

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: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/21/2012 2:41 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input checked="" type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/21/2012 Time: 2:41 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,302,876	81,677	1,987,348	12,660,218	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	1,302,876	81,677	1,987,348	12,660,218	200.00

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

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Encryption Information
 ECR: Date: 5/21/2012 Time: 2:41 pm
 N.E3jm6HwYF9vIES8pOMA7Ya15afnO
 ZAAyY0qurgPz7rTJPhNw: ui5nsrCg
 1YM81hT0: q076Sr.
 PI: Date: 5/21/2012 Time: 2:41 pm
 .sMfCqsxgBA6TFa54gol76pKp03gVO
 j9ARI0hPEy: 0I19Wqb1eAEC4S5ej.E
 3rGsJD.wj00bVCem

(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	1,302,876	81,677	1,987,348	12,660,218	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	1,302,876	81,677	1,987,348	12,660,218	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140118		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/21/2012 2:38 pm			
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 12935 SOUTH GREGORY STREET	PO Box:						1.00	
2.00	City: BLUE ISLAND	State: IL	Zip Code: 60406-	County: COOK				2.00	
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
3.00	Hospital and Hospital-Based Component Identification:								
	Hospital	METROSOUTH MEDICAL CENTER	140118	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF								4.00
5.00	Subprovider - IRF								5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF					N	N	N	7.00
8.00	Swing Beds - NF					N		N	8.00
9.00	Hospital-Based SNF								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
18.00	Renal Dialysis								18.00
19.00	Other								19.00
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011	12/31/2011		20.00
21.00	Type of Control (see instructions)					4			21.00
Inpatient PPS Information									
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					2	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	10,814	1,091	90	0	1,468	11		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		
						Urban/Rural S	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1			
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).					1			
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			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/21/2012 2:38 pm		
		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	
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	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	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 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	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	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	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140118

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

Worksheet S-2
Part I
Date/Time Prepared:
5/21/2012 2:38 pm

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

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			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
				1.00	
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	
			1.00	2.00	
			Speech	Respiratory	
			3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	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.		7,000,000	21,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/21/2012 2:38 pm			
			1.00	2.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:	Contractor's Number:		141.00		
142.00	Street:	PO Box:			142.00		
143.00	City:	State:	Zip Code:		143.00		
			1.00				
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00		
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00		
			1.00	2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00		
			Part A	Part B			
			1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital		N	N	155.00		
156.00	Subprovider - IPF		N	N	156.00		
157.00	Subprovider - IRF		N	N	157.00		
158.00	SUBPROVIDER		N	N	158.00		
159.00	SNF		N	N	159.00		
160.00	HOME HEALTH AGENCY		N	N	160.00		
161.00	CMHC			N	161.00		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/21/2012 2:39 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/09/2012		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)	N			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:				20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140118

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

Worksheet S-2
Part II
Date/Time Prepared:
5/21/2012 2:39 pm

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

		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	05/09/2012	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)	N		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:			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: 140118

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center	Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
		Line Number		Avai lable		
		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	216	78,840	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)		216	78,840	0.00	7.00
8.00	INTENSIVE CARE UNIT	31.00	14	5,110	0.00	8.00
9.00	CORONARY CARE UNIT	32.00	14	5,110	0.00	9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY	43.00				13.00
14.00	Total (see instructions)		244	89,060	0.00	14.00
15.00	CAH visits					15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00	Total (sum of lines 14-26)		244			27.00
28.00	Observation Bed Days					28.00
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: 140118

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	17,213	7,910	31,635		1.00
2.00 HMO		1,770	1,468			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	17,213	7,910	31,635		7.00
8.00 INTENSIVE CARE UNIT	0	1,358	408	4,809		8.00
9.00 CORONARY CARE UNIT	0	1,462	302	4,502		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		1,464	1,959		13.00
14.00 Total (see instructions)	0	20,033	10,084	42,905		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
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	0		34	180		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			730	978		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140118

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,200	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	971.81	0.00	0	4,200	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	971.81	0.00			27.00
28.00 Observation Bed Days						28.00
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: 140118

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,350	9,668		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,350	9,668		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
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
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: 140118

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2012 2:38 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	63,017,277	0	63,017,277	2,021,423.81
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A		499,046	0	499,046	4,338.28
4.01	Physicians - Part A - direct teaching		0	0	0	0.00
5.00	Physician-Part B		0	0	0	0.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		4,217,690	0	4,217,690	100,809.21
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		123,441	0	123,441	2,000.67
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		451,761	0	451,761	3,324.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		11,896,691	0	11,896,691	
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		789,026	0	789,026	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		94,227	0	94,227	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	561,606	0	561,606	18,052.32
27.00	Administrative & General	5.00	10,495,342	0	10,495,342	300,983.76
28.00	Administrative & General under contract (see inst.)		122,877	0	122,877	3,209.25
29.00	Maintenance & Repairs	6.00	320,587	0	320,587	8,823.89
30.00	Operation of Plant	7.00	1,715,781	0	1,715,781	65,208.76
31.00	Laundry & Linen Service	8.00	488,018	0	488,018	32,013.38
32.00	Housekeeping	9.00	1,516,128	0	1,516,128	103,622.85
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	1,552,679	-653,988	898,691	55,607.40
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	653,988	653,988	40,466.20
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	1,467,750	0	1,467,750	27,353.76
39.00	Central Services and Supply	14.00	577,595	0	577,595	30,064.42
40.00	Pharmacy	15.00	1,839,815	0	1,839,815	47,713.80
41.00	Medical Records & Medical Records Library	16.00	816,581	0	816,581	35,552.64
42.00	Social Service	17.00	0	0	0	0.00
43.00	Other General Service	18.00	0	0	0	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140118

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2012 2:38 pm

		Average Hourly Wage (col. 4 + col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	31.17	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	115.03	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	41.84	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	61.70	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	135.91	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	31.11	26.00
27.00	Administrative & General	34.87	27.00
28.00	Administrative & General under contract (see inst.)	38.29	28.00
29.00	Maintenance & Repairs	36.33	29.00
30.00	Operation of Plant	26.31	30.00
31.00	Laundry & Linen Service	15.24	31.00
32.00	Housekeeping	14.63	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	16.16	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	16.16	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	53.66	38.00
39.00	Central Services and Supply	19.21	39.00
40.00	Pharmacy	38.56	40.00
41.00	Medical Records & Medical Records Library	22.97	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140118

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2012 2:38 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Pai d Hours Related to Sal aries in col . 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	63,140,154	0	63,140,154	2,024,633.06	1.00
2.00	Excluded area salaries (see instructions)	4,217,690	0	4,217,690	100,809.21	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,922,464	0	58,922,464	1,923,823.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	575,202	0	575,202	5,324.67	4.00
5.00	Subtotal wage-related costs (see inst.)	11,990,918	0	11,990,918	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	71,488,584	0	71,488,584	1,929,148.52	6.00
7.00	Total overhead cost (see instructions)	21,474,759	0	21,474,759	768,672.43	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140118

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2012 2:38 pm

		Average Hourly Wage (col. 4 + col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	31.19	1.00
2.00	Excluded area salaries (see instructions)	41.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30.63	3.00
4.00	Subtotal other wages & related costs (see inst.)	108.03	4.00
5.00	Subtotal wage-related costs (see inst.)	20.35	5.00
6.00	Total (sum of lines 3 thru 5)	37.06	6.00
7.00	Total overhead cost (see instructions)	27.94	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/21/2012 2:38 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,680,545 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)			3,806,358 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			249,845 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			108,472 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			19,845 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			203,321 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			602,091 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,467,906 17.00
18.00	Medicare Taxes - Employers Portion Only			852,395 18.00
19.00	Unemployment Insurance			1,538,328 19.00
20.00	State or Federal Unemployment Taxes			84,419 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			133,446 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			12,746,971 24.00
Part B - Other than Core Related Cost				
25.00	MISCELLANEOUS EMPLOYEE BENEFITS			32,973 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140118

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

Worksheet S-3
Part V
Date/Time Prepared:
5/21/2012 2:38 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/21/2012 2:39 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.264677	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		13,175,347	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		9,818,365	5.00	
6.00	Medicaid charges		83,801,342	6.00	
7.00	Medicaid cost (line 1 times line 6)		22,180,288	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	
			1.00	2.00	
			Total (col. 1 + col. 2)	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	3,509,607	56,108	3,565,715	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	928,912	14,850	943,762	21.00
22.00	Partial payment by patients approved for charity care	4,067	0	4,067	22.00
23.00	Cost of charity care (line 21 minus line 22)	924,845	14,850	939,695	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,765,865	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,410,525	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		14,355,340	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,799,528	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,739,223	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,739,223	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140118

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

Worksheet A
Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		613,311	613,311	9,145,454	9,758,765	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		133,209	133,209	3,247,822	3,381,031	2.00
4.00 EMPLOYEE BENEFITS	561,606	13,024,476	13,586,082	-4,816	13,581,266	4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE	983,598	16,637,414	17,621,012	-5,000	17,616,012	5.01
5.06 OTHER ADMINSTRATIVE AND GENERAL	9,511,744	32,331,341	41,843,085	-10,321,887	31,521,198	5.06
6.00 MAINTENANCE & REPAIRS	320,587	50,044	370,631	-1,724	368,907	6.00
7.00 OPERATION OF PLANT	1,715,781	3,263,066	4,978,847	-157,026	4,821,821	7.00
8.00 LAUNDRY & LINEN SERVICE	488,018	-485,584	2,434	-838	1,596	8.00
9.00 HOUSEKEEPING	1,516,128	613,557	2,129,685	-8,036	2,121,649	9.00
10.00 DIETARY	1,552,679	1,330,619	2,883,298	-1,232,618	1,650,680	10.00
11.00 CAFETERIA	0	0	0	1,200,850	1,200,850	11.00
13.00 NURSING ADMINISTRATION	1,467,750	47,701	1,515,451	-11,807	1,503,644	13.00
14.00 CENTRAL SERVICES & SUPPLY	577,595	343,789	921,384	-70,211	851,173	14.00
15.00 PHARMACY	1,839,815	4,564,354	6,404,169	-4,529,094	1,875,075	15.00
16.00 MEDICAL RECORDS & LIBRARY	816,581	549,507	1,366,088	-12,887	1,353,201	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	10,218,826	1,996,469	12,215,295	-732,120	11,483,175	30.00
31.00 INTENSIVE CARE UNIT	3,715,660	496,611	4,212,271	-320,315	3,891,956	31.00
32.00 CORONARY CARE UNIT	1,560,104	159,388	1,719,492	-81,304	1,638,188	32.00
43.00 NURSERY	1,234,247	963,024	2,197,271	-96,831	2,100,440	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,497,511	7,562,962	11,060,473	-6,156,693	4,903,780	50.00
51.00 RECOVERY ROOM	492,808	42,156	534,964	-23,176	511,788	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,261,762	1,447,813	3,709,575	-308,953	3,400,622	52.00
53.00 ANESTHESIOLOGY	47,477	1,022,917	1,070,394	-211,661	858,733	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,245,745	2,597,440	5,843,185	-1,179,142	4,664,043	54.00
56.00 RADIOISOTOPE	227,723	529,657	757,380	-7,280	750,100	56.00
59.00 CARDIAC CATHETERIZATION	612,148	2,681,772	3,293,920	-2,262,874	1,031,046	59.00
60.00 LABORATORY	2,839,243	3,103,214	5,942,457	-152,278	5,790,179	60.00
64.00 INTRAVENOUS THERAPY	144,606	127,623	272,229	-113,149	159,080	64.00
65.00 RESPIRATORY THERAPY	1,240,698	342,336	1,583,034	-241,133	1,341,901	65.00
66.00 PHYSICAL THERAPY	1,203,621	118,978	1,322,599	-69,243	1,253,356	66.00
69.00 ELECTROCARDIOLOGY	800,204	3,954,346	4,754,550	-3,796,134	958,416	69.00
70.00 ELECTROENCEPHALOGRAPHY	178,022	23,188	201,210	-8,367	192,843	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,529,780	6,529,780	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,445,989	8,445,989	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	4,136,795	4,136,795	73.00
74.00 RENAL DIALYSIS	0	767,328	767,328	-6,567	760,761	74.00
76.97 CARDIAC REHABILITATION	271,427	21,243	292,670	-1,993	290,677	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	3,655,873	1,905,436	5,561,309	-419,887	5,141,422	91.00
92.00 OBSERVATION BEDS (NON-DIAGNOSTIC PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	58,799,587	102,880,705	161,680,292	161,646	161,841,938	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,132	5,132	0	5,132	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,945,039	2,093,568	6,038,607	-147,657	5,890,950	192.00
192.01 OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	112,331	8,009	120,340	-1,128	119,212	193.00
194.00 CHF CLINIC	145,937	12,785	158,722	-10,838	147,884	194.00
194.01 TIME SHARE	14,383	4,300	18,683	-2,023	16,660	194.01
194.02 VACANT SPACE	0	0	0	0	0	194.02
200.00 TOTAL (SUM OF LINES 118-199)	63,017,277	105,004,499	168,021,776	0	168,021,776	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140118

