

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: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet S Parts I-III Date/Time Prepared: 4/26/2012 12:08 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 4/26/2012	Time: 12:08 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 PROVIDENT HOSPITAL for the cost reporting period beginning 12/01/2010 and ending 11/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_ Title

\_\_\_\_\_ Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-98,176	35,295	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-98,176	35,295	0	0	200.00

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

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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 4/26/2012 Time: 12:08 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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Encryption Information  
 ECR: Date: 4/26/2012 Time: 12:08 pm  
 Bpw1VuF4.6ZCI A03hgUvss0K6Uu3EO  
 sc1I C0i.9cpErwUt: vkLseDH9LNwmn  
 h30u0i xFeu0AupXM  
 PI: Date: 4/26/2012 Time: 12:08 pm  
 Pb4B9I xweDuLGVmynmi TRzskG7ti o0  
 Wmhqt0ndP2pJ3kxGkSA1tzREYHhi y2  
 1XrQH0: N: JOej Tk d

(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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	-98,176	35,295	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-98,176	35,295	0	0 200.00

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



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet S-2 Part I Date/Time Prepared: 4/26/2012 10:51 am		
		Beginning:	Ending:			
		1.00	2.00			
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		
<u>Prospective Payment System (PPS)-Capital</u>						
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	
<u>Teaching Hospitals</u>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
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		
<u>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.</u>						
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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet S-2 Part I Date/Time Prepared: 4/26/2012 10:51 am	
			1.00	2.00	3.00
<b>Inpatient Rehabilitation Facility PPS</b>					
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		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N		86.00
			V	XIX	
			1.00	2.00	
<b>Title V or XIX Inpatient Services</b>					
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
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00		2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		30,000,000	30,000,000	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		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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			1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y					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 1.00	Part B 2.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital		N			N		155.00
156.00	Subprovider - IPF		N			N		156.00
157.00	Subprovider - IRF		N			N		157.00
158.00	SUBPROVIDER		N			N		158.00
159.00	SNF		N			N		159.00
160.00	HOME HEALTH AGENCY		N			N		160.00
161.00	CMHC					N		161.00
161.10	CORF					N		161.10
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet S-2 Part II Date/Time Prepared: 4/26/2012 10:51 am
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
			Y/N	Date
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
			Y/N	Type
			1.00	2.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			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.	Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	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:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet S-2 Part II Date/Time Prepared: 4/26/2012 10:51 am
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		Part A		
		Description	Y/N	Date
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00
				21.00
				1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>				
<b>Capital Related Cost</b>				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
<b>Interest Expense</b>				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
<b>Purchased Services</b>				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
<b>Provider-Based Physicians</b>				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
				Y/N
				Date
				1.00
				2.00
<b>Home Office Costs</b>				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140300

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
4/26/2012 10:51 am

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	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.			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.			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: 140300

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	94	34,310	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)		94	34,310	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	15	5,475	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		109	39,785	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		109				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140300

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	1,549	2,914	7,308		1.00
2.00 HMO		67	47			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	1,549	2,914	7,308		7.00
8.00 INTENSIVE CARE UNIT	0	139	29	168		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	0		13.00
14.00 Total (see instructions)	0	1,688	2,943	7,476		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	344		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140300

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	399	1.00
2.00 HMO					21	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	8.28	466.00	0.00	0	399	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	8.28	466.00	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140300

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	788	2,198		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)	788	2,198		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140300

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
4/26/2012 10:51 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	41,157,439	0	41,157,439	970,072.53 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		335,628,429	0	335,628,429	24,433.62 4.00
4.01	Physicians - Part A - direct teaching		144,850	0	144,850	1,054.50 4.01
5.00	Physician-Part B		13,332,362	0	13,332,362	129,642.99 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	493,159	493,159	9,042.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		0	0	0	0.00 10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		641,790	0	641,790	9,357.55 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00 13.00
14.00	Home office salaries & wage-related costs		3,695,553	0	3,695,553	94,443.89 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		8,406,554	0	8,406,554	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		3,452,034	0	3,452,034	
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		0	0	0	
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	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	0	0	0	5,716.99 26.00
27.00	Administrative & General	5.00	4,095,650	0	4,095,650	120,236.10 27.00
28.00	Administrative & General under contract (see inst.)		3,285,216	0	3,285,216	20,730.00 28.00
29.00	Maintenance & Repairs	6.00	1,132,724	0	1,132,724	27,963.94 29.00
30.00	Operation of Plant	7.00	789,702	0	789,702	17,409.92 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	1,281,529	0	1,281,529	67,444.41 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	0	0	0	0.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	0	0	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	832,532	0	832,532	24,418.98 38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00 39.00
40.00	Pharmacy	15.00	0	0	0	66,438.50 40.00
41.00	Medical Records & Medical Records Library	16.00	916,649	0	916,649	36,511.06 41.00
42.00	Social Service	17.00	543,318	0	543,318	18,430.50 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet S-3 Part II Date/Time Prepared: 4/26/2012 10:51 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	42.43	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	13,736.34	4.00
4.01	Physicians - Part A - direct teaching	137.36	4.01
5.00	Physician-Part B	102.84	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	54.54	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)	0.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	68.59	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	39.13	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	0.00	26.00
27.00	Administrative & General	34.06	27.00
28.00	Administrative & General under contract (see inst.)	158.48	28.00
29.00	Maintenance & Repairs	40.51	29.00
30.00	Operation of Plant	45.36	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	19.00	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	0.00	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	34.09	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	25.11	41.00
42.00	Social Service	29.48	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140300		Period: From 12/01/2010 To 11/30/2011		Worksheet S-3 Part III Date/Time Prepared: 4/26/2012 10:51 am	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	30,965,443	-493,159	30,472,284	851,063.04		1.00
2.00	Excluded area salaries (see instructions)	0	0	0	0.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,965,443	-493,159	30,472,284	851,063.04		3.00
4.00	Subtotal other wages & related costs (see inst.)	4,337,343	0	4,337,343	103,801.44		4.00
5.00	Subtotal wage-related costs (see inst.)	8,406,554	0	8,406,554	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	43,709,340	-493,159	43,216,181	954,864.48		6.00
7.00	Total overhead cost (see instructions)	12,877,320	0	12,877,320	405,300.40		7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140300

