description	PPS Inpatient Ratio	
	11.00	
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 10:49 am
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Cost Center Description	Title XVIII			Hospital	PPS		
	Capital Related Cost (from Wkst. 8, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,194,476	0	2,194,476	11,669	188.06	30.00
31.00	INTENSIVE CARE UNIT	329,808		329,808	1,225	269.23	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	41,004		41,004	20	2,050.20	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	2,565,288		2,565,288	12,914		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 10:49 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	1,177	221,347	30.00
31.00 INTENSIVE CARE UNIT	171	46,038	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	13	26,653	34.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
200.00 Total (lines 30-199)	1,361	294,038	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140100

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

Worksheet D
Part II
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	694,846	22,264,408	0.031209	828,161	25,846	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,265,871	29,836,572	0.042427	423,544	17,970	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,216,975	42,454,652	0.052220	107,688	5,623	55.00
56.00	RADIOISOTOPE	31,521	3,409,143	0.009246	13,379	124	56.00
57.00	CT SCAN	102,235	52,566,223	0.001945	306,809	597	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	276,360	9,704,612	0.028477	87,711	2,498	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	752,583	59,541,567	0.012640	1,268,787	16,037	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	94,582	6,494,469	0.014563	460,967	6,713	63.00
64.00	INTRAVENOUS THERAPY	367,481	21,301,198	0.017252	20,737	358	64.00
65.00	RESPIRATORY THERAPY	100,848	1,927,761	0.052314	171,900	8,993	65.00
66.00	PHYSICAL THERAPY	100,717	1,665,921	0.060457	123,320	7,456	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	112,708	3,531,404	0.031916	85,135	2,717	69.00
70.00	ELECTROENCEPHALOGRAPHY	9	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	447,800	23,482,205	0.019070	1,264,468	24,113	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,731,986	509,670,678	0.005360	6,084,502	32,613	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.01	HOSPITAL NUTRITION	66,691	540,921	0.123292	3,197	394	76.01
76.02	PAIN MANAGEMENT	34,005	257,853	0.131877	1,194	157	76.02
76.03	INFUSION CENTER	216,227	0	0.000000	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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	1,156,300	3,220,950	0.358993	9,544	3,426	90.00
91.00	EMERGENCY	332,920	1,794,394	0.185533	31,940	5,926	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	11,102,665	793,664,931		11,292,983	161,561	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 10:49 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 10:49 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,669	0.00	1,177	0	0 30.00
31.00	INTENSIVE CARE UNIT	1,225	0.00	171	0	0 31.00
32.00	CORONARY CARE UNIT	0	0.00	0	0	0 32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	20	0.00	13	0	0 34.00
40.00	SUBPROVIDER - IPF	0	0.00	0	0	0 40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0	0 41.00
42.00	SUBPROVIDER	0	0.00	0	0	0 42.00
43.00	NURSERY	0	0.00	0	0	0 43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0 44.00
45.00	NURSING FACILITY	0	0.00	0	0	0 45.00
200.00	Total (lines 30-199)	12,914		1,361	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 10:49 am
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
	12.00	13.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
200.00 Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140100

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

Worksheet D
Part IV
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4) 5.00	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	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
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
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	MAGNETIC RESONANCE IMAGING (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
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
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 PATIENTS	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
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.01	HOSPITAL NUTRITION	0	0	0	0	0	0	76.01
76.02	PAIN MANAGEMENT	0	0	0	0	0	0	76.02
76.03	INFUSION CENTER	0	0	0	0	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
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: 140100

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

Worksheet D
Part IV
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	22,264,408	0.000000	0.000000	828,161	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	29,836,572	0.000000	0.000000	423,544	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	42,454,652	0.000000	0.000000	107,688	55.00
56.00	RADIOISOTOPE	0	3,409,143	0.000000	0.000000	13,379	56.00
57.00	CT SCAN	0	52,566,223	0.000000	0.000000	306,809	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	9,704,612	0.000000	0.000000	87,711	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	59,541,567	0.000000	0.000000	1,268,787	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	6,494,469	0.000000	0.000000	460,967	63.00
64.00	INTRAVENOUS THERAPY	0	21,301,198	0.000000	0.000000	20,737	64.00
65.00	RESPIRATORY THERAPY	0	1,927,761	0.000000	0.000000	171,900	65.00
66.00	PHYSICAL THERAPY	0	1,665,921	0.000000	0.000000	123,320	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	3,531,404	0.000000	0.000000	85,135	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,482,205	0.000000	0.000000	1,264,468	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	509,670,678	0.000000	0.000000	6,084,502	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.01	HOSPITAL NUTRITION	0	540,921	0.000000	0.000000	3,197	76.01
76.02	PAIN MANAGEMENT	0	257,853	0.000000	0.000000	1,194	76.02
76.03	INFUSION CENTER	0	0	0.000000	0.000000	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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	3,220,950	0.000000	0.000000	9,544	90.00
91.00	EMERGENCY	0	1,794,394	0.000000	0.000000	31,940	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	793,664,931			11,292,983	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140100