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

Worksheet A
Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-9,024,784	733,981	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	3,381,031	2.00
4.00	EMPLOYEE BENEFITS	-18,709	13,562,557	4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	-196	17,615,816	5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL	-19,408,302	12,112,896	5.06
6.00	MAINTENANCE & REPAIRS	-547	368,360	6.00
7.00	OPERATION OF PLANT	-15,035	4,806,786	7.00
8.00	LAUNDRY & LINEN SERVICE	-20,556	-18,960	8.00
9.00	HOUSEKEEPING	-13,924	2,107,725	9.00
10.00	DIETARY	-509	1,650,171	10.00
11.00	CAFETERIA	-520,325	680,525	11.00
13.00	NURSING ADMINISTRATION	-268	1,503,376	13.00
14.00	CENTRAL SERVICES & SUPPLY	-11,682	839,491	14.00
15.00	PHARMACY	-26,769	1,848,306	15.00
16.00	MEDICAL RECORDS & LIBRARY	-9,056	1,344,145	16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-596,000	10,887,175	30.00
31.00	INTENSIVE CARE UNIT	-47,722	3,844,234	31.00
32.00	CORONARY CARE UNIT	-144	1,638,044	32.00
43.00	NURSERY	-789,562	1,310,878	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-149,118	4,754,662	50.00
51.00	RECOVERY ROOM	-386	511,402	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-785,897	2,614,725	52.00
53.00	ANESTHESIOLOGY	-753,133	105,600	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-62,054	4,601,989	54.00
56.00	RADIOISOTOPE	-1,092	749,008	56.00
59.00	CARDIAC CATHETERIZATION	-36,372	994,674	59.00
60.00	LABORATORY	-41,646	5,748,533	60.00
64.00	INTRAVENOUS THERAPY	-5,593	153,487	64.00
65.00	RESPIRATORY THERAPY	-10,778	1,331,123	65.00
66.00	PHYSICAL THERAPY	-2,455	1,250,901	66.00
69.00	ELECTROCARDIOLOGY	-36,513	921,903	69.00
70.00	ELECTROENCEPHALOGRAPHY	-96	192,747	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,529,780	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	8,445,989	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,136,795	73.00
74.00	RENAL DIALYSIS	-24	760,737	74.00
76.97	CARDIAC REHABILITATION	-165,061	125,616	76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	-1,248,587	3,892,835	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-33,802,895	128,039,043	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,132	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	-264,794	5,626,156	192.00
192.01	OTHER NRCC DEPARTMENTS	0	0	192.01
193.00	NONPAID WORKERS	0	119,212	193.00
194.00	CHF CLINIC	0	147,884	194.00
194.01	TIME SHARE	-1	16,659	194.01
194.02	VACANT SPACE	0	0	194.02
200.00	TOTAL (SUM OF LINES 118-199)	-34,067,690	133,954,086	200.00

RECLASSIFICATIONS

Provider CCN: 140118

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

Worksheet A-6

Date/Time Prepared:
5/21/2012 2:39 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CHARGEABLE PHARMACEUTICAL COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,119,031	1.00
2.00	OPERATING ROOM	50.00	0	486	2.00
3.00		0.00	0	0	3.00
TOTALS			0	4,119,517	
B - IV CHARGEABLE PHARMACEUTICAL COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,764	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
TOTALS			0	17,764	
C - CHARGEABLE MEDICAL SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,529,780	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
TOTALS			0	6,529,780	
D - CHARGEABLE IMPLANT/DEVICE COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,445,989	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
TOTALS			0	8,445,989	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
E - EQUIPMENT RENTAL COSTS						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	886,238	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	158,409	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
TOTALS			0	1,044,647		
F - BUILDING/SPACE RENTAL COSTS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,024,784	1.00	
TOTALS			0	9,024,784		
G - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,361,584	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
TOTALS			0	2,361,584		
H - BUILDING DEPRECIATION COSTS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	120,670	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
TOTALS			0	120,670		

Provider CCN: 140118

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

Worksheet A-6
Date/Time Prepared:
5/21/2012 2:39 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
I - CAFETERIA COST RECLASS						
1.00	CAFETERIA	11.00	653,988	546,862		1.00
TOTALS			653,988	546,862		
500.00	Grand Total: Increases		653,988	32,211,597		500.00

RECLASSIFICATIONS

Provider CCN: 140118

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

Worksheet A-6
Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CHARGEABLE PHARMACEUTICAL COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	68	0		1.00
2.00	PHARMACY	15.00	0	4,105,703	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	13,746	0		3.00
	TOTALS		0	4,119,517			
B - IV CHARGEABLE PHARMACEUTICAL COSTS							
1.00	PHARMACY	15.00	0	1,285	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,163	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	493	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	262	0		4.00
5.00	OPERATING ROOM	50.00	0	6,222	0		5.00
6.00	RECOVERY ROOM	51.00	0	116	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,129	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,392	0		8.00
9.00	LABORATORY	60.00	0	186	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	66	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	39	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	6	0		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	4	0		13.00
14.00	EMERGENCY	91.00	0	2,276	0		14.00
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	125	0		15.00
	TOTALS		0	17,764			
C - CHARGEABLE MEDICAL SUPPLY COSTS							
1.00	EMPLOYEE BENEFITS	4.00	0	266	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	19,925	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	52	0		3.00
4.00	OPERATION OF PLANT	7.00	0	813	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	632	0		5.00
6.00	HOUSEKEEPING	9.00	0	6,009	0		6.00
7.00	DIETARY	10.00	0	22,965	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	274	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	25,353	0		9.00
10.00	PHARMACY	15.00	0	36,149	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	2	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	542,808	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	271,404	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	65,281	0		14.00
15.00	NURSERY	43.00	0	73,717	0		15.00
16.00	OPERATING ROOM	50.00	0	2,177,902	0		16.00
17.00	RECOVERY ROOM	51.00	0	19,935	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	269,581	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	193,037	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	536,270	0		20.00
21.00	RADIOISOTOPE	56.00	0	7,280	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	1,067,495	0		22.00
23.00	LABORATORY	60.00	0	147,438	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	113,149	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	216,381	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	50,087	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	205,779	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,454	0		28.00
29.00	RENAL DIALYSIS	74.00	0	6,567	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	993	0		30.00
31.00	EMERGENCY	91.00	0	391,429	0		31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	50,126	0		32.00
33.00	NONPAID WORKERS	193.00	0	120	0		33.00
34.00	CHF CLINIC	194.00	0	2,484	0		34.00
35.00	TIME SHARE	194.01	0	623	0		35.00
	TOTALS		0	6,529,780			
D - CHARGEABLE IMPLANT/DEVICE COSTS							
1.00	DIETARY	10.00	0	1,405	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	14	0		2.00
3.00	OPERATING ROOM	50.00	0	3,579,811	0		3.00
4.00	RECOVERY ROOM	51.00	0	2,125	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	2,668	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	99,209	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	1,192,218	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	92	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	3,568,395	0		9.00
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	52	0		10.00
	TOTALS		0	8,445,989			

RECLASSIFICATIONS

Provider CCN: 140118

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

Worksheet A-6
Date/Time Prepared:
5/21/2012 2:39 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
E - EQUIPMENT RENTAL COSTS							
1.00	EMPLOYEE BENEFITS	4.00	0	4,550	10	1.00	
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	5,000	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	1,400	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	18,364	0	4.00	
5.00	HOUSEKEEPING	9.00	0	1,000	0	5.00	
6.00	DIETARY	10.00	0	5,529	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	1,570	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	36,690	0	8.00	
9.00	PHARMACY	15.00	0	385,563	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,885	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	180,792	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	46,330	0	12.00	
13.00	CORONARY CARE UNIT	32.00	0	13,264	0	13.00	
14.00	NURSERY	43.00	0	22,888	0	14.00	
15.00	OPERATING ROOM	50.00	0	181,917	0	15.00	
16.00	RECOVERY ROOM	51.00	0	1,000	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	25,299	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,621	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	1,400	0	19.00	
20.00	LABORATORY	60.00	0	3,458	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	24,082	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	13,909	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	7,775	0	23.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	909	0	24.00	
25.00	CARDIAC REHABILITATION	76.97	0	1,000	0	25.00	
26.00	EMERGENCY	91.00	0	24,956	0	26.00	
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,891	0	27.00	
28.00	NONPAID WORKERS	193.00	0	1,008	0	28.00	
29.00	CHF CLINIC	194.00	0	8,197	0	29.00	
30.00	TIME SHARE	194.01	0	1,400	0	30.00	
	TOTALS		0	1,044,647			
F - BUILDING/SPACE RENTAL COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,024,784	10	1.00	
	TOTALS		0	9,024,784			
G - EQUIPMENT DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,419,563	9	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	272	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	38,227	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	206	0	4.00	
5.00	HOUSEKEEPING	9.00	0	1,027	0	5.00	
6.00	DIETARY	10.00	0	1,869	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	9,963	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,168	0	8.00	
9.00	PHARMACY	15.00	0	394	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	2,251	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	2,088	0	11.00	
12.00	CORONARY CARE UNIT	32.00	0	2,497	0	12.00	
13.00	NURSERY	43.00	0	226	0	13.00	
14.00	OPERATING ROOM	50.00	0	211,327	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,944	0	15.00	
16.00	ANESTHESIOLOGY	53.00	0	15,956	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	535,650	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	1,761	0	18.00	
19.00	LABORATORY	60.00	0	1,196	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	512	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	5,208	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	433	0	22.00	
23.00	EMERGENCY	91.00	0	1,226	0	23.00	
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	89,463	0	24.00	
25.00	CHF CLINIC	194.00	0	157	0	25.00	
	TOTALS		0	2,361,584			
H - BUILDING DEPRECIATION COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15,956	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	99,622	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	5,092	0	3.00	
	TOTALS		0	120,670			

Provider CCN: 140118

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

Worksheet A-6
Date/Time Prepared:
5/21/2012 2:39 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
I - CAFETERIA COST RECLASS							
1.00	DIETARY	10.00	653,988	546,862	0		1.00
	TOTALS		653,988	546,862			
500.00	Grand Total: Decreases		653,988	32,211,597			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140118

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/21/2012 2:38 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	2,136,328	151,863	0	151,863	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	8,914,443	2,261,837	0	2,261,837	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	11,050,771	2,413,700	0	2,413,700	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	11,050,771	2,413,700	0	2,413,700	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	105,256	508,055	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	122,792	10,417	0	2.00
3.00	Total (sum of lines 1-2)	0	0	122,792	115,673	508,055	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,288,191	0	2,288,191	0.183404	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	11,176,280	988,228	10,188,052	0.816596	0	2.00
3.00	Total (sum of lines 1-2)	13,464,471	988,228	12,476,243	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140118

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/21/2012 2:38 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0		1.00		
2.00	Land Improvements	0	0		2.00		
3.00	Buildings and Fixtures	2,288,191	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	11,176,280	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	13,464,471	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	13,464,471	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	613,311		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	133,209		2.00		
3.00	Total (sum of lines 1-2)	0	746,520		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	120,670	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,361,584	886,238	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,482,254	886,238	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140118

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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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	NEW CAP REL COSTS-BLDG & FIXT	0	105,256	508,055	0	733,981	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	122,792	10,417	0	0	3,381,031	2.00
3.00	Total (sum of lines 1-2)	122,792	115,673	508,055	0	4,115,012	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140118

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

Worksheet A-8

Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)	B	-46,365	OTHER ADMINISTRATIVE AND GENERAL	5.06 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	-4,288,804		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	-9,756,347		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-509,864	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients	B	-23,318	PHARMACY	15.00 17.00
18.00 Sale of medical records and abstracts	B	-3,953	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines	B	-10,461	CAFETERIA	11.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant			0	0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 HR OTHER REVENUE	B	-701	EMPLOYEE BENEFITS	4.00 33.00
33.01 A&G OTHER REVENUE	B	-2,279,327	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.01
33.02 HOUSEKEEPING OTHER REVENUE	B	-2,424	HOUSEKEEPING	9.00 33.02
33.03 ADULTS & PEDS OTHER REVENUE	B	-167	ADULTS & PEDIATRICALS	30.00 33.03
33.04 ICU OTHER REVENUE	B	-103	INTENSIVE CARE UNIT	31.00 33.04
33.05 RADIOLOGY OTHER REVENUE	B	-22,086	RADIOLOGY-DIAGNOSTIC	54.00 33.05
33.06 LAB OTHER REVENUE	B	-432	LABORATORY	60.00 33.06
33.07 CARDIAC REHAB OTHER REVENUE	B	-165,032	CARDIAC REHABILITATION	76.97 33.07
33.08 ER OTHER REVENUE	B	-56,790	EMERGENCY	91.00 33.08
33.09 SALES TAX	A	-8	EMPLOYEE BENEFITS	4.00 33.09
33.10 SALES TAX	A	-196	CASHIERING/ACCOUNTS RECEIVABLE	5.01 33.10
33.11 SALES TAX	A	-273,929	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.11
33.12 SALES TAX	A	-547	MAINTENANCE & REPAIRS	6.00 33.12