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
4/26/2012 10:51 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	35.80	1.00
2.00	Excluded area salaries (see instructions)	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	35.80	3.00
4.00	Subtotal other wages & related costs (see inst.)	41.78	4.00
5.00	Subtotal wage-related costs (see inst.)	27.59	5.00
6.00	Total (sum of lines 3 thru 5)	45.26	6.00
7.00	Total overhead cost (see instructions)	31.77	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 4/26/2012 10:51 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	4,163,278	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	6,417,284	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	382,508	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	104,064	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	537,153	17.00
18.00	Medicare Taxes - Employers Portion Only	132,030	18.00
19.00	Unemployment Insurance	122,270	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,858,587	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140300

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	3,927,005	11,858,587	1.00
2.00	Hospital	3,927,005	11,858,587	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet S-10 Date/Time Prepared: 4/26/2012 10:51 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		1.141266		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,084,283		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		5,891,751		6.00
7.00	Medicaid cost (line 1 times line 6)		6,724,055		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)		1,639,772		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		30,138,201		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,639,772		19.00
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	17,121,379	0	17,121,379	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	19,540,048	0	19,540,048	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	19,540,048	0	19,540,048	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)		38,563,365		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		0		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		38,563,365		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		44,011,057		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		63,551,105		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		65,190,877		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140300		Period: From 12/01/2010 To 11/30/2011		Worksheet A	
Date/Time Prepared: 4/26/2012 10:51 am								
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
	1.00	2.00	3.00	4.00	5.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	1,680,564	1,680,564	1.00		
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	796,099	796,099	2.00		
4.00 EMPLOYEE BENEFITS	0	18,136,273	18,136,273	-2,465,289	15,670,984	4.00		
5.00 ADMINISTRATIVE & GENERAL	4,095,650	5,378,406	9,474,056	-231,154	9,242,902	5.00		
6.00 MAINTENANCE & REPAIRS	1,132,724	1,330,939	2,463,663	0	2,463,663	6.00		
7.00 OPERATION OF PLANT	789,702	282,290	1,071,992	0	1,071,992	7.00		
8.00 LAUNDRY & LINEN SERVICE	0	0	0	149,204	149,204	8.00		
9.00 HOUSEKEEPING	1,281,529	153,056	1,434,585	-14,329	1,420,256	9.00		
10.00 DIETARY	0	800,435	800,435	-737,780	62,655	10.00		
11.00 CAFETERIA	0	0	0	737,775	737,775	11.00		
13.00 NURSING ADMINISTRATION	832,532	306,855	1,139,387	-64,399	1,074,988	13.00		
14.00 CENTRAL SERVICES & SUPPLY	0	23,151	23,151	2,635,939	2,659,090	14.00		
15.00 PHARMACY	0	415,134	415,134	-414,254	880	15.00		
16.00 MEDICAL RECORDS & LIBRARY	916,649	96,958	1,013,607	-59	1,013,548	16.00		
17.00 SOCIAL SERVICE	543,318	106,998	650,316	0	650,316	17.00		
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	493,159	493,159	21.00		
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	721,749	721,749	22.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 ADULTS & PEDIATRICS	12,957,870	2,965,510	15,923,380	-701,389	15,221,991	30.00		
31.00 INTENSIVE CARE UNIT	1,254,078	8,430	1,262,508	-6,996	1,255,512	31.00		
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00		
42.00 SUBPROVIDER	0	0	0	0	0	42.00		
43.00 NURSERY	0	0	0	0	0	43.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	2,787,788	696,396	3,484,184	-488,306	2,995,878	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	1,082,513	60,469	1,142,982	-58,520	1,084,462	53.00		
54.00 RADIOLOGY-DIAGNOSTIC	2,180,142	1,279,206	3,459,348	-355,309	3,104,039	54.00		
56.00 RADIOISOTOPE	71,593	89,000	160,593	-89,000	71,593	56.00		
57.00 CT SCAN	0	0	0	0	0	57.00		
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00		
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00		
60.00 LABORATORY	1,779,970	1,027,960	2,807,930	-877,955	1,929,975	60.00		
60.01 BLOOD LABORATORY	230,665	102,797	333,462	-102,797	230,665	60.01		
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00		
65.00 RESPIRATORY THERAPY	1,001,922	123,970	1,125,892	-118,127	1,007,765	65.00		
66.00 PHYSICAL THERAPY	76,409	268,879	345,288	-4,535	340,753	66.00		
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00		
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00		
69.00 ELECTROCARDIOLOGY	725,682	89,959	815,641	-44,825	770,816	69.00		
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00		
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00		
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	605,179	605,179	73.00		
74.00 RENAL DIALYSIS	0	4,230	4,230	-4,230	0	74.00		
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00 CLINIC	0	15,081	15,081	-10,079	5,002	90.00		
91.00 EMERGENCY	7,416,703	1,052,433	8,469,136	-1,030,336	7,438,800	91.00		
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10 CORF	0	0	0	0	0	99.10		
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00		
118.00 SUBTOTALS (SUM OF LINES 1-117)	41,157,439	34,814,815	75,972,254	0	75,972,254	118.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
200.00 TOTAL (SUM OF LINES 118-199)	41,157,439	34,814,815	75,972,254	0	75,972,254	200.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140300