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

Worksheet D
Part IV
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		Title XVIII			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School
		11.00	12.00	13.00	21.00	22.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	751,936	0	0	0
51.00	RECOVERY ROOM	0	0	0	0	0
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	0	0	0	0	0
54.00	RADIOLOGY-DIAGNOSTIC	0	2,544,884	0	0	0
55.00	RADIOLOGY-THERAPEUTIC	0	2,516,335	0	0	0
56.00	RADIOISOTOPE	0	295,916	0	0	0
57.00	CT SCAN	0	5,556,230	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	630,108	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	4,323,117	0	0	0
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	157,728	0	0	0
64.00	INTRAVENOUS THERAPY	0	1,766,441	0	0	0
65.00	RESPIRATORY THERAPY	0	22,211	0	0	0
66.00	PHYSICAL THERAPY	0	54,820	0	0	0
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	0	195,266	0	0	0
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	797,418	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	37,131,056	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.01	HOSPITAL NUTRITION	0	44,438	0	0	0
76.02	PAIN MANAGEMENT	0	12,290	0	0	0
76.03	INFUSION CENTER	0	0	0	0	0
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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	311,845	0	0	0
91.00	EMERGENCY	0	26,550	0	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	AMBULANCE SERVICES	0	0	0	0	0
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
200.00	Total (lines 50-199)	0	57,138,589	0	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140100

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

Worksheet D
Part IV
Date/Time Prepared:
1/26/2012 10:49 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.01	HOSPITAL NUTRITION	0	0	76.01
76.02	PAIN MANAGEMENT	0	0	76.02
76.03	INFUSION CENTER	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/26/2012 10:49 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
						1.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.348305	751,936	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.318866	2,544,884	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.264731	2,516,335	0	0	55.00
56.00	RADIOISOTOPE	0.260894	295,916	0	0	56.00
57.00	CT SCAN	0.037190	5,556,230	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.145900	630,108	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.189531	4,323,117	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.550071	157,728	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.244977	1,766,441	0	0	64.00
65.00	RESPIRATORY THERAPY	1.028022	22,211	0	0	65.00
66.00	PHYSICAL THERAPY	1.131162	54,820	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	0.289900	195,266	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.731650	797,418	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.251983	37,131,056	0	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
76.01	HOSPITAL NUTRITION	3.521755	44,438	0	0	76.01
76.02	PAIN MANAGEMENT	4.639066	12,290	0	0	76.02
76.03	INFUSION CENTER	0.000000	0	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	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	4.252233	311,845	0	0	90.00
91.00	EMERGENCY	3.110055	26,550	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		57,138,589	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)		57,138,589	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/26/2012 10:49 am
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Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	261,903	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	811,477	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	666,152	0	0		55.00
56.00 RADIOISOTOPE	77,203	0	0		56.00
57.00 CT SCAN	206,636	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	91,933	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	819,365	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	86,762	0	0		63.00
64.00 INTRAVENOUS THERAPY	432,737	0	0		64.00
65.00 RESPIRATORY THERAPY	22,833	0	0		65.00
66.00 PHYSICAL THERAPY	62,010	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	56,608	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	583,431	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	9,356,395	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.01 HOSPITAL NUTRITION	156,500	0	0		76.01
76.02 PAIN MANAGEMENT	57,014	0	0		76.02
76.03 INFUSION CENTER	0	0	0		76.03
76.04 OTHER ANCILLARY SERVICE COST CENTERS	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	1,326,038	0	0		90.00
91.00 EMERGENCY	82,572	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	15,157,569	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)	15,157,569	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140100

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

Worksheet D-1

Date/Time Prepared:
1/26/2012 10:49 am

Title XVIII

Hospital

PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,669	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,669	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)	11,669	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,177	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)	33,823,905	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)	33,823,905	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	1,984,251	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)	17.046183	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)	33,823,905	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)	2,898.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,411,664	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)	3,411,664	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140100