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
33.13 SALES TAX	A	-15,035	OPERATION OF PLANT	7.00 33.13
33.14 SALES TAX	A	-20,556	LAUNDRY & LINEN SERVICE	8.00 33.14
33.15 SALES TAX	A	-11,500	HOUSEKEEPING	9.00 33.15
33.16 SALES TAX	A	-509	DIETARY	10.00 33.16
33.17 SALES TAX	A	-268	NURSING ADMINISTRATION	13.00 33.17
33.18 SALES TAX	A	-11,682	CENTRAL SERVICES & SUPPLY	14.00 33.18
33.19 SALES TAX	A	-3,451	PHARMACY	15.00 33.19
33.20 SALES TAX	A	-5,103	MEDICAL RECORDS & LIBRARY	16.00 33.20
33.21 SALES TAX	A	-24,434	ADULTS & PEDIATRICS	30.00 33.21
33.22 SALES TAX	A	-353	INTENSIVE CARE UNIT	31.00 33.22
33.23 SALES TAX	A	-144	CORONARY CARE UNIT	32.00 33.23
33.24 SALES TAX	A	-1,179	NURSERY	43.00 33.24
33.25 SALES TAX	A	-149,118	OPERATING ROOM	50.00 33.25
33.26 SALES TAX	A	-386	RECOVERY ROOM	51.00 33.26
33.27 SALES TAX	A	-5,601	DELIVERY ROOM & LABOR ROOM	52.00 33.27
33.28 SALES TAX	A	-9,260	ANESTHESIOLOGY	53.00 33.28
33.29 SALES TAX	A	-39,968	RADIOLOGY-DIAGNOSTIC	54.00 33.29
33.30 SALES TAX	A	-1,092	RADIOISOTOPE	56.00 33.30
33.31 SALES TAX	A	-35,863	CARDIAC CATHETERIZATION	59.00 33.31
33.32 SALES TAX	A	-41,214	LABORATORY	60.00 33.32
33.33 SALES TAX	A	-5,593	INTRAVENOUS THERAPY	64.00 33.33
33.34 SALES TAX	A	-10,778	RESPIRATORY THERAPY	65.00 33.34
33.35 SALES TAX	A	-2,455	PHYSICAL THERAPY	66.00 33.35
33.36 SALES TAX	A	-36,513	ELECTROCARDIOLOGY	69.00 33.36
33.37 SALES TAX	A	-96	ELECTROENCEPHALOGRAPHY	70.00 33.37
33.38 SALES TAX	A	-24	RENAL DIALYSIS	74.00 33.38
33.39 SALES TAX	A	-29	CARDIAC REHABILITATION	76.97 33.39
33.40 SALES TAX	A	-2,341	EMERGENCY	91.00 33.40
33.41 SALES TAX	A	-3,705	PHYSICIANS' PRIVATE OFFICES	192.00 33.41
33.42 SALES TAX	A	-1	TIME SHARE	194.01 33.42
33.43 NON-ALLOWABLE ADVERTISING COSTS	A	-271,462	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.43
33.44 BAD DEBT EXPENSE	A	-15,306,480	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.44
33.45 BAD DEBT EXPENSE	A	-198,296	DELIVERY ROOM & LABOR ROOM	52.00 33.45
33.46 BAD DEBT EXPENSE	A	-261,089	PHYSICIANS' PRIVATE OFFICES	192.00 33.46
33.47 PATIENT TELEPHONE COSTS	A	-34,310	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.47
33.48 IHA DUES	A	-116,948	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.48
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-34,067,690		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140118

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

Worksheet A-8
Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	HR OTHER REVENUE	0	33.00
33.01	A&G OTHER REVENUE	0	33.01
33.02	HOUSEKEEPING OTHER REVENUE	0	33.02
33.03	ADULTS & PEDS OTHER REVENUE	0	33.03
33.04	ICU OTHER REVNEUE	0	33.04
33.05	RADIOLOGY OTEHR REVENUE	0	33.05
33.06	LAB OTHER REVENUE	0	33.06
33.07	CARDIAC REHAB OTHER REVENUE	0	33.07
33.08	ER OTHER REVENUE	0	33.08
33.09	SALES TAX	0	33.09
33.10	SALES TAX	0	33.10
33.11	SALES TAX	0	33.11
33.12	SALES TAX	0	33.12
33.13	SALES TAX	0	33.13
33.14	SALES TAX	0	33.14
33.15	SALES TAX	0	33.15
33.16	SALES TAX	0	33.16
33.17	SALES TAX	0	33.17
33.18	SALES TAX	0	33.18
33.19	SALES TAX	0	33.19
33.20	SALES TAX	0	33.20
33.21	SALES TAX	0	33.21
33.22	SALES TAX	0	33.22
33.23	SALES TAX	0	33.23
33.24	SALES TAX	0	33.24
33.25	SALES TAX	0	33.25

ADJUSTMENTS TO EXPENSES

Provider CCN: 140118

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

Worksheet A-8

Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description		Wkst. A-7 Ref.		
		5.00		
33.26	SALES TAX	0		33.26
33.27	SALES TAX	0		33.27
33.28	SALES TAX	0		33.28
33.29	SALES TAX	0		33.29
33.30	SALES TAX	0		33.30
33.31	SALES TAX	0		33.31
33.32	SALES TAX	0		33.32
33.33	SALES TAX	0		33.33
33.34	SALES TAX	0		33.34
33.35	SALES TAX	0		33.35
33.36	SALES TAX	0		33.36
33.37	SALES TAX	0		33.37
33.38	SALES TAX	0		33.38
33.39	SALES TAX	0		33.39
33.40	SALES TAX	0		33.40
33.41	SALES TAX	0		33.41
33.42	SALES TAX	0		33.42
33.43	NON-ALLOWABLE ADVERTISING COSTS	0		33.43
33.44	BAD DEBT EXPENSE	0		33.44
33.45	BAD DEBT EXPENSE	0		33.45
33.46	BAD DEBT EXPENSE	0		33.46
33.47	PATIENT TELEPHONE COSTS	0		33.47
33.48	IHA DUES	0		33.48
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: 140118

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2012 2:38 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	REL PARTY BLDG RENT	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	RELATED PARTY MGMT FEES	2.00
3.00	0.00			3.00
4.00	0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

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

Provider CCN: 140118

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

Worksheet A-8-1

Date/Time Prepared: 5/21/2012 2:38 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0	9,024,784	-9,024,784	10	1.00
2.00	566,826	1,298,389	-731,563	0	2.00
3.00	0	0	0	0	3.00
4.00	0	0	0	0	4.00
5.00	566,826	10,323,173	-9,756,347		5.00
TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					

* 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		MSMC REAL ESTATE	0.00	RELATED PARTY PROPERTY OW	6.00
7.00		TRANSITION HEALTHCARE	0.00	RELATED PARTY MGMT	7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140118

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2012 2:39 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	EMPLOYEE BENEFITS	18,000	18,000	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	394,500	213,568	2.00
3.00	30.00	ADULTS & PEDIATRICS	587,500	41,254	3.00
4.00	43.00	NURSERY	788,383	788,383	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	657,000	582,000	5.00
6.00	53.00	ANESTHESIOLOGY	743,873	743,873	6.00
7.00	59.00	CARDIAC CATHETERIZATION	509	509	7.00
8.00	60.00	LABORATORY	20,833	0	8.00
9.00	91.00	EMERGENCY	1,189,456	1,189,456	9.00
10.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	254,914	0	10.00
11.00	31.00	INTENSIVE CARE UNIT	207,172	0	11.00
12.00	91.00	EMERGENCY	36,960	0	12.00
200.00			4,899,100	3,577,043	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140118

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

Worksheet A-8-2

Date/Time Prepared:
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	180,932	177,200	1,579	134,519	6,726	2.00
3.00	174,996	177,200	189	16,101	805	3.00
4.00	0	0	0	0	0	4.00
5.00	75,000	196,400	1,200	113,308	5,665	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	20,833	177,200	356	30,328	1,516	8.00
9.00	0	0	0	0	0	9.00
10.00	254,914	177,200	1,960	166,977	8,349	10.00
11.00	207,172	177,200	1,877	159,906	7,995	11.00
12.00	36,960	177,200	501	42,681	2,134	12.00
200.00	950,807		7,662	663,820	33,190	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140118

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

Worksheet A-8-2

Date/Time Prepared:
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	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	134,519	2.00
3.00	0	0	0	0	16,101	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	113,308	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	30,328	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	166,977	10.00
11.00	0	0	0	0	159,906	11.00
12.00	0	0	0	0	42,681	12.00
200.00	0	0	0	0	663,820	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140118

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

Worksheet A-8-2

Date/Time Prepared:
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	18,000	1.00
2.00	46,413	259,981	2.00
3.00	158,895	571,399	3.00
4.00	0	788,383	4.00
5.00	0	582,000	5.00
6.00	0	743,873	6.00
7.00	0	509	7.00
8.00	0	0	8.00
9.00	0	1,189,456	9.00
10.00	87,937	87,937	10.00
11.00	47,266	47,266	11.00
12.00	0	0	12.00
200.00	340,511	4,288,804	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140118

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	CASHIERING/AC COUNTS RECEIVABLE	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	733,981	733,981				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	3,381,031		3,381,031			2.00
4.00 EMPLOYEE BENEFITS	13,562,557	5,629	0	13,568,186		4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE	17,615,816	964	0	213,682	17,830,462	5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL	12,112,896	75,387	1,488,284	2,066,379	0	5.06
6.00 MAINTENANCE & REPAIRS	368,360	2,857	1,362	69,646	0	6.00
7.00 OPERATION OF PLANT	4,806,786	66,689	270,042	372,745	0	7.00
8.00 LAUNDRY & LINEN SERVICE	-18,960	17,717	259	106,019	0	8.00
9.00 HOUSEKEEPING	2,107,725	0	773	329,371	0	9.00
10.00 DIETARY	1,650,171	18,226	3,326	195,236	0	10.00
11.00 CAFETERIA	680,525	16,661	2,420	142,076	0	11.00
13.00 NURSING ADMINISTRATION	1,503,376	3,200	25,016	318,861	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	839,491	11,187	18,926	125,480	0	14.00
15.00 PHARMACY	1,848,306	5,284	988	399,691	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,344,145	5,953	0	177,398	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	10,887,175	113,714	17,269	2,219,993	1,444,602	30.00
31.00 INTENSIVE CARE UNIT	3,844,234	20,019	12,111	807,209	391,395	31.00
32.00 CORONARY CARE UNIT	1,638,044	19,106	3,134	338,925	187,060	32.00
43.00 NURSERY	1,310,878	21,916	848	268,134	193,907	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,754,662	62,427	315,568	759,817	1,870,648	50.00
51.00 RECOVERY ROOM	511,402	7,162	0	107,060	152,790	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,614,725	11,861	31,484	491,356	614,939	52.00
53.00 ANESTHESIOLOGY	105,600	0	18,457	10,314	355,379	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,601,989	31,477	678,872	705,122	2,261,837	54.00
56.00 RADIOISOTOPE	749,008	3,873	0	49,472	190,369	56.00
59.00 CARDIAC CATHETERIZATION	994,674	17,493	8,844	132,986	689,208	59.00
60.00 LABORATORY	5,748,533	22,286	1,682	616,811	2,657,461	60.00
64.00 INTRAVENOUS THERAPY	153,487	0	0	31,415	23,774	64.00
65.00 RESPIRATORY THERAPY	1,331,123	5,478	1,027	269,535	330,949	65.00
66.00 PHYSICAL THERAPY	1,250,901	15,388	8,915	261,481	183,055	66.00
69.00 ELECTROCARDIOLOGY	921,903	13,555	1,451	173,840	881,001	69.00
70.00 ELECTROENCEPHALOGRAPHY	192,747	4,727	0	38,674	64,554	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,529,780	0	0	0	532,163	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	8,445,989	0	0	0	1,536,777	72.00
73.00 DRUGS CHARGED TO PATIENTS	4,136,795	0	0	0	1,261,947	73.00
74.00 RENAL DIALYSIS	760,737	0	0	0	74,575	74.00
76.97 CARDIAC REHABILITATION	125,616	0	0	58,966	15,746	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	3,892,835	32,318	2,664	794,220	1,916,326	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	128,039,043	632,554	2,913,722	12,651,914	17,830,462	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,132	3,209	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	5,626,156	51,174	466,721	857,040	0	192.00
192.01 OTHER NRCC DEPARTMENTS	0	5,669	0	0	0	192.01
193.00 NONPAID WORKERS	119,212	1,997	0	24,403	0	193.00
194.00 CHF CLINIC	147,884	2,975	588	31,704	0	194.00
194.01 TIME SHARE	16,659	0	0	3,125	0	194.01
194.02 VACANT SPACE	0	36,403	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	133,954,086	733,981	3,381,031	13,568,186	17,830,462	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140118