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

Worksheet A  
Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,680,564	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	796,099	2.00
4.00	EMPLOYEE BENEFITS	1,206,962	16,877,946	4.00
5.00	ADMINISTRATIVE & GENERAL	7,185,936	16,428,838	5.00
6.00	MAINTENANCE & REPAIRS	0	2,463,663	6.00
7.00	OPERATION OF PLANT	0	1,071,992	7.00
8.00	LAUNDRY & LINEN SERVICE	0	149,204	8.00
9.00	HOUSEKEEPING	0	1,420,256	9.00
10.00	DIETARY	0	62,655	10.00
11.00	CAFETERIA	0	737,775	11.00
13.00	NURSING ADMINISTRATION	0	1,074,988	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,659,090	14.00
15.00	PHARMACY	-90,306	-89,426	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,013,548	16.00
17.00	SOCIAL SERVICE	0	650,316	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	493,159	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	721,749	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-8,957,180	6,264,811	30.00
31.00	INTENSIVE CARE UNIT	-606,697	648,815	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-1,148,860	1,847,018	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,084,462	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-1,571,609	1,532,430	54.00
56.00	RADIOISOTOPE	0	71,593	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-180,046	1,749,929	60.00
60.01	BLOOD LABORATORY	0	230,665	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	RESPIRATORY THERAPY	0	1,007,765	65.00
66.00	PHYSICAL THERAPY	0	340,753	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	-474,271	296,545	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,164,294	4,769,473	73.00
74.00	RENAL DIALYSIS	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	3,420,758	3,425,760	90.00
91.00	EMERGENCY	-3,394,599	4,044,201	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-445,618	75,526,636	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
200.00	TOTAL (SUM OF LINES 118-199)	-445,618	75,526,636	200.00

RECLASSIFICATIONS

Provider CCN: 140300

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

Worksheet A-6

Date/Time Prepared:  
4/26/2012 10:51 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - RECLASS CAFETERIA COST FROM DIETARY</b>					
1.00	CAFETERIA	11.00	0	737,775	1.00
	TOTALS		0	737,775	
<b>B - RECLASS EQUIP RENTAL COST TO CAPITAL</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	11,374	1.00
	TOTALS		0	11,374	
<b>C - RECLASS DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,680,564	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	784,725	2.00
	TOTALS		0	2,465,289	
<b>E - RECLS I&amp;R COST FROM ER TO OTHER</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	721,749	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	493,159	0	2.00
	TOTALS		493,159	721,749	
<b>F - RCLS LAUNDRY COST TO LAUNDRY</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	149,204	1.00
	TOTALS		0	149,204	
<b>G - RCLS PHARMACY TO DRUGS CHARGED</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	605,179	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
	TOTALS		0	605,179	
<b>H - RCLS SUPPLY COST TO CENTRAL SVC</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,658,040	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
	TOTALS		0	2,658,040	
500.00	Grand Total: Increases		493,159	7,348,610	500.00

RECLASSIFICATIONS

Provider CCN: 140300

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

Worksheet A-6  
Date/Time Prepared:  
4/26/2012 10:51 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - RECLASS CAFETERIA COST FROM DIETARY</b>							
1.00	DIETARY	10.00	0	737,775	0		1.00
	TOTALS		0	737,775			
<b>B - RECLASS EQUIP RENTAL COST TO CAPITAL</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	11,374	10		1.00
	TOTALS		0	11,374			
<b>C - RECLASS DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	1,680,564	9		1.00
2.00	EMPLOYEE BENEFITS	4.00	0	784,725	9		2.00
	TOTALS		0	2,465,289			
<b>E - RECLS I&amp;R COST FROM ER TO OTHER</b>							
1.00	EMERGENCY	91.00	0	721,749	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	493,159	0	0		2.00
	TOTALS		493,159	721,749			
<b>F - RCLS LAUNDRY COST TO LAUNDRY</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	149,204	0		1.00
	TOTALS		0	149,204			
<b>G - RCLS PHARMACY TO DRUGS CHARGED</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	49	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,067	0		2.00
3.00	PHARMACY	15.00	0	410,525	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	18,137	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	1,492	0		5.00
6.00	OPERATING ROOM	50.00	0	25,578	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	966	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	29,685	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,930	0		9.00
10.00	LABORATORY	60.00	0	23,857	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	465	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	53	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	38,851	0		13.00
14.00	RENAL DIALYSIS	74.00	0	1,282	0		14.00
15.00	CLINIC	90.00	0	1,011	0		15.00
16.00	EMERGENCY	91.00	0	33,231	0		16.00
	TOTALS		0	605,179			
<b>H - RCLS SUPPLY COST TO CENTRAL SVC</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	81,901	0		1.00
2.00	HOUSEKEEPING	9.00	0	14,329	0		2.00
3.00	DIETARY	10.00	0	5	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	64,399	0		4.00
5.00	PHARMACY	15.00	0	3,729	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	59	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	162,694	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	5,504	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,034	0		9.00
10.00	OPERATING ROOM	50.00	0	462,728	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	15,059	0		11.00
12.00	RADIOISOTOPE	56.00	0	89,000	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	28,835	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	353,379	0		14.00
15.00	LABORATORY	60.00	0	854,098	0		15.00
16.00	BLOOD LABORATORY	60.01	0	102,797	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	117,662	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	4,482	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	5,974	0		19.00
20.00	RENAL DIALYSIS	74.00	0	2,948	0		20.00
21.00	CLINIC	90.00	0	9,068	0		21.00
22.00	EMERGENCY	91.00	0	275,356	0		22.00
	TOTALS		0	2,658,040			
500.00	Grand Total: Decreases		493,159	7,348,610			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140300