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

Worksheet D-1

Date/Time Prepared:
1/26/2012 10:49 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)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	5,863,846	1,225	4,786.81	171	818,545
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT	1,984,092	20	99,204.60	13	1,289,660
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,934,830
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,454,699
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					294,038
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					161,561
52.00 Total Program excludable cost (sum of lines 50 and 51)					455,599
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,999,100
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 10:49 am
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Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Hospital	PPS	
				Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,194,476	33,823,905	0.064879	0	0	90.00
91.00 Nursing School cost	0	33,823,905	0.000000	0	0	91.00
92.00 Allied health cost	0	33,823,905	0.000000	0	0	92.00
93.00 All other Medical Education	0	33,823,905	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 10:49 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,310,193		30.00
31.00	INTENSIVE CARE UNIT		208,412		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		154,229		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.348305	828,161	288,453	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.318866	423,544	135,054	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.264731	107,688	28,508	55.00
56.00	RADIOISOTOPE	0.260894	13,379	3,491	56.00
57.00	CT SCAN	0.037190	306,809	11,410	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.145900	87,711	12,797	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.189531	1,268,787	240,474	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.550071	460,967	253,565	63.00
64.00	INTRAVENOUS THERAPY	0.244977	20,737	5,080	64.00
65.00	RESPIRATORY THERAPY	1.028022	171,900	176,717	65.00
66.00	PHYSICAL THERAPY	1.131162	123,320	139,495	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	0.289900	85,135	24,681	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.731650	1,264,468	925,148	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.251983	6,084,502	1,533,191	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	HOSPITAL NUTRITION	3.521755	3,197	11,259	76.01
76.02	PAIN MANAGEMENT	4.639066	1,194	5,539	76.02
76.03	INFUSION CENTER	0.000000	0	0	76.03
76.04	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	4.252233	9,544	40,583	90.00
91.00	EMERGENCY	3.111611	31,940	99,385	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		11,292,983	3,934,830	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)		11,292,983		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140100

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

Worksheet E
Part A
Date/Time Prepared:
1/26/2012 10:49 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	1,587,070					1.00
2.00	Outlier payments for discharges. (see instructions)	2,051,004					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)	69.00					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)	0.00					30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	0.00					31.00
32.00	Sum of lines 30 and 31	0.00					32.00
33.00	Allowable disproportionate share percentage (see instructions)	0.00					33.00
34.00	Disproportionate share adjustment (see instructions)	0					34.00
Additional payment for high percentage of ESRD beneficiary discharges							
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0					40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			0		41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00					42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0					43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000					44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00			0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0					46.00
47.00	Subtotal (see instructions)	3,638,074					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)	3,638,074					49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/26/2012 10:49 am
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	Title XVIII	Hospital		PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	322,905		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	0		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	0		57.00
58.00	Ancillary service other pass through costs (Worksheet D, Part IV, col. 11 line 200)	0		58.00
59.00	Total (sum of amounts on lines 49 through 58)	3,960,979		59.00
60.00	Primary payer payments	0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	3,960,979		61.00
62.00	Deductibles billed to program beneficiaries	0		62.00
63.00	Coinsurance billed to program beneficiaries	7,150		63.00
64.00	Allowable bad debts (see instructions)	34,571		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	24,200		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	3,978,029		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)	3,978,029		71.00
72.00	Interim payments	4,097,683		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)	-119,654		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2	0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140100

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

Worksheet E
Part B
Date/Time Prepared:
1/26/2012 10:49 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)		15,157,569	2.00
3.00	PPS payments		8,769,401	3.00
4.00	Outlier payment (see instructions)		67,254	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.426	5.00
6.00	Line 2 times line 5		6,457,124	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)		8,836,655	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)		1,620,685	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)		7,215,970	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)		7,215,970	30.00
31.00	Primary payer payments		444	31.00
32.00	Subtotal (line 30 minus line 31)		7,215,526	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)		315,409	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		220,786	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,436,312	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)		7,436,312	40.00
41.00	Interim payments		7,316,762	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)		119,550	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00

TO BE COMPLETED BY CONTRACTOR

90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140100	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 10:49 am
Title XVIII		Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140100

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

Worksheet E-1
Part I
Date/Time Prepared:
1/26/2012 10:49 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		4,086,635		7,215,970	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		11,048		100,792	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		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)		11,048		100,792	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)		4,097,683		7,316,762	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		119,550	6.01	
6.02	SETTLEMENT TO PROGRAM		119,654		0	6.02	
7.00	Total Medicare program liability (see instructions)		3,978,029		7,436,312	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 140100

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

Worksheet L
Parts I-III
Date/Time Prepared:
1/26/2012 10:49 am

Title XVIII

Hospital

PPS

1.00

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1.00	Capital DRG other than outlier	129,518	1.00
2.00	Capital DRG outlier payments	193,387	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	35.38	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	322,905	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