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

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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL	15,742,946	15,742,946				5.06
6.00	MAINTENANCE & REPAIRS	442,225	58,894	501,119			6.00
7.00	OPERATION OF PLANT	5,516,262	734,639	51,482	6,302,383		7.00
8.00	LAUNDRY & LINEN SERVICE	105,035	13,988	13,677	191,708	324,408	8.00
9.00	HOUSEKEEPING	2,437,869	324,668	0	0	9,167	9.00
10.00	DIETARY	1,866,959	248,636	14,070	197,207	3,060	10.00
11.00	CAFETERIA	841,682	112,093	12,862	180,277	0	11.00
13.00	NURSING ADMINISTRATION	1,850,453	246,438	2,470	34,622	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	995,084	132,522	8,636	121,049	15,742	14.00
15.00	PHARMACY	2,254,269	300,217	4,079	57,171	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,527,496	203,427	4,596	64,414	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,682,753	1,955,346	87,782	1,230,429	105,116	30.00
31.00	INTENSIVE CARE UNIT	5,074,968	675,869	15,454	216,612	24,056	31.00
32.00	CORONARY CARE UNIT	2,186,269	291,161	14,749	206,731	12,564	32.00
43.00	NURSERY	1,795,683	239,144	16,918	237,135	6,412	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,763,122	1,033,869	48,192	675,486	35,414	50.00
51.00	RECOVERY ROOM	778,414	103,667	5,529	77,500	5,329	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,764,365	501,327	9,156	128,337	18,223	52.00
53.00	ANESTHESIOLOGY	489,750	65,223	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,279,297	1,102,612	24,300	340,597	14,183	54.00
56.00	RADIOISOTOPE	992,722	132,208	2,990	41,910	2,613	56.00
59.00	CARDIAC CATHETERIZATION	1,843,205	245,473	13,504	189,279	3,108	59.00
60.00	LABORATORY	9,046,773	1,204,822	17,204	241,144	23	60.00
64.00	INTRAVENOUS THERAPY	208,676	27,791	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,938,112	258,112	4,229	59,273	30	65.00
66.00	PHYSICAL THERAPY	1,719,740	229,030	11,879	166,506	3,600	66.00
69.00	ELECTROCARDIOLOGY	1,991,750	265,255	10,464	146,669	2,179	69.00
70.00	ELECTROENCEPHALOGRAPHY	300,702	40,047	3,649	51,150	1,926	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,061,943	940,488	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	9,982,766	1,329,475	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,398,742	718,988	0	0	0	73.00
74.00	RENAL DIALYSIS	835,312	111,244	0	0	0	74.00
76.97	CARDIAC REHABILITATION	200,328	26,679	0	0	5,093	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	6,638,363	884,077	24,948	349,689	51,922	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	126,554,035	14,757,429	422,819	5,204,895	319,760	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,341	1,111	2,477	34,726	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	7,001,091	932,384	39,505	553,722	4,106	192.00
192.01	OTHER NRCC DEPARTMENTS	5,669	755	4,377	61,344	0	192.01
193.00	NONPAID WORKERS	145,612	19,392	1,542	21,611	0	193.00
194.00	CHF CLINIC	183,151	24,392	2,297	32,192	152	194.00
194.01	TIME SHARE	19,784	2,635	0	0	390	194.01
194.02	VACANT SPACE	36,403	4,848	28,102	393,893	0	194.02
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)	133,954,086	15,742,946	501,119	6,302,383	324,408	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140118			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/21/2012 2:38 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE							5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING	2,771,704						9.00
10.00	DIETARY	95,613	2,425,545					10.00
11.00	CAFETERIA	87,405	0	1,234,319				11.00
13.00	NURSING ADMINISTRATION	16,786	0	24,171	2,174,940			13.00
14.00	CENTRAL SERVICES & SUPPLY	58,689	0	26,563	641	1,358,926		14.00
15.00	PHARMACY	27,719	0	42,174	6,062	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	31,230	0	31,416	0	0		16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	596,558	1,848,775	300,961	843,668	0		30.00
31.00	INTENSIVE CARE UNIT	105,022	272,609	84,585	232,740	0		31.00
32.00	CORONARY CARE UNIT	100,231	255,212	47,078	119,405	0		32.00
43.00	NURSERY	114,972	0	28,252	88,323	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	327,500	1,593	89,786	176,164	0		50.00
51.00	RECOVERY ROOM	37,575	0	10,843	34,646	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	62,222	0	62,612	166,708	0		52.00
53.00	ANESTHESIOLOGY	0	0	2,062	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	165,134	0	82,651	7,204	0		54.00
56.00	RADIOISOTOPE	20,319	0	4,335	62	0		56.00
59.00	CARDIAC CATHETERIZATION	91,769	0	12,743	19,810	0		59.00
60.00	LABORATORY	116,915	0	93,519	43,980	0		60.00
64.00	INTRAVENOUS THERAPY	0	0	3,699	11,868	0		64.00
65.00	RESPIRATORY THERAPY	28,737	0	37,007	0	0		65.00
66.00	PHYSICAL THERAPY	80,728	0	30,059	18,194	0		66.00
69.00	ELECTROCARDIOLOGY	71,110	0	20,557	14,443	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	24,799	0	6,948	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,358,926		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0	0		74.00
76.97	CARDIAC REHABILITATION	0	0	6,855	2,926	0		76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	EMERGENCY	169,542	47,356	96,344	279,777	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,430,575	2,425,545	1,145,220	2,066,621	1,358,926		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,836	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	268,465	0	79,928	96,162	0		192.00
192.01	OTHER NRCC DEPARTMENTS	29,742	0	0	0	0		192.01
193.00	NONPAID WORKERS	10,478	0	5,328	0	0		193.00
194.00	CHF CLINIC	15,608	0	3,037	9,719	0		194.00
194.01	TIME SHARE	0	0	806	2,438	0		194.01
194.02	VACANT SPACE	0	0	0	0	0		194.02
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)	2,771,704	2,425,545	1,234,319	2,174,940	1,358,926		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140118

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

Worksheet B
Part I
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	15.00	16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	2,691,691					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,862,579				16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,786	158	21,654,332	0	21,654,332	30.00
31.00 INTENSIVE CARE UNIT	225	21	6,702,161	0	6,702,161	31.00
32.00 CORONARY CARE UNIT	387	47	3,233,834	0	3,233,834	32.00
43.00 NURSERY	1,209	0	2,528,048	0	2,528,048	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	21,628	972	10,173,726	0	10,173,726	50.00
51.00 RECOVERY ROOM	25	1	1,053,529	0	1,053,529	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,530	189	4,714,669	0	4,714,669	52.00
53.00 ANESTHESIOLOGY	2,199	3,325	562,559	0	562,559	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,121	0	10,017,099	0	10,017,099	54.00
56.00 RADIOISOTOPE	0	0	1,197,159	0	1,197,159	56.00
59.00 CARDIAC CATHETERIZATION	59	0	2,418,950	0	2,418,950	59.00
60.00 LABORATORY	399	0	10,764,779	0	10,764,779	60.00
64.00 INTRAVENOUS THERAPY	0	0	252,034	0	252,034	64.00
65.00 RESPIRATORY THERAPY	8,566	0	2,334,066	0	2,334,066	65.00
66.00 PHYSICAL THERAPY	113	5	2,259,854	0	2,259,854	66.00
69.00 ELECTROCARDIOLOGY	68	20,069	2,542,564	0	2,542,564	69.00
70.00 ELECTROENCEPHALOGRAPHY	59	0	429,280	0	429,280	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	9,361,357	0	9,361,357	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	11,312,241	0	11,312,241	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,612,555	1,837,780	10,568,065	0	10,568,065	73.00
74.00 RENAL DIALYSIS	0	0	946,556	0	946,556	74.00
76.97 CARDIAC REHABILITATION	0	0	241,881	0	241,881	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	3,235	12	8,545,265	0	8,545,265	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,656,164	1,862,579	123,814,008	0	123,814,008	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	63,491	0	63,491	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	35,523	0	9,010,886	0	9,010,886	192.00
192.01 OTHER NRCC DEPARTMENTS	0	0	101,887	0	101,887	192.01
193.00 NONPAID WORKERS	4	0	203,967	0	203,967	193.00
194.00 CHF CLINIC	0	0	270,548	0	270,548	194.00
194.01 TIME SHARE	0	0	26,053	0	26,053	194.01
194.02 VACANT SPACE	0	0	463,246	0	463,246	194.02
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,691,691	1,862,579	133,954,086	0	133,954,086	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140118