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
4/26/2012 10:51 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
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	0	0	0	0	0	3.00
4.00	Building Improvements	47,097,273	41,057	0	41,057	0	4.00
5.00	Fixed Equipment	20,950	0	0	0	0	5.00
6.00	Movable Equipment	12,406,792	41,688	0	41,688	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	59,525,015	82,745	0	82,745	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	59,525,015	82,745	0	82,745	0	10.00
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
		<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	Insurance	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)		
		1.00	2.00	3.00	4.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140300

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
4/26/2012 10:51 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0		1.00		
2.00	Land Improvements	0	0		2.00		
3.00	Buildings and Fixtures	0	0		3.00		
4.00	Building Improvements	47,138,330	0		4.00		
5.00	Fixed Equipment	20,950	0		5.00		
6.00	Movable Equipment	12,448,480	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	59,607,760	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	59,607,760	0		10.00		
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		3.00		
<b>ALLOCATION OF OTHER CAPITAL</b>							
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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,680,564	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	784,725	11,374	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,465,289	11,374	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140300

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,680,564	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	796,099	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,476,663	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140300

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

Worksheet A-8  
Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)	B	-86,565	EMPLOYEE BENEFITS	4.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-16,864,723		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	12,754,400		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests		0		0.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts		0		0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant			0	0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00 PARKING FEES	B	-64,941	ADMINISTRATIVE & GENERAL	5.00 33.00
34.00 MISC INCOME	B	8,610	ADMINISTRATIVE & GENERAL	5.00 34.00
35.00 PHARMACY SERVICE CHARGE	A	-90,306	PHARMACY	15.00 35.00
36.00 SENGSTACK CLINIC	A	3,420,758	CLINIC	90.00 36.00
37.00 COUNTY COST	A	283,031	EMPLOYEE BENEFITS	4.00 37.00
38.00 COUNTY COST	A	194,118	ADMINISTRATIVE & GENERAL	5.00 38.00
39.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 39.00
40.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 40.00
41.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 41.00
42.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 42.00
43.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 43.00
44.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 44.00
45.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-445,618		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140300

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

Worksheet A-8

Date/Time Prepared:  
4/26/2012 10:51 am

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	PARKING FEES	0	33.00
34.00	MI SC INCOME	0	34.00
35.00	PHARMACY SERVICE CHARGE	0	35.00
36.00	SENGSTACK CLINIC	0	36.00
37.00	COUNTY COST	0	37.00
38.00	COUNTY COST	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY)	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)	0	42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)	0	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140300

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

Worksheet A-8-1

Date/Time Prepared:  
4/26/2012 10:51 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		5.00	ADMINISTRATIVE & GENERAL	BUREAU OF HEALTH ALLOCATED COST	1.00
2.00		73.00	DRUGS CHARGED TO PATIENTS	BUREAU OF HEALTH ALLOCATED COST	2.00
3.00		4.00	EMPLOYEE BENEFITS	BUREAU OF HEALTH ALLOCATED COST	3.00
4.00		0.00		COOK COUNTY ALLOCATED COST	4.00
4.10		0.00		COOK COUNTY ALLOCATED COST	4.10
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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		G	COOK COUNTY	100.00	6.00
7.00				0.00	7.00
8.00				0.00	8.00
9.00				0.00	9.00
10.00				0.00	10.00
100.00	G. Other (financial or non-financial) specify:		COOK COUNTY		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: 140300

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

Worksheet A-8-1

Date/Time Prepared: 4/26/2012 10:51 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	7,562,251	0	7,562,251	0		1.00
2.00	4,164,294	0	4,164,294	0		2.00
3.00	1,027,855	0	1,027,855	0		3.00
4.00	0	0	0	0		4.00
4.10	0	0	0	0		4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	12,754,400	0	12,754,400		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140300

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

Worksheet A-8-2

Date/Time Prepared:  
4/26/2012 10:51 am

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		4.00	COST CENTER DESCRIPTION	17,359	17,359	1.00
2.00		5.00	COST CENTER DESCRIPTION	689,939	443,349	2.00
3.00		30.00	COST CENTER DESCRIPTION	7,269,532	6,116,370	3.00
4.00		31.00	COST CENTER DESCRIPTION	606,697	606,697	4.00
5.00		50.00	COST CENTER DESCRIPTION	1,353,660	1,047,289	5.00
6.00		54.00	COST CENTER DESCRIPTION	1,964,867	1,382,787	6.00
7.00		60.00	COST CENTER DESCRIPTION	392,427	168,089	7.00
8.00		69.00	COST CENTER DESCRIPTION	650,789	398,429	8.00
9.00		91.00	COST CENTER DESCRIPTION	3,743,376	3,151,992	9.00
10.00		30.00	COST CENTER DESCRIPTION	2,405,052	2,405,052	10.00
11.00		54.00	COST CENTER DESCRIPTION	6,000	6,000	11.00
200.00				19,099,698	15,743,413	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140300

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

Worksheet A-8-2

Date/Time Prepared:  
4/26/2012 10:51 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	246,590	177,200	2,064	175,837	8,792	2.00
3.00	1,153,162	177,200	8,421	717,404	35,870	3.00
4.00	0	177,200	0	0	0	4.00
5.00	306,371	208,000	2,048	204,800	10,240	5.00
6.00	582,080	225,300	3,686	399,258	19,963	6.00
7.00	224,338	215,700	2,048	212,381	10,619	7.00
8.00	252,360	177,200	2,072	176,518	8,826	8.00
9.00	591,384	177,200	4,094	348,777	17,439	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
200.00	3,356,285		24,433	2,234,975	111,749	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140300

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

Worksheet A-8-2

Date/Time Prepared:  
4/26/2012 10:51 am

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	175,837	2.00
3.00	0	0	0	0	717,404	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	204,800	5.00
6.00	0	0	0	0	399,258	6.00
7.00	0	0	0	0	212,381	7.00
8.00	0	0	0	0	176,518	8.00
9.00	0	0	0	0	348,777	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
200.00	0	0	0	0	2,234,975	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140300

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

Worksheet A-8-2

Date/Time Prepared:  
4/26/2012 10:51 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	17,359	1.00
2.00	70,753	514,102	2.00
3.00	435,758	6,552,128	3.00
4.00	0	606,697	4.00
5.00	101,571	1,148,860	5.00
6.00	182,822	1,565,609	6.00
7.00	11,957	180,046	7.00
8.00	75,842	474,271	8.00
9.00	242,607	3,394,599	9.00
10.00	0	2,405,052	10.00
11.00	0	6,000	11.00
200.00	1,121,310	16,864,723	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140300

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

Worksheet B  
Part I  
Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,680,564	1,680,564				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	796,099		796,099			2.00
4.00 EMPLOYEE BENEFITS	16,877,946	17,150	0	16,895,096		4.00
5.00 ADMINISTRATIVE & GENERAL	16,428,838	323,247	165,312	1,681,260	18,598,657	5.00
6.00 MAINTENANCE & REPAIRS	2,463,663	5,651	18,657	464,982	2,952,953	6.00
7.00 OPERATION OF PLANT	1,071,992	251,777	77,282	324,172	1,725,223	7.00
8.00 LAUNDRY & LINEN SERVICE	149,204	0	0	0	149,204	8.00
9.00 HOUSEKEEPING	1,420,256	4,891	8,561	526,066	1,959,774	9.00
10.00 DIETARY	62,655	54,344	0	0	116,999	10.00
11.00 CAFETERIA	737,775	24,399	0	0	762,174	11.00
13.00 NURSING ADMINISTRATION	1,074,988	11,599	45,347	341,754	1,473,688	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,659,090	7,865	5,766	0	2,672,721	14.00
15.00 PHARMACY	-89,426	10,520	2,429	0	-76,477	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,013,548	37,430	0	376,283	1,427,261	16.00
17.00 SOCIAL SERVICE	650,316	5,297	0	223,031	878,644	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	493,159	0	0	0	493,159	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	721,749	0	0	0	721,749	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	6,264,811	266,407	94,810	5,319,201	11,945,229	30.00
31.00 INTENSIVE CARE UNIT	648,815	53,440	29,259	514,798	1,246,312	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,847,018	101,269	82,561	1,144,384	3,175,232	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	1,084,462	28,792	0	444,371	1,557,625	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,532,430	107,160	203,918	894,946	2,738,454	54.00
56.00 RADIOISOTOPE	71,593	5,227	0	29,389	106,209	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,749,929	85,753	9,348	730,676	2,575,706	60.00
60.01 BLOOD LABORATORY	230,665	0	0	94,688	325,353	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,433	738	0	4,171	62.00
65.00 RESPIRATORY THERAPY	1,007,765	20,495	18,624	411,288	1,458,172	65.00
66.00 PHYSICAL THERAPY	340,753	4,367	4,880	31,366	381,366	66.00
67.00 OCCUPATIONAL THERAPY	0	9,319	0	0	9,319	67.00
68.00 SPEECH PATHOLOGY	0	2,799	0	0	2,799	68.00
69.00 ELECTROCARDIOLOGY	296,545	7,743	24,620	297,892	626,800	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	4,769,473	0	0	0	4,769,473	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	3,425,760	132,760	2,556	0	3,561,076	90.00
91.00 EMERGENCY	4,044,201	97,430	1,431	3,044,549	7,187,611	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	75,526,636	1,680,564	796,099	16,895,096	75,526,636	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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)	75,526,636	1,680,564	796,099	16,895,096	75,526,636	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140300

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

Worksheet B  
Part I  
Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	18,598,657					5.00
6.00	MAINTENANCE & REPAIRS	963,451	3,916,404				6.00
7.00	OPERATION OF PLANT	562,883	738,888	3,026,994			7.00
8.00	LAUNDRY & LINEN SERVICE	48,680	0	0	197,884		8.00
9.00	HOUSEKEEPING	639,410	14,354	13,674	8,937	2,636,149	9.00
10.00	DIETARY	38,173	159,484	151,929	0	0	10.00
11.00	CAFETERIA	248,672	71,604	68,212	0	8,827	11.00
13.00	NURSING ADMINISTRATION	480,816	34,040	32,427	0	420,761	13.00
14.00	CENTRAL SERVICES & SUPPLY	872,021	23,082	21,988	0	21,200	14.00
15.00	PHARMACY	0	30,874	29,412	161	20,748	15.00
16.00	MEDICAL RECORDS & LIBRARY	465,668	109,847	104,643	0	8,827	16.00
17.00	SOCIAL SERVICE	286,673	15,546	14,810	0	14,712	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	160,902	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	235,483	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	3,897,319	781,822	744,787	102,068	612,996	30.00
31.00	INTENSIVE CARE UNIT	406,630	156,831	149,402	22,423	451,165	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,035,973	297,193	283,115	17,901	8,752	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	508,202	84,497	80,494	43	8,752	53.00
54.00	RADIOLOGY-DIAGNOSTIC	893,467	314,482	299,585	204	106,831	54.00
56.00	RADIOISOTOPE	34,652	15,341	14,614	0	5,885	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	840,368	251,658	239,736	235	26,104	60.00
60.01	BLOOD LABORATORY	106,152	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,361	10,073	9,596	24	13,052	62.00
65.00	RESPIRATORY THERAPY	475,753	60,146	57,297	105	2,188	65.00
66.00	PHYSICAL THERAPY	124,427	12,816	12,209	6	8,827	66.00
67.00	OCCUPATIONAL THERAPY	3,040	27,350	26,054	0	2,188	67.00
68.00	SPEECH PATHOLOGY	913	8,215	7,826	6	2,188	68.00
69.00	ELECTROCARDIOLOGY	204,504	22,723	21,647	37	2,188	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,556,122	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	1,161,862	389,610	371,154	25	0	90.00
91.00	EMERGENCY	2,345,080	285,928	272,383	45,709	889,958	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,598,657	3,916,404	3,026,994	197,884	2,636,149	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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)	18,598,657	3,916,404	3,026,994	197,884	2,636,149	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140300