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	5,629	0	5,629	4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	0	964	0	964	5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	75,387	1,488,284	1,563,671	5.06
6.00	MAINTENANCE & REPAIRS	0	2,857	1,362	4,219	6.00
7.00	OPERATION OF PLANT	0	66,689	270,042	336,731	7.00
8.00	LAUNDRY & LINEN SERVICE	0	17,717	259	17,976	8.00
9.00	HOUSEKEEPING	0	0	773	773	9.00
10.00	DIETARY	0	18,226	3,326	21,552	10.00
11.00	CAFETERIA	0	16,661	2,420	19,081	11.00
13.00	NURSING ADMINISTRATION	0	3,200	25,016	28,216	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	11,187	18,926	30,113	14.00
15.00	PHARMACY	0	5,284	988	6,272	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	5,953	0	5,953	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	113,714	17,269	130,983	30.00
31.00	INTENSIVE CARE UNIT	0	20,019	12,111	32,130	31.00
32.00	CORONARY CARE UNIT	0	19,106	3,134	22,240	32.00
43.00	NURSERY	0	21,916	848	22,764	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	62,427	315,568	377,995	50.00
51.00	RECOVERY ROOM	0	7,162	0	7,162	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	11,861	31,484	43,345	52.00
53.00	ANESTHESIOLOGY	0	0	18,457	18,457	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	31,477	678,872	710,349	54.00
56.00	RADIOISOTOPE	0	3,873	0	3,873	56.00
59.00	CARDIAC CATHETERIZATION	0	17,493	8,844	26,337	59.00
60.00	LABORATORY	0	22,286	1,682	23,968	60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	5,478	1,027	6,505	65.00
66.00	PHYSICAL THERAPY	0	15,388	8,915	24,303	66.00
69.00	ELECTROCARDIOLOGY	0	13,555	1,451	15,006	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,727	0	4,727	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
76.97	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0	32,318	2,664	34,982	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	632,554	2,913,722	3,546,276	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,209	0	3,209	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	51,174	466,721	517,895	192.00
192.01	OTHER NRCC DEPARTMENTS	0	5,669	0	5,669	192.01
193.00	NONPAID WORKERS	0	1,997	0	1,997	193.00
194.00	CHF CLINIC	0	2,975	588	3,563	194.00
194.01	TIME SHARE	0	0	0	0	194.01
194.02	VACANT SPACE	0	36,403	0	36,403	194.02
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	733,981	3,381,031	4,115,012	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140118		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/21/2012 2:38 pm	
Cost Center	Description	CASHIERING/AC COUNTS RECEIVABLE 5.01	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	1,053					5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	1,564,527				5.06
6.00	MAINTENANCE & REPAIRS	0	5,853	10,101			6.00
7.00	OPERATION OF PLANT	0	73,008	1,038	410,931		7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,390	276	12,500	30,409	8.00
9.00	HOUSEKEEPING	0	32,265	0	0	859	9.00
10.00	DIETARY	0	24,709	284	12,858	287	10.00
11.00	CAFETERIA	0	11,140	259	11,754	0	11.00
13.00	NURSING ADMINISTRATION	0	24,491	50	2,257	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	13,170	174	7,893	1,476	14.00
15.00	PHARMACY	0	29,835	82	3,728	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	20,216	93	4,200	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	76	194,330	1,770	80,227	9,852	30.00
31.00	INTENSIVE CARE UNIT	21	67,167	312	14,124	2,255	31.00
32.00	CORONARY CARE UNIT	10	28,935	297	13,479	1,178	32.00
43.00	NURSERY	10	23,766	341	15,462	601	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	98	102,745	971	44,043	3,320	50.00
51.00	RECOVERY ROOM	8	10,302	111	5,053	500	51.00
52.00	DELIVERY ROOM & LABOR ROOM	32	49,821	185	8,368	1,708	52.00
53.00	ANESTHESIOLOGY	19	6,482	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	119	109,576	490	22,208	1,330	54.00
56.00	RADIOISOTOPE	10	13,139	60	2,733	245	56.00
59.00	CARDIAC CATHETERIZATION	36	24,395	272	12,341	291	59.00
60.00	LABORATORY	256	119,734	347	15,723	2	60.00
64.00	INTRAVENOUS THERAPY	1	2,762	0	0	0	64.00
65.00	RESPIRATORY THERAPY	17	25,651	85	3,865	3	65.00
66.00	PHYSICAL THERAPY	10	22,761	239	10,857	337	66.00
69.00	ELECTROCARDIOLOGY	46	26,361	211	9,563	204	69.00
70.00	ELECTROENCEPHALOGRAPHY	3	3,980	74	3,335	181	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	28	93,465	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	81	132,122	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	66	71,452	0	0	0	73.00
74.00	RENAL DIALYSIS	4	11,055	0	0	0	74.00
76.97	CARDIAC REHABILITATION	1	2,651	0	0	477	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	101	87,859	503	22,801	4,867	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,053	1,466,588	8,524	339,372	29,973	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	110	50	2,264	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	92,659	796	36,104	385	192.00
192.01	OTHER NRCC DEPARTMENTS	0	75	88	4,000	0	192.01
193.00	NONPAID WORKERS	0	1,927	31	1,409	0	193.00
194.00	CHF CLINIC	0	2,424	46	2,099	14	194.00
194.01	TIME SHARE	0	262	0	0	37	194.01
194.02	VACANT SPACE	0	482	566	25,683	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	1,777	201.00
202.00	TOTAL (sum lines 118-201)	1,053	1,564,527	10,101	410,931	32,186	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140118			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/21/2012 2:38 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE							5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING	34,033						9.00
10.00	DIETARY	1,174	60,945					10.00
11.00	CAFETERIA	1,073	0	43,366				11.00
13.00	NURSING ADMINISTRATION	206	0	849	56,201			13.00
14.00	CENTRAL SERVICES & SUPPLY	721	0	933	17	54,549		14.00
15.00	PHARMACY	340	0	1,482	157	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	383	0	1,104	0	0		16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	7,324	46,452	10,573	21,800	0		30.00
31.00	INTENSIVE CARE UNIT	1,290	6,850	2,972	6,014	0		31.00
32.00	CORONARY CARE UNIT	1,231	6,413	1,654	3,085	0		32.00
43.00	NURSERY	1,412	0	993	2,282	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	4,021	40	3,155	4,552	0		50.00
51.00	RECOVERY ROOM	461	0	381	895	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	764	0	2,200	4,308	0		52.00
53.00	ANESTHESIOLOGY	0	0	72	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,028	0	2,904	186	0		54.00
56.00	RADIOISOTOPE	249	0	152	2	0		56.00
59.00	CARDIAC CATHETERIZATION	1,127	0	448	512	0		59.00
60.00	LABORATORY	1,436	0	3,286	1,136	0		60.00
64.00	INTRAVENOUS THERAPY	0	0	130	307	0		64.00
65.00	RESPIRATORY THERAPY	353	0	1,300	0	0		65.00
66.00	PHYSICAL THERAPY	991	0	1,056	470	0		66.00
69.00	ELECTROCARDIOLOGY	873	0	722	373	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	305	0	244	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	54,549		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0	0		74.00
76.97	CARDIAC REHABILITATION	0	0	241	76	0		76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	EMERGENCY	2,082	1,190	3,385	7,230	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)	29,844	60,945	40,236	53,402	54,549		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	207	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	3,296	0	2,808	2,485	0		192.00
192.01	OTHER NRCC DEPARTMENTS	365	0	0	0	0		192.01
193.00	NONPAID WORKERS	129	0	187	0	0		193.00
194.00	CHF CLINIC	192	0	107	251	0		194.00
194.01	TIME SHARE	0	0	28	63	0		194.01
194.02	VACANT SPACE	0	0	0	0	0		194.02
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)	34,033	60,945	43,366	56,201	54,549		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140118

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	15.00	16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	42,062					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	32,022				16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	44	3	504,364	0	504,364	30.00
31.00 INTENSIVE CARE UNIT	4	0	133,473	0	133,473	31.00
32.00 CORONARY CARE UNIT	6	1	78,669	0	78,669	32.00
43.00 NURSERY	19	0	67,761	0	67,761	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	338	17	541,610	0	541,610	50.00
51.00 RECOVERY ROOM	0	0	24,917	0	24,917	51.00
52.00 DELIVERY ROOM & LABOR ROOM	24	3	110,962	0	110,962	52.00
53.00 ANESTHESIOLOGY	34	57	25,125	0	25,125	53.00
54.00 RADIOLOGY-DIAGNOSTIC	18	0	849,500	0	849,500	54.00
56.00 RADIOISOTOPE	0	0	20,483	0	20,483	56.00
59.00 CARDIAC CATHETERIZATION	1	0	65,815	0	65,815	59.00
60.00 LABORATORY	6	0	166,150	0	166,150	60.00
64.00 INTRAVENOUS THERAPY	0	0	3,213	0	3,213	64.00
65.00 RESPIRATORY THERAPY	134	0	38,025	0	38,025	65.00
66.00 PHYSICAL THERAPY	2	0	61,134	0	61,134	66.00
69.00 ELECTROCARDIOLOGY	1	345	53,777	0	53,777	69.00
70.00 ELECTROENCEPHALOGRAPHY	1	0	12,866	0	12,866	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	148,042	0	148,042	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	132,203	0	132,203	72.00
73.00 DRUGS CHARGED TO PATIENTS	40,824	31,596	143,938	0	143,938	73.00
74.00 RENAL DIALYSIS	0	0	11,059	0	11,059	74.00
76.97 CARDIAC REHABILITATION	0	0	3,470	0	3,470	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	51	0	165,380	0	165,380	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	41,507	32,022	3,361,936	0	3,361,936	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	5,840	0	5,840	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	555	0	657,338	0	657,338	192.00
192.01 OTHER NRCC DEPARTMENTS	0	0	10,197	0	10,197	192.01
193.00 NONPAID WORKERS	0	0	5,690	0	5,690	193.00
194.00 CHF CLINIC	0	0	8,709	0	8,709	194.00
194.01 TIME SHARE	0	0	391	0	391	194.01
194.02 VACANT SPACE	0	0	63,134	0	63,134	194.02
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	1,777	0	1,777	201.00
202.00 TOTAL (sum lines 118-201)	42,062	32,022	4,115,012	0	4,115,012	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	532,880					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		13,464,470				2.00
4.00 EMPLOYEE BENEFITS	4,087	0	62,455,671			4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE	700	0	983,598	468,259,191		5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL	54,732	5,926,886	9,511,744	0	-15,742,946	5.06
6.00 MAINTENANCE & REPAIRS	2,074	5,425	320,587	0	0	6.00
7.00 OPERATION OF PLANT	48,417	1,075,403	1,715,781	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	12,863	1,030	488,018	0	0	8.00
9.00 HOUSEKEEPING	0	3,080	1,516,128	0	0	9.00
10.00 DIETARY	13,232	13,246	898,691	0	0	10.00
11.00 CAFETERIA	12,096	9,639	653,988	0	0	11.00
13.00 NURSING ADMINISTRATION	2,323	99,622	1,467,750	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	8,122	75,371	577,595	0	0	14.00
15.00 PHARMACY	3,836	3,934	1,839,815	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,322	0	816,581	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	82,558	68,772	10,218,826	37,937,957	0	30.00
31.00 INTENSIVE CARE UNIT	14,534	48,230	3,715,660	10,278,781	0	31.00
32.00 CORONARY CARE UNIT	13,871	12,479	1,560,104	4,912,557	0	32.00
43.00 NURSERY	15,911	3,377	1,234,247	5,092,376	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	45,323	1,256,703	3,497,511	49,126,728	0	50.00
51.00 RECOVERY ROOM	5,200	0	492,808	4,012,552	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	8,611	125,381	2,261,762	16,149,449	0	52.00
53.00 ANESTHESIOLOGY	0	73,501	47,477	9,332,926	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	22,853	2,703,505	3,245,745	59,400,098	0	54.00
56.00 RADIOISOTOPE	2,812	0	227,723	4,999,456	0	56.00
59.00 CARDIAC CATHETERIZATION	12,700	35,220	612,148	18,099,891	0	59.00
60.00 LABORATORY	16,180	6,700	2,839,243	69,787,599	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	144,606	624,353	0	64.00
65.00 RESPIRATORY THERAPY	3,977	4,090	1,240,698	8,691,342	0	65.00
66.00 PHYSICAL THERAPY	11,172	35,502	1,203,621	4,807,364	0	66.00
69.00 ELECTROCARDIOLOGY	9,841	5,780	800,204	23,136,742	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,432	0	178,022	1,695,321	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,975,615	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	40,358,648	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	33,141,109	0	73.00
74.00 RENAL DIALYSIS	0	0	0	1,958,484	0	74.00
76.97 CARDIAC REHABILITATION	0	0	271,427	413,510	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	23,463	10,608	3,655,873	50,326,333	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	459,242	11,603,484	58,237,981	468,259,191	-15,742,946	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,330	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	37,153	1,858,645	3,945,039	0	0	192.00
192.01 OTHER NRCC DEPARTMENTS	4,116	0	0	0	0	192.01
193.00 NONPAID WORKERS	1,450	0	112,331	0	0	193.00
194.00 CHF CLINIC	2,160	2,341	145,937	0	0	194.00
194.01 TIME SHARE	0	0	14,383	0	0	194.01
194.02 VACANT SPACE	26,429	0	0	0	0	194.02
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)	733,981	3,381,031	13,568,186	17,830,462		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.377385	0.251108	0.217245	0.038078		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			5,629	1,053		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000090	0.000002		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL	118,211,140					5.06
6.00 MAINTENANCE & REPAIRS	442,225	471,287				6.00
7.00 OPERATION OF PLANT	5,516,262	48,417	422,870			7.00
8.00 LAUNDRY & LINEN SERVICE	105,035	12,863	12,863	1,511,406		8.00
9.00 HOUSEKEEPING	2,437,869	0	0	42,707	383,578	9.00
10.00 DIETARY	1,866,959	13,232	13,232	14,258	13,232	10.00
11.00 CAFETERIA	841,682	12,096	12,096	0	12,096	11.00
13.00 NURSING ADMINISTRATION	1,850,453	2,323	2,323	0	2,323	13.00
14.00 CENTRAL SERVICES & SUPPLY	995,084	8,122	8,122	73,341	8,122	14.00
15.00 PHARMACY	2,254,269	3,836	3,836	0	3,836	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,527,496	4,322	4,322	0	4,322	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	14,682,753	82,558	82,558	489,731	82,558	30.00
31.00 INTENSIVE CARE UNIT	5,074,968	14,534	14,534	112,078	14,534	31.00
32.00 CORONARY CARE UNIT	2,186,269	13,871	13,871	58,533	13,871	32.00
43.00 NURSERY	1,795,683	15,911	15,911	29,873	15,911	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	7,763,122	45,323	45,323	164,992	45,323	50.00
51.00 RECOVERY ROOM	778,414	5,200	5,200	24,828	5,200	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,764,365	8,611	8,611	84,902	8,611	52.00
53.00 ANESTHESIOLOGY	489,750	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,279,297	22,853	22,853	66,080	22,853	54.00
56.00 RADIOISOTOPE	992,722	2,812	2,812	12,173	2,812	56.00
59.00 CARDIAC CATHETERIZATION	1,843,205	12,700	12,700	14,479	12,700	59.00
60.00 LABORATORY	9,046,773	16,180	16,180	109	16,180	60.00
64.00 INTRAVENOUS THERAPY	208,676	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,938,112	3,977	3,977	140	3,977	65.00
66.00 PHYSICAL THERAPY	1,719,740	11,172	11,172	16,770	11,172	66.00
69.00 ELECTROCARDIOLOGY	1,991,750	9,841	9,841	10,153	9,841	69.00
70.00 ELECTROENCEPHALOGRAPHY	300,702	3,432	3,432	8,972	3,432	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,061,943	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	9,982,766	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	5,398,742	0	0	0	0	73.00
74.00 RENAL DIALYSIS	835,312	0	0	0	0	74.00
76.97 CARDIAC REHABILITATION	200,328	0	0	23,730	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	6,638,363	23,463	23,463	241,902	23,463	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	110,811,089	397,649	349,232	1,489,751	336,369	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,341	2,330	2,330	0	2,330	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	7,001,091	37,153	37,153	19,130	37,153	192.00
192.01 OTHER NRCC DEPARTMENTS	5,669	4,116	4,116	0	4,116	192.01
193.00 NONPAID WORKERS	145,612	1,450	1,450	0	1,450	193.00
194.00 CHF CLINIC	183,151	2,160	2,160	708	2,160	194.00
194.01 TIME SHARE	19,784	0	0	1,817	0	194.01
194.02 VACANT SPACE	36,403	26,429	26,429	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	15,742,946	501,119	6,302,383	324,408	2,771,704	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.133177	1.063299	14.903831	0.214640	7.225920	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,564,527	10,101	410,931	32,186	34,033	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.013235	0.021433	0.971767	0.020120	0.088725	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	130,918					10.00
11.00 CAFETERIA	0	145,488				11.00
13.00 NURSING ADMINISTRATION	0	2,849	767,115			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	3,131	226	6,529,780		14.00
15.00 PHARMACY	0	4,971	2,138	0	4,262,101	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	3,703	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	99,787	35,474	297,567	0	4,411	30.00
31.00 INTENSIVE CARE UNIT	14,714	9,970	82,089	0	356	31.00
32.00 CORONARY CARE UNIT	13,775	5,549	42,115	0	612	32.00
43.00 NURSERY	0	3,330	31,152	0	1,915	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	86	10,583	62,134	0	34,247	50.00
51.00 RECOVERY ROOM	0	1,278	12,220	0	40	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	7,380	58,799	0	2,422	52.00
53.00 ANESTHESIOLOGY	0	243	0	0	3,482	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	9,742	2,541	0	1,775	54.00
56.00 RADIOISOTOPE	0	511	22	0	0	56.00
59.00 CARDIAC CATHETERIZATION	0	1,502	6,987	0	93	59.00
60.00 LABORATORY	0	11,023	15,512	0	631	60.00
64.00 INTRAVENOUS THERAPY	0	436	4,186	0	0	64.00
65.00 RESPIRATORY THERAPY	0	4,362	0	0	13,564	65.00
66.00 PHYSICAL THERAPY	0	3,543	6,417	0	179	66.00
69.00 ELECTROCARDIOLOGY	0	2,423	5,094	0	108	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	819	0	0	94	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,529,780	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	4,136,795	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 CARDIAC REHABILITATION	0	808	1,032	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	2,556	11,356	98,679	0	5,123	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	130,918	134,986	728,910	6,529,780	4,205,847	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	9,421	33,917	0	56,248	192.00
192.01 OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	628	0	0	6	193.00
194.00 CHF CLINIC	0	358	3,428	0	0	194.00
194.01 TIME SHARE	0	95	860	0	0	194.01
194.02 VACANT SPACE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,425,545	1,234,319	2,174,940	1,358,926	2,691,691	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.527208	8.483992	2.835220	0.208112	0.631541	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	60,945	43,366	56,201	54,549	42,062	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.465520	0.298073	0.073263	0.008354	0.009869	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