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

Worksheet B  
Part I  
Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	466,585					10.00
11.00 CAFETERIA	0	1,159,489				11.00
13.00 NURSING ADMINISTRATION	0	44,003	2,485,735			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	3,611,012		14.00
15.00 PHARMACY	0	0	0	9,491	14,209	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	52,747	0	85	0	16.00
17.00 SOCIAL SERVICE	0	16,501	51,075	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	376,565	485,254	1,204,365	257,137	1,014	30.00
31.00 INTENSIVE CARE UNIT	9,137	90,600	153,814	7,962	31	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	97,450	185,671	669,384	2,641	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	41,713	165	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	73,347	17,854	511,198	2,017	54.00
56.00 RADIOISOTOPE	0	2,244	0	128,747	508	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	72,672	0	1,235,540	4,875	60.00
60.01 BLOOD LABORATORY	0	0	0	148,706	587	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,716	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	43,134	0	170,210	671	65.00
66.00 PHYSICAL THERAPY	0	4,657	0	6,484	26	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	9,833	0	8,642	34	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	4,265	17	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	13,118	52	90.00
91.00 EMERGENCY	80,883	157,331	872,956	398,330	1,571	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	466,585	1,159,489	2,485,735	3,611,012	14,209	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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)	466,585	1,159,489	2,485,735	3,611,012	14,209	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140300

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

Worksheet B  
Part I  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
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	2,169,078				16.00
17.00	SOCIAL SERVICE	188	1,278,149			17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	654,061		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	957,232	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	113,761	591,004	270,031	395,196	21,778,548 30.00
31.00	INTENSIVE CARE UNIT	753	0	28,067	41,077	2,764,204 31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	0	0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	10,736	0	29,198	42,732	5,855,978 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	3,658	5,354	2,290,503 53.00
54.00	RADIOLOGY-DIAGNOSTIC	283	0	0	0	4,957,722 54.00
56.00	RADIOISOTOPE	0	0	0	0	308,200 56.00
57.00	CT SCAN	0	0	0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	LABORATORY	753	0	0	0	5,247,647 60.00
60.01	BLOOD LABORATORY	0	0	0	0	580,798 60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	47,993 62.00
65.00	RESPIRATORY THERAPY	0	0	0	0	2,267,676 65.00
66.00	PHYSICAL THERAPY	0	0	0	0	550,818 66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67,951 67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	21,947 68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	896,408 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,325,595 73.00
74.00	RENAL DIALYSIS	0	0	0	0	4,282 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	CLINIC	1,229,518	687,145	44,096	64,536	7,522,192 90.00
91.00	EMERGENCY	813,086	0	279,011	408,337	14,038,174 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0 99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,169,078	1,278,149	654,061	957,232	75,526,636 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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)	2,169,078	1,278,149	654,061	957,232	75,526,636 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140300

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
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			16.00
17.00	SOCIAL SERVICE			17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-665,227	21,113,321	30.00
31.00	INTENSIVE CARE UNIT	-69,144	2,695,060	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-71,930	5,784,048	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	-9,012	2,281,491	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,957,722	54.00
56.00	RADIOISOTOPE	0	308,200	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	5,247,647	60.00
60.01	BLOOD LABORATORY	0	580,798	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	47,993	62.00
65.00	RESPIRATORY THERAPY	0	2,267,676	65.00
66.00	PHYSICAL THERAPY	0	550,818	66.00
67.00	OCCUPATIONAL THERAPY	0	67,951	67.00
68.00	SPEECH PATHOLOGY	0	21,947	68.00
69.00	ELECTROCARDIOLOGY	0	896,408	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	6,325,595	73.00
74.00	RENAL DIALYSIS	0	4,282	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-108,632	7,413,560	90.00
91.00	EMERGENCY	-687,348	13,350,826	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-1,611,293	73,915,343	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-1,611,293	73,915,343	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140300

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	17,150	17,150	17,150	4.00
5.00	ADMINISTRATIVE & GENERAL	0	323,247	165,312	488,559	5.00
6.00	MAINTENANCE & REPAIRS	0	5,651	18,657	24,308	6.00
7.00	OPERATION OF PLANT	0	251,777	77,282	329,059	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	4,891	8,561	13,452	9.00
10.00	DIETARY	0	54,344	0	54,344	10.00
11.00	CAFETERIA	0	24,399	0	24,399	11.00
13.00	NURSING ADMINISTRATION	0	11,599	45,347	56,946	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	7,865	5,766	13,631	14.00
15.00	PHARMACY	0	10,520	2,429	12,949	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	37,430	0	37,430	16.00
17.00	SOCIAL SERVICE	0	5,297	0	5,297	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	266,407	94,810	361,217	30.00
31.00	INTENSIVE CARE UNIT	0	53,440	29,259	82,699	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	101,269	82,561	183,830	50.00
51.00	RECOVERY ROOM	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	28,792	0	28,792	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	107,160	203,918	311,078	54.00
56.00	RADIOISOTOPE	0	5,227	0	5,227	56.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	0	85,753	9,348	95,101	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,433	738	4,171	62.00
65.00	RESPIRATORY THERAPY	0	20,495	18,624	39,119	65.00
66.00	PHYSICAL THERAPY	0	4,367	4,880	9,247	66.00
67.00	OCCUPATIONAL THERAPY	0	9,319	0	9,319	67.00
68.00	SPEECH PATHOLOGY	0	2,799	0	2,799	68.00
69.00	ELECTROCARDIOLOGY	0	7,743	24,620	32,363	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	132,760	2,556	135,316	90.00
91.00	EMERGENCY	0	97,430	1,431	98,861	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,680,564	796,099	2,476,663	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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	1,680,564	796,099	2,476,663	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140300