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

Worksheet B-1
Date/Time Prepared:
5/21/2012 2:38 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	16.00	
GENERAL SERVICE COST CENTERS		
1.00 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00 EMPLOYEE BENEFITS		4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL		5.06
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
13.00 NURSING ADMINISTRATION		13.00
14.00 CENTRAL SERVICES & SUPPLY		14.00
15.00 PHARMACY		15.00
16.00 MEDICAL RECORDS & LIBRARY	13,716,186	16.00
INPATIENT ROUTINE SERVICE COST CENTERS		
30.00 ADULTS & PEDIATRICS	1,164	30.00
31.00 INTENSIVE CARE UNIT	153	31.00
32.00 CORONARY CARE UNIT	347	32.00
43.00 NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS		
50.00 OPERATING ROOM	7,158	50.00
51.00 RECOVERY ROOM	11	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,391	52.00
53.00 ANESTHESIOLOGY	24,484	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	54.00
56.00 RADIO SOTOPE	0	56.00
59.00 CARDIAC CATHETERIZATION	0	59.00
60.00 LABORATORY	0	60.00
64.00 INTRAVENOUS THERAPY	0	64.00
65.00 RESPIRATORY THERAPY	0	65.00
66.00 PHYSICAL THERAPY	37	66.00
69.00 ELECTROCARDIOLOGY	147,792	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	13,533,558	73.00
74.00 RENAL DIALYSIS	0	74.00
76.97 CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS		
91.00 EMERGENCY	91	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS		
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,716,186	118.00
NONREIMBURSABLE COST CENTERS		
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01 OTHER NRCC DEPARTMENTS	0	192.01
193.00 NONPAID WORKERS	0	193.00
194.00 CHF CLINIC	0	194.00
194.01 TIME SHARE	0	194.01
194.02 VACANT SPACE	0	194.02
200.00 Cross Foot Adjustments		200.00
201.00 Negative Cost Centers		201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,862,579	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.135794	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	32,022	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.002335	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 2:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		21,654,332	158,895	21,813,227	30.00
31.00	INTENSIVE CARE UNIT		6,702,161	47,266	6,749,427	31.00
32.00	CORONARY CARE UNIT		3,233,834	0	3,233,834	32.00
43.00	NURSERY		2,528,048	0	2,528,048	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		10,173,726	0	10,173,726	50.00
51.00	RECOVERY ROOM		1,053,529	0	1,053,529	51.00
52.00	DELIVERY ROOM & LABOR ROOM		4,714,669	0	4,714,669	52.00
53.00	ANESTHESIOLOGY		562,559	0	562,559	53.00
54.00	RADIOLOGY-DIAGNOSTIC		10,017,099	0	10,017,099	54.00
56.00	RADIOISOTOPE		1,197,159	0	1,197,159	56.00
59.00	CARDIAC CATHETERIZATION		2,418,950	0	2,418,950	59.00
60.00	LABORATORY		10,764,779	0	10,764,779	60.00
64.00	INTRAVENOUS THERAPY		252,034	0	252,034	64.00
65.00	RESPIRATORY THERAPY	0	2,334,066	0	2,334,066	65.00
66.00	PHYSICAL THERAPY	0	2,259,854	0	2,259,854	66.00
69.00	ELECTROCARDIOLOGY		2,542,564	0	2,542,564	69.00
70.00	ELECTROENCEPHALOGRAPHY		429,280	0	429,280	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,361,357	0	9,361,357	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		11,312,241	0	11,312,241	72.00
73.00	DRUGS CHARGED TO PATIENTS		10,568,065	0	10,568,065	73.00
74.00	RENAL DIALYSIS		946,556	0	946,556	74.00
76.97	CARDIAC REHABILITATION		241,881	0	241,881	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY		8,545,265	0	8,545,265	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		123,413		123,413	92.00
200.00	Subtotal (see instructions)	0	123,937,421	206,161	124,143,582	200.00
201.00	Less Observation Beds		123,413		123,413	201.00
202.00	Total (see instructions)	0	123,814,008	206,161	124,020,169	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 2:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	34,627,609		34,627,609		30.00
31.00	INTENSIVE CARE UNIT	10,278,781		10,278,781		31.00
32.00	CORONARY CARE UNIT	4,912,557		4,912,557		32.00
43.00	NURSERY	5,092,376		5,092,376		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	26,077,616	23,049,112	49,126,728	0.207091	50.00
51.00	RECOVERY ROOM	2,203,501	1,809,051	4,012,552	0.262558	51.00
52.00	DELIVERY ROOM & LABOR ROOM	14,106,118	2,043,331	16,149,449	0.291940	52.00
53.00	ANESTHESIOLOGY	4,538,232	4,794,694	9,332,926	0.060277	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,900,214	35,499,884	59,400,098	0.168638	54.00
56.00	RADIOISOTOPE	2,457,583	2,541,873	4,999,456	0.239458	56.00
59.00	CARDIAC CATHETERIZATION	9,537,076	8,562,815	18,099,891	0.133644	59.00
60.00	LABORATORY	45,893,697	23,893,902	69,787,599	0.154251	60.00
64.00	INTRAVENOUS THERAPY	539,826	84,527	624,353	0.403672	64.00
65.00	RESPIRATORY THERAPY	7,997,558	693,784	8,691,342	0.268551	65.00
66.00	PHYSICAL THERAPY	3,028,547	1,778,817	4,807,364	0.470082	66.00
69.00	ELECTROCARDIOLOGY	11,905,109	11,231,633	23,136,742	0.109893	69.00
70.00	ELECTROENCEPHALOGRAPHY	253,897	1,441,424	1,695,321	0.253215	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,861,540	5,114,075	13,975,615	0.669835	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	21,042,179	19,316,469	40,358,648	0.280293	72.00
73.00	DRUGS CHARGED TO PATIENTS	27,520,868	5,620,241	33,141,109	0.318881	73.00
74.00	RENAL DIALYSIS	1,958,484	0	1,958,484	0.483311	74.00
76.97	CARDIAC REHABILITATION	103,969	309,541	413,510	0.584946	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	13,747,758	36,578,575	50,326,333	0.169797	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,310,348	3,310,348	0.037281	92.00
200.00	Subtotal (see instructions)	280,585,095	187,674,096	468,259,191		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	280,585,095	187,674,096	468,259,191		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 2:39 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.207091		50.00
51.00	RECOVERY ROOM	0.262558		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.291940		52.00
53.00	ANESTHESIOLOGY	0.060277		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.168638		54.00
56.00	RADIOLOGY	0.239458		56.00
59.00	CARDIAC CATHETERIZATION	0.133644		59.00
60.00	LABORATORY	0.154251		60.00
64.00	INTRAVENOUS THERAPY	0.403672		64.00
65.00	RESPIRATORY THERAPY	0.268551		65.00
66.00	PHYSICAL THERAPY	0.470082		66.00
69.00	ELECTROCARDIOLOGY	0.109893		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.253215		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.669835		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.280293		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.318881		73.00
74.00	RENAL DIALYSIS	0.483311		74.00
76.97	CARDIAC REHABILITATION	0.584946		76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	0.169797		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.037281		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 2:39 pm
		Title XIX	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE		
				Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		21,654,332	0	0	30.00
31.00	INTENSIVE CARE UNIT		6,702,161	0	0	31.00
32.00	CORONARY CARE UNIT		3,233,834	0	0	32.00
43.00	NURSERY		2,528,048	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		10,173,726	0	0	50.00
51.00	RECOVERY ROOM		1,053,529	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		4,714,669	0	0	52.00
53.00	ANESTHESIOLOGY		562,559	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		10,017,099	0	0	54.00
56.00	RADIOISOTOPE		1,197,159	0	0	56.00
59.00	CARDIAC CATHETERIZATION		2,418,950	0	0	59.00
60.00	LABORATORY		10,764,779	0	0	60.00
64.00	INTRAVENOUS THERAPY		252,034	0	0	64.00
65.00	RESPIRATORY THERAPY	0	2,334,066	0	0	65.00
66.00	PHYSICAL THERAPY	0	2,259,854	0	0	66.00
69.00	ELECTROCARDIOLOGY		2,542,564	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY		429,280	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,361,357	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		11,312,241	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		10,568,065	0	0	73.00
74.00	RENAL DIALYSIS		946,556	0	0	74.00
76.97	CARDIAC REHABILITATION		241,881	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY		8,545,265	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		123,413	0	0	92.00
200.00	Subtotal (see instructions)	0	123,937,421	0	0	200.00
201.00	Less Observation Beds		123,413			201.00
202.00	Total (see instructions)	0	123,814,008	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 2:39 pm
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	34,627,609		34,627,609		30.00
31.00	INTENSIVE CARE UNIT	10,278,781		10,278,781		31.00
32.00	CORONARY CARE UNIT	4,912,557		4,912,557		32.00
43.00	NURSERY	5,092,376		5,092,376		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	26,077,616	23,049,112	49,126,728	0.207091	50.00
51.00	RECOVERY ROOM	2,203,501	1,809,051	4,012,552	0.262558	51.00
52.00	DELIVERY ROOM & LABOR ROOM	14,106,118	2,043,331	16,149,449	0.291940	52.00
53.00	ANESTHESIOLOGY	4,538,232	4,794,694	9,332,926	0.060277	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,900,214	35,499,884	59,400,098	0.168638	54.00
56.00	RADIOISOTOPE	2,457,583	2,541,873	4,999,456	0.239458	56.00
59.00	CARDIAC CATHETERIZATION	9,537,076	8,562,815	18,099,891	0.133644	59.00
60.00	LABORATORY	45,893,697	23,893,902	69,787,599	0.154251	60.00
64.00	INTRAVENOUS THERAPY	539,826	84,527	624,353	0.403672	64.00
65.00	RESPIRATORY THERAPY	7,997,558	693,784	8,691,342	0.268551	65.00
66.00	PHYSICAL THERAPY	3,028,547	1,778,817	4,807,364	0.470082	66.00
69.00	ELECTROCARDIOLOGY	11,905,109	11,231,633	23,136,742	0.109893	69.00
70.00	ELECTROENCEPHALOGRAPHY	253,897	1,441,424	1,695,321	0.253215	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,861,540	5,114,075	13,975,615	0.669835	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	21,042,179	19,316,469	40,358,648	0.280293	72.00
73.00	DRUGS CHARGED TO PATIENTS	27,520,868	5,620,241	33,141,109	0.318881	73.00
74.00	RENAL DIALYSIS	1,958,484	0	1,958,484	0.483311	74.00
76.97	CARDIAC REHABILITATION	103,969	309,541	413,510	0.584946	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	13,747,758	36,578,575	50,326,333	0.169797	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,310,348	3,310,348	0.037281	92.00
200.00	Subtotal (see instructions)	280,585,095	187,674,096	468,259,191		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	280,585,095	187,674,096	468,259,191		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 2:39 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	RADIOISOTOPE	0.000000		56.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
76.97	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
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: 140118		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/21/2012 2:39 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	504,364	0	504,364	31,815	15.85	30.00
31.00	INTENSIVE CARE UNIT	133,473		133,473	4,809	27.75	31.00
32.00	CORONARY CARE UNIT	78,669		78,669	4,502	17.47	32.00
43.00	NURSERY	67,761		67,761	1,959	34.59	43.00
200.00	Total (lines 30-199)	784,267		784,267	43,085		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140118		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/21/2012 2:39 pm	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVII I	Hospital	PPS	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,213	272,826				30.00
31.00	INTENSIVE CARE UNIT	1,358	37,685				31.00
32.00	CORONARY CARE UNIT	1,462	25,541				32.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	20,033	336,052				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140118		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/21/2012 2:39 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	541,610	49,126,728	0.011025	14,050,926	154,911	50.00
51.00	RECOVERY ROOM	24,917	4,012,552	0.006210	1,161,012	7,210	51.00
52.00	DELIVERY ROOM & LABOR ROOM	110,962	16,149,449	0.006871	28,655	197	52.00
53.00	ANESTHESIOLOGY	25,125	9,332,926	0.002692	1,563,758	4,210	53.00
54.00	RADIOLOGY-DIAGNOSTIC	849,500	59,400,098	0.014301	12,839,554	183,618	54.00
56.00	RADIOISOTOPE	20,483	4,999,456	0.004097	1,491,753	6,112	56.00
59.00	CARDIAC CATHETERIZATION	65,815	18,099,891	0.003636	3,669,107	13,341	59.00
60.00	LABORATORY	166,150	69,787,599	0.002381	24,842,350	59,150	60.00
64.00	INTRAVENOUS THERAPY	3,213	624,353	0.005146	2,890	15	64.00
65.00	RESPIRATORY THERAPY	38,025	8,691,342	0.004375	4,673,290	20,446	65.00
66.00	PHYSICAL THERAPY	61,134	4,807,364	0.012717	1,608,678	20,458	66.00
69.00	ELECTROCARDIOLOGY	53,777	23,136,742	0.002324	5,375,707	12,493	69.00
70.00	ELECTROENCEPHALOGRAPHY	12,866	1,695,321	0.007589	131,533	998	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	148,042	13,975,615	0.010593	4,588,589	48,607	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	132,203	40,358,648	0.003276	11,993,479	39,291	72.00
73.00	DRUGS CHARGED TO PATIENTS	143,938	33,141,109	0.004343	15,242,324	66,197	73.00
74.00	RENAL DIALYSIS	11,059	1,958,484	0.005647	1,433,174	8,093	74.00
76.97	CARDIAC REHABILITATION	3,470	413,510	0.008392	688	6	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	165,380	50,326,333	0.003286	7,053,968	23,179	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,854	3,310,348	0.000862	0	0	92.00
200.00	Total (Lines 50-199)	2,580,523	413,347,868		111,751,435	668,532	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140118		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/21/2012 2:39 pm	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140118		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/21/2012 2:39 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	31,815	0.00	17,213	0	0	30.00
31.00	INTENSIVE CARE UNIT	4,809	0.00	1,358	0	0	31.00
32.00	CORONARY CARE UNIT	4,502	0.00	1,462	0	0	32.00
43.00	NURSERY	1,959	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	43,085		20,033	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140118		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/21/2012 2:39 pm	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVII		Hospital PPS	
		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	
43.00	NURSERY	0	0			43.00	
200.00	Total (lines 30-199)	0	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2012 2:39 pm