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	490,267					5.00
6.00 MAINTENANCE & REPAIRS	25,398	50,178				6.00
7.00 OPERATION OF PLANT	14,839	9,467	353,694			7.00
8.00 LAUNDRY & LINEN SERVICE	1,283	0	0	1,283		8.00
9.00 HOUSEKEEPING	16,856	184	1,598	58	32,682	9.00
10.00 DIETARY	1,006	2,043	17,752	0	0	10.00
11.00 CAFETERIA	6,555	917	7,970	0	109	11.00
13.00 NURSING ADMINISTRATION	12,675	436	3,789	0	5,216	13.00
14.00 CENTRAL SERVICES & SUPPLY	22,988	296	2,569	0	263	14.00
15.00 PHARMACY	0	396	3,437	1	257	15.00
16.00 MEDICAL RECORDS & LIBRARY	12,276	1,407	12,227	0	109	16.00
17.00 SOCIAL SERVICE	7,557	199	1,730	0	182	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	4,242	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	6,208	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	102,713	10,018	87,029	663	7,600	30.00
31.00 INTENSIVE CARE UNIT	10,720	2,009	17,457	145	5,593	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	27,310	3,808	33,081	116	109	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	13,397	1,083	9,405	0	109	53.00
54.00 RADIOLOGY-DIAGNOSTIC	23,553	4,029	35,005	1	1,324	54.00
56.00 RADIOISOTOPE	914	197	1,708	0	73	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	22,154	3,224	28,012	2	324	60.00
60.01 BLOOD LABORATORY	2,798	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	36	129	1,121	0	162	62.00
65.00 RESPIRATORY THERAPY	12,542	771	6,695	1	27	65.00
66.00 PHYSICAL THERAPY	3,280	164	1,427	0	109	66.00
67.00 OCCUPATIONAL THERAPY	80	350	3,044	0	27	67.00
68.00 SPEECH PATHOLOGY	24	105	914	0	27	68.00
69.00 ELECTROCARDIOLOGY	5,391	291	2,529	0	27	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	41,022	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	30,629	4,992	43,368	0	0	90.00
91.00 EMERGENCY	61,821	3,663	31,827	296	11,035	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	490,267	50,178	353,694	1,283	32,682	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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)	490,267	50,178	353,694	1,283	32,682	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140300		Period: From 12/01/2010 To 11/30/2011		Worksheet B Part II Date/Time Prepared: 4/26/2012 10:51 am	
Cost Center Description		DI ETARY	CAFETERIA	NURSI NG ADMI NI STRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
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	75,145					10.00
11.00	CAFETERIA	0	39,950				11.00
13.00	NURSING ADMINISTRATION	0	1,516	80,925			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	39,747		14.00
15.00	PHARMACY	0	0	0	104	2,351	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,817	0	1	0	16.00
17.00	SOCIAL SERVICE	0	569	1,663	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	60,647	16,719	39,208	2,830	168	30.00
31.00	INTENSIVE CARE UNIT	1,471	3,122	5,008	88	5	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	3,358	6,045	7,368	437	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	459	27	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,527	581	5,627	334	54.00
56.00	RADIOISOTOPE	0	77	0	1,417	84	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	2,504	0	13,601	806	60.00
60.01	BLOOD LABORATORY	0	0	0	1,637	97	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	335	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	1,486	0	1,874	111	65.00
66.00	PHYSICAL THERAPY	0	160	0	71	4	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	339	0	95	6	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	47	3	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	144	9	90.00
91.00	EMERGENCY	13,027	5,421	28,420	4,384	260	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	75,145	39,950	80,925	39,747	2,351	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	14,793	201.00
202.00	TOTAL (sum lines 118-201)	75,145	39,950	80,925	39,747	17,144	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140300

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	65,649					16.00
17.00 SOCIAL SERVICE	6	17,430				17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,242			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		6,208		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	3,443	8,059			705,705	30.00
31.00 INTENSIVE CARE UNIT	23	0			128,863	31.00
41.00 SUBPROVIDER - IRF	0	0			0	41.00
42.00 SUBPROVIDER	0	0			0	42.00
43.00 NURSERY	0	0			0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	325	0			266,950	50.00
51.00 RECOVERY ROOM	0	0			0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0			0	52.00
53.00 ANESTHESIOLOGY	0	0			53,723	53.00
54.00 RADIOLOGY-DIAGNOSTIC	9	0			384,977	54.00
56.00 RADIOISOTOPE	0	0			9,727	56.00
57.00 CT SCAN	0	0			0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0			0	58.00
59.00 CARDIAC CATHETERIZATION	0	0			0	59.00
60.00 LABORATORY	23	0			166,493	60.00
60.01 BLOOD LABORATORY	0	0			4,628	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			5,954	62.00
65.00 RESPIRATORY THERAPY	0	0			63,044	65.00
66.00 PHYSICAL THERAPY	0	0			14,494	66.00
67.00 OCCUPATIONAL THERAPY	0	0			12,820	67.00
68.00 SPEECH PATHOLOGY	0	0			3,869	68.00
69.00 ELECTROCARDIOLOGY	0	0			41,344	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0			0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0			41,022	73.00
74.00 RENAL DIALYSIS	0	0			50	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0			0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	89.00
90.00 CLINIC	37,211	9,371			261,040	90.00
91.00 EMERGENCY	24,609	0			286,717	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0			0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0			0	109.00
110.00 INTESTINAL ACQUISITION	0	0			0	110.00
111.00 ISLET ACQUISITION	0	0			0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	65,649	17,430	0	0	2,451,420	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
200.00 Cross Foot Adjustments			4,242	6,208	10,450	200.00
201.00 Negative Cost Centers	0	0	0	0	14,793	201.00
202.00 TOTAL (sum lines 118-201)	65,649	17,430	4,242	6,208	2,476,663	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140300