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
56.00	RADIOISOTOPE	0	0	0	0	0	56.00	
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	LABORATORY	0	0	0	0	0	60.00	
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	
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
91.00	EMERGENCY	0	0	0	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00	Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2012 2:39 pm

Cost Center Description		Title XVII			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	49,126,728	0.000000	0.000000	14,050,926	50.00
51.00	RECOVERY ROOM	0	4,012,552	0.000000	0.000000	1,161,012	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	16,149,449	0.000000	0.000000	28,655	52.00
53.00	ANESTHESIOLOGY	0	9,332,926	0.000000	0.000000	1,563,758	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	59,400,098	0.000000	0.000000	12,839,554	54.00
56.00	RADIOISOTOPE	0	4,999,456	0.000000	0.000000	1,491,753	56.00
59.00	CARDIAC CATHETERIZATION	0	18,099,891	0.000000	0.000000	3,669,107	59.00
60.00	LABORATORY	0	69,787,599	0.000000	0.000000	24,842,350	60.00
64.00	INTRAVENOUS THERAPY	0	624,353	0.000000	0.000000	2,890	64.00
65.00	RESPIRATORY THERAPY	0	8,691,342	0.000000	0.000000	4,673,290	65.00
66.00	PHYSICAL THERAPY	0	4,807,364	0.000000	0.000000	1,608,678	66.00
69.00	ELECTROCARDIOLOGY	0	23,136,742	0.000000	0.000000	5,375,707	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,695,321	0.000000	0.000000	131,533	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,975,615	0.000000	0.000000	4,588,589	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	40,358,648	0.000000	0.000000	11,993,479	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	33,141,109	0.000000	0.000000	15,242,324	73.00
74.00	RENAL DIALYSIS	0	1,958,484	0.000000	0.000000	1,433,174	74.00
76.97	CARDIAC REHABILITATION	0	413,510	0.000000	0.000000	688	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	50,326,333	0.000000	0.000000	7,053,968	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,310,348	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	413,347,868			111,751,435	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2012 2:39 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	14,637,095	0	0	0	50.00
51.00	RECOVERY ROOM	0	1,097,471	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,140	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,657,766	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	8,891,842	0	0	0	54.00
56.00	RADIOISOTOPE	0	685,582	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	2,875,453	0	0	0	59.00
60.00	LABORATORY	0	830,317	0	0	0	60.00
64.00	INTRAVENOUS THERAPY	0	75,282	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	312,230	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	2,328	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	2,368,062	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	28,882	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,307,853	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	9,920,216	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,362,662	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	CARDIAC REHABILITATION	0	145,116	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	4,827,458	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,135,988	0	0	0	92.00
200.00	Total (Lines 50-199)	0	54,162,743	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 2:39 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 RADIOISOTOPE	0	0		56.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
76.97 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/21/2012 2:39 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.207091	14,637,095	0	0		50.00
51.00 RECOVERY ROOM	0.262558	1,097,471	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.291940	1,140	0	0		52.00
53.00 ANESTHESIOLOGY	0.060277	1,657,766	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.168638	8,891,842	0	0		54.00
56.00 RADIO SOTOPE	0.239458	685,582	0	0		56.00
59.00 CARDIAC CATHETERIZATION	0.133644	2,875,453	0	0		59.00
60.00 LABORATORY	0.154251	830,317	0	0		60.00
64.00 INTRAVENOUS THERAPY	0.403672	75,282	0	0		64.00
65.00 RESPIRATORY THERAPY	0.268551	312,230	0	0		65.00
66.00 PHYSICAL THERAPY	0.470082	2,328	0	0		66.00
69.00 ELECTROCARDIOLOGY	0.109893	2,368,062	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.253215	28,882	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.669835	2,307,853	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.280293	9,920,216	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.318881	2,362,662	0	19,359		73.00
74.00 RENAL DIALYSIS	0.483311	0	0	0		74.00
76.97 CARDIAC REHABILITATION	0.584946	145,116	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0.169797	4,827,458	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.037281	1,135,988	0	0		92.00
200.00 Subtotal (see instructions)		54,162,743	0	19,359		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		54,162,743	0	19,359		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/21/2012 2:39 pm
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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	3,031,211	0	0		50.00
51.00 RECOVERY ROOM	288,150	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	333	0	0		52.00
53.00 ANESTHESIOLOGY	99,925	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,499,502	0	0		54.00
56.00 RADIOISOTOPE	164,168	0	0		56.00
59.00 CARDIAC CATHETERIZATION	384,287	0	0		59.00
60.00 LABORATORY	128,077	0	0		60.00
64.00 INTRAVENOUS THERAPY	30,389	0	0		64.00
65.00 RESPIRATORY THERAPY	83,850	0	0		65.00
66.00 PHYSICAL THERAPY	1,094	0	0		66.00
69.00 ELECTROCARDIOLOGY	260,233	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	7,313	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,545,881	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,780,567	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	753,408	0	6,173		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.97 CARDIAC REHABILITATION	84,885	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00 EMERGENCY	819,688	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	42,351	0	0		92.00
200.00 Subtotal (see instructions)	12,005,312	0	6,173		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	12,005,312	0	6,173		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/21/2012 2:39 pm
	Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.207091	0	0	1,225,331	50.00
51.00 RECOVERY ROOM	0.262558	0	0	111,395	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.291940	0	0	1,447,909	52.00
53.00 ANESTHESIOLOGY	0.060277	0	0	233,716	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.168638	0	0	7,844,839	54.00
56.00 RADIO SOTOPE	0.239458	0	0	349,016	56.00
59.00 CARDIAC CATHETERIZATION	0.133644	0	0	307,935	59.00
60.00 LABORATORY	0.154251	0	0	6,001,898	60.00
64.00 INTRAVENOUS THERAPY	0.403672	0	0	1,567	64.00
65.00 RESPIRATORY THERAPY	0.268551	0	0	193,904	65.00
66.00 PHYSICAL THERAPY	0.470082	0	0	503,823	66.00
69.00 ELECTROCARDIOLOGY	0.109893	0	0	1,143,719	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.253215	0	0	228,069	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.669835	0	0	399,692	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.280293	0	0	304,139	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.318881	0	0	916,118	73.00
74.00 RENAL DIALYSIS	0.483311	0	0	0	74.00
76.97 CARDIAC REHABILITATION	0.584946	0	0	4,288	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00 EMERGENCY	0.169797	0	0	12,927,260	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.037281	0	0	531,238	92.00
200.00 Subtotal (see instructions)		0	0	34,675,856	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	34,675,856	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/21/2012 2:39 pm
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Cost Center Description	Costs			Hospital	Cost
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	253,755		50.00
51.00 RECOVERY ROOM	0	0	29,248		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	422,703		52.00
53.00 ANESTHESIOLOGY	0	0	14,088		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	1,322,938		54.00
56.00 RADIOISOTOPE	0	0	83,575		56.00
59.00 CARDIAC CATHETERIZATION	0	0	41,154		59.00
60.00 LABORATORY	0	0	925,799		60.00
64.00 INTRAVENOUS THERAPY	0	0	633		64.00
65.00 RESPIRATORY THERAPY	0	0	52,073		65.00
66.00 PHYSICAL THERAPY	0	0	236,838		66.00
69.00 ELECTROCARDIOLOGY	0	0	125,687		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	57,750		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	267,728		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	85,248		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	292,133		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.97 CARDIAC REHABILITATION	0	0	2,508		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00 EMERGENCY	0	0	2,195,010		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	19,805		92.00
200.00 Subtotal (see instructions)	0	0	6,428,673		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges					201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	6,428,673		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/21/2012 2:39 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		31,815	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,815	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)		31,815	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)		17,213	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)		21,813,227	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)		21,813,227	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		34,627,609	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		34,627,609	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.629937	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,088.41	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)		21,813,227	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)		685.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,801,749	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,801,749	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/21/2012 2:39 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	6,749,427	4,809	1,403.50	1,358	1,905,953	43.00
44.00 CORONARY CARE UNIT	3,233,834	4,502	718.31	1,462	1,050,169	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,985,080	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,742,951	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					336,052	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					668,532	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,004,584	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,738,367	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					180	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					685.63	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					123,413	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140118		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/21/2012 2:39 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	504,364	21,813,227	0.023122	123,413	2,854	90.00
91.00	Nursing School cost	0	21,813,227	0.000000	123,413	0	91.00
92.00	Allied health cost	0	21,813,227	0.000000	123,413	0	92.00
93.00	All other Medical Education	0	21,813,227	0.000000	123,413	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/21/2012 2:39 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		31,815	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,815	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)		31,815	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,910	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)		1,959	15.00
16.00	Nursery days (title V or XIX only)		1,464	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)		21,654,332	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)		21,654,332	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		34,627,609	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		34,627,609	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.625349	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,088.41	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)		21,654,332	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)		680.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,383,783	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,383,783	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/21/2012 2:39 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,528,048	1,959	1,290.48	1,464	1,889,263	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,702,161	4,809	1,393.67	408	568,617	43.00
44.00	CORONARY CARE UNIT	3,233,834	4,502	718.31	302	216,930	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,388,264	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,446,857	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					180	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					680.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					122,513	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140118		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/21/2012 2:39 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/21/2012 2:39 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		18,723,481		30.00
31.00	INTENSIVE CARE UNIT		2,761,560		31.00
32.00	CORONARY CARE UNIT		3,433,940		32.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.207091	14,050,926	2,909,820	50.00
51.00	RECOVERY ROOM	0.262558	1,161,012	304,833	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.291940	28,655	8,366	52.00
53.00	ANESTHESIOLOGY	0.060277	1,563,758	94,259	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.168638	12,839,554	2,165,237	54.00
56.00	RADIOISOTOPE	0.239458	1,491,753	357,212	56.00
59.00	CARDIAC CATHETERIZATION	0.133644	3,669,107	490,354	59.00
60.00	LABORATORY	0.154251	24,842,350	3,831,957	60.00
64.00	INTRAVENOUS THERAPY	0.403672	2,890	1,167	64.00
65.00	RESPIRATORY THERAPY	0.268551	4,673,290	1,255,017	65.00
66.00	PHYSICAL THERAPY	0.470082	1,608,678	756,211	66.00
69.00	ELECTROCARDIOLOGY	0.109893	5,375,707	590,753	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.253215	131,533	33,306	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.669835	4,588,589	3,073,598	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.280293	11,993,479	3,361,688	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.318881	15,242,324	4,860,488	73.00
74.00	RENAL DIALYSIS	0.483311	1,433,174	692,669	74.00
76.97	CARDIAC REHABILITATION	0.584946	688	402	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.169797	7,053,968	1,197,743	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.037281	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		111,751,435	25,985,080	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		111,751,435		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XIX		Hospital	
				Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		8,950,106		30.00
31.00	INTENSIVE CARE UNIT		865,874		31.00
32.00	CORONARY CARE UNIT		274,528		32.00
43.00	NURSERY		4,184,937		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.207091	1,671,653	346,184	50.00
51.00	RECOVERY ROOM	0.262558	171,335	44,985	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.291940	9,001,559	2,627,915	52.00
53.00	ANESTHESIOLOGY	0.060277	1,146,189	69,089	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.168638	2,807,571	473,463	54.00
56.00	RADIOISOTOPE	0.239458	223,337	53,480	56.00
59.00	CARDIAC CATHETERIZATION	0.133644	727,358	97,207	59.00
60.00	LABORATORY	0.154251	8,137,686	1,255,246	60.00
64.00	INTRAVENOUS THERAPY	0.403672	92,386	37,294	64.00
65.00	RESPIRATORY THERAPY	0.268551	1,016,407	272,957	65.00
66.00	PHYSICAL THERAPY	0.470082	650,071	305,587	66.00
69.00	ELECTROCARDIOLOGY	0.109893	1,111,139	122,106	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.253215	26,570	6,728	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.669835	1,133,225	759,074	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.280293	465,246	130,405	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.318881	4,357,087	1,389,392	73.00
74.00	RENAL DIALYSIS	0.483311	197,292	95,353	74.00
76.97	CARDIAC REHABILITATION	0.584946	9,169	5,363	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.169797	1,745,824	296,436	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.037281	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		34,691,104	8,388,264	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		34,691,104		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/21/2012 2:39 pm
		Title XVII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments			33,533,029 1.00
2.00	Outlier payments for discharges. (see instructions)			326,451 2.00
3.00	Managed Care Simulated Payments			3,075,450 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			243.51 4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			0.00 5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00 7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)			0.00 8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00 10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00 11.00
12.00	Current year allowable FTE (see instructions)			0.00 12.00
13.00	Total allowable FTE count for the prior year.			0.00 13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00 14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00 15.00
16.00	Adjustment for residents in initial years of the program			0.00 16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00 17.00
18.00	Adjusted rolling average FTE count			0.00 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000 21.00
22.00	IME payment adjustment (see instructions)			0 22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00 25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000 26.00
27.00	IME payments adjustment. (see instructions)			0.000000 27.00
28.00	IME Adjustment (see instructions)			0 28.00
29.00	Total IME payment (sum of lines 22 and 28)			0 29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			7.15 30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)			30.70 31.00
32.00	Sum of lines 30 and 31			37.85 32.00
33.00	Allowable disproportionate share percentage (see instructions)			20.44 33.00
34.00	Disproportionate share adjustment (see instructions)			6,854,151 34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			4,050 40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			551 41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			13.60 42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			3,144 43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.815141 44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			417.60 45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			187,560 46.00
47.00	Subtotal (see instructions)			40,901,191 47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)			0 48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)			40,901,191 49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			2,964,018 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/21/2012 2:39 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			43,865,209 59.00
60.00	Primary payer payments			3,000 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			43,862,209 61.00
62.00	Deductibles billed to program beneficiaries			2,921,864 62.00
63.00	Coinsurance billed to program beneficiaries			252,324 63.00
64.00	Allowable bad debts (see instructions)			1,296,827 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			907,779 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			838,468 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			41,595,800 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)			41,595,800 71.00
72.00	Interim payments			40,292,924 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)			1,302,876 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, 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: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/21/2012 2:39 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			6,173 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			12,005,312 2.00
3.00	PPS payments			10,509,011 3.00
4.00	Outlier payment (see instructions)			51,371 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			6,173 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			19,359 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)			19,359 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)			19,359 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			13,186 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)			6,173 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			10,560,382 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			61,882 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,113,565 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)			8,391,108 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)			8,391,108 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			8,391,108 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)			718,209 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			502,746 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			567,530 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			8,893,854 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			8,893,854 40.00
41.00	Interim payments			8,812,177 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)			81,677 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: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/21/2012 2:39 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
112.00	Override of Ancillary service charges (line 12)		0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140118

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2012 2:38 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		40,232,910		8,797,351	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/15/2011	60,014	07/15/2011	14,826	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)		60,014		14,826	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		40,292,924		8,812,177	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		1,302,876		81,677	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		41,595,800		8,893,854	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140118

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

Worksheet E-1
Part II
Date/Time Prepared:
5/21/2012 2:39 pm

		Title XVIII	Hospital	PPS		
					1.00	
DATA COLLECTION NEEDED FOR THE HIT CALCULATION						
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			9,668	1.00	
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			20,033	2.00	
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			1,770	3.00	
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			40,946	4.00	
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			468,259,191	5.00	
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			3,565,715	6.00	
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0	7.00	
8.00	Calculation of the HIT incentive payment (see instructions)			1,987,348	8.00	
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH						
30.00	Initial/interim HIT payment(s)			0	30.00	
31.00	Other Adjustment (specify)			0	31.00	
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			1,987,348	32.00	
				Overrides		
				1.00		
CONTRACTOR OVERRIDES						
108.00	Override of HIT payment				108.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2012 2:39 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		16,446,857	1.00
2.00	Medical and other services		6,428,673	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		22,875,530	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		22,875,530	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		14,275,445	8.00
9.00	Ancillary service charges		69,366,960	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		83,642,405	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		83,642,405	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		60,766,875	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		22,875,530	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		22,875,530	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		22,875,530	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		22,875,530	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		22,875,530	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		22,875,530	40.00
41.00	Interim payments		10,215,312	41.00
42.00	Balance due provider/program (line 40 minus 41)		12,660,218	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 140118

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

Worksheet G
Date/Time Prepared:
5/21/2012 2:39 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,112,266	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	45,448,296	0	0	0	4.00
5.00	Other receivable	8,087,585	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-24,158,637	0	0	0	6.00
7.00	Inventory	3,131,034	0	0	0	7.00
8.00	Prepaid expenses	4,071,209	0	0	0	8.00
9.00	Other current assets	750,061	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	41,441,814	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,288,191	0	0	0	15.00
16.00	Accumulated depreciation	-563,331	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	11,176,280	0	0	0	23.00
24.00	Accumulated depreciation	-4,140,712	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	8,760,428	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	280,123	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	280,123	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	50,482,365	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,707,747	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,412,008	0	0	0	38.00
39.00	Payroll taxes payable	1,115,262	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	15,591,898	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,826,915	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	28,656,838	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,195,500	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	39,852,338	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	73,679,253	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-23,196,888	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-23,196,888	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	50,482,365	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140118

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

Worksheet G-1

Date/Time Prepared:
5/21/2012 2:39 pm

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
		1.00	Fund balances at beginning of period		-18,311,193		
2.00	Net income (loss) (from Wkst. G-3, line 29)		-4,885,695		0	2.00	
3.00	Total (sum of line 1 and line 2)		-23,196,888		0	3.00	
4.00	Additions (credit adjustments) (specify)	0		0		4.00	
5.00		0		0		5.00	
6.00		0		0		6.00	
7.00		0		0		7.00	
8.00		0		0		8.00	
9.00		0		0		9.00	
10.00	Total additions (sum of line 4-9)		0		0	10.00	
11.00	Subtotal (line 3 plus line 10)		-23,196,888		0	11.00	
12.00	Deductions (debit adjustments) (specify)	0		0		12.00	
13.00		0		0		13.00	
14.00		0		0		14.00	
15.00		0		0		15.00	
16.00		0		0		16.00	
17.00		0		0		17.00	
18.00	Total deductions (sum of lines 12-17)		0		0	18.00	
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-23,196,888		0	19.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140118

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

Worksheet G-1

Date/Time Prepared:
5/21/2012 2:39 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140118

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

Worksheet G-2 Parts

Date/Time Prepared:
5/21/2012 2:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	34,627,609		34,627,609	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	34,627,609		34,627,609	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,278,781		10,278,781	11.00
12.00	CORONARY CARE UNIT	4,912,557		4,912,557	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	15,191,338		15,191,338	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	49,818,947		49,818,947	17.00
18.00	Ancillary services	211,996,014	147,715,173	359,711,187	18.00
19.00	Outpatient services	13,747,758	39,888,923	53,636,681	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	5,092,376	0	5,092,376	27.00
27.01	NRCC PATIENT REVENUE	2,745	8,136,011	8,138,756	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	280,657,840	195,740,107	476,397,947	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		168,021,776		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		168,021,776		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140118

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

Worksheet G-3

Date/Time Prepared:
5/21/2012 2:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	476,397,947	1.00
2.00	Less contractual allowances and discounts on patients' accounts	319,705,347	2.00
3.00	Net patient revenues (line 1 minus line 2)	156,692,600	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	168,021,776	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,329,176	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	46,365	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	27	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	520,325	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	16,148	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	254,851	22.00
23.00	Governmental appropriations	0	23.00
24.00	TIME SHARE/PAVILION RENT	277,799	24.00
24.01	OTHER/MISCELLANEOUS REVENUE	2,120,353	24.01
24.02	CARDIAC REHAB OTHER REVENUE	5,906	24.02
24.03	OFFISTE/NRCC CLINIC RENTAL	254,800	24.03
24.04	PHARMACY OTHER INCOME	23,318	24.04
24.05	ER OTHER INCOME	56,790	24.05
24.06	ADULTS & PEDS OTHER INCOME	167	24.06
24.07	LAB OTHER INCOME	432	24.07
24.08	RADIOLOGY OTHER INCOME	22,086	24.08
24.09	HUMAN RESOURCES OTHER INCOME	701	24.09
24.10	HOUSEKEEPING OTHER INCOME	2,424	24.10
24.11	ICU OTHER INCOME	103	24.11
24.12	CAPITATION REVENUE	615,193	24.12
24.13	MEDICARE PHASE 1 EHR PAYMENT	2,225,693	24.13
25.00	Total other income (sum of lines 6-24)	6,443,481	25.00
26.00	Total (line 5 plus line 25)	-4,885,695	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,885,695	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140118	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/21/2012 2:39 pm
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,722,706	1.00
2.00	Capital DRG outlier payments		24,312	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		112.18	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.15	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		30.70	8.00
9.00	Sum of lines 7 and 8		37.85	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.97	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		217,000	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,964,018	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