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
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			16.00
17.00	SOCIAL SERVICE			17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	705,705	30.00
31.00	INTENSIVE CARE UNIT	0	128,863	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	266,950	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	53,723	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	384,977	54.00
56.00	RADIOISOTOPE	0	9,727	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	166,493	60.00
60.01	BLOOD LABORATORY	0	4,628	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,954	62.00
65.00	RESPIRATORY THERAPY	0	63,044	65.00
66.00	PHYSICAL THERAPY	0	14,494	66.00
67.00	OCCUPATIONAL THERAPY	0	12,820	67.00
68.00	SPEECH PATHOLOGY	0	3,869	68.00
69.00	ELECTROCARDIOLOGY	0	41,344	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	41,022	73.00
74.00	RENAL DIALYSIS	0	50	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	261,040	90.00
91.00	EMERGENCY	0	286,717	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,451,420	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
200.00	Cross Foot Adjustments	0	10,450	200.00
201.00	Negative Cost Centers	0	14,793	201.00
202.00	TOTAL (sum lines 118-201)	0	2,476,663	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140300

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT	384,823						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		3,294,019					2.00
4.00 EMPLOYEE BENEFITS	3,927	0	41,157,440				4.00
5.00 ADMINISTRATIVE & GENERAL	74,018	684,010	4,095,650	-18,598,657	57,004,456		5.00
6.00 MAINTENANCE & REPAIRS	1,294	77,196	1,132,724	0	2,952,953		6.00
7.00 OPERATION OF PLANT	57,653	319,770	789,702	0	1,725,223		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	149,204		8.00
9.00 HOUSEKEEPING	1,120	35,421	1,281,529	0	1,959,774		9.00
10.00 DIETARY	12,444	0	0	0	116,999		10.00
11.00 CAFETERIA	5,587	0	0	0	762,174		11.00
13.00 NURSING ADMINISTRATION	2,656	187,633	832,532	0	1,473,688		13.00
14.00 CENTRAL SERVICES & SUPPLY	1,801	23,858	0	0	2,672,721		14.00
15.00 PHARMACY	2,409	10,051	0	76,477	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	8,571	0	916,649	0	1,427,261		16.00
17.00 SOCIAL SERVICE	1,213	0	543,318	0	878,644		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	493,159		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	721,749		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	61,003	392,294	12,957,870	0	11,945,229		30.00
31.00 INTENSIVE CARE UNIT	12,237	121,067	1,254,079	0	1,246,312		31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	0	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	23,189	341,613	2,787,788	0	3,175,232		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	6,593	0	1,082,513	0	1,557,625		53.00
54.00 RADIOLOGY-DIAGNOSTIC	24,538	843,751	2,180,142	0	2,738,454		54.00
56.00 RADIOISOTOPE	1,197	0	71,593	0	106,209		56.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	19,636	38,679	1,779,970	0	2,575,706		60.00
60.01 BLOOD LABORATORY	0	0	230,665	0	325,353		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	786	3,052	0	0	4,171		62.00
65.00 RESPIRATORY THERAPY	4,693	77,061	1,001,922	0	1,458,172		65.00
66.00 PHYSICAL THERAPY	1,000	20,192	76,409	0	381,366		66.00
67.00 OCCUPATIONAL THERAPY	2,134	0	0	0	9,319		67.00
68.00 SPEECH PATHOLOGY	641	0	0	0	2,799		68.00
69.00 ELECTROCARDIOLOGY	1,773	101,871	725,682	0	626,800		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	4,769,473		73.00
74.00 RENAL DIALYSIS	0	0	0	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 CLINIC	30,400	10,577	0	0	3,561,076		90.00
91.00 EMERGENCY	22,310	5,923	7,416,703	0	7,187,611		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0	0		111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	384,823	3,294,019	41,157,440	-18,522,180	57,004,456		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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)	1,680,564	796,099	16,895,096		18,598,657		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.367109	0.241680	0.410499		0.326267		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			17,150		490,267		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000417		0.008601		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140300

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

Worksheet B-1

Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	305,584					6.00
7.00 OPERATION OF PLANT	57,653	247,931				7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	500,749			8.00
9.00 HOUSEKEEPING	1,120	1,120	22,614	34,941		9.00
10.00 DIETARY	12,444	12,444	0	0	21,142	10.00
11.00 CAFETERIA	5,587	5,587	0	117	0	11.00
13.00 NURSING ADMINISTRATION	2,656	2,656	0	5,577	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,801	1,801	0	281	0	14.00
15.00 PHARMACY	2,409	2,409	407	275	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	8,571	8,571	0	117	0	16.00
17.00 SOCIAL SERVICE	1,213	1,213	0	195	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	61,003	61,003	258,284	8,125	17,063	30.00
31.00 INTENSIVE CARE UNIT	12,237	12,237	56,741	5,980	414	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	23,189	23,189	45,300	116	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	6,593	6,593	110	116	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	24,538	24,538	516	1,416	0	54.00
56.00 RADIOISOTOPE	1,197	1,197	0	78	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	19,636	19,636	594	346	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	786	786	61	173	0	62.00
65.00 RESPIRATORY THERAPY	4,693	4,693	266	29	0	65.00
66.00 PHYSICAL THERAPY	1,000	1,000	16	117	0	66.00
67.00 OCCUPATIONAL THERAPY	2,134	2,134	0	29	0	67.00
68.00 SPEECH PATHOLOGY	641	641	16	29	0	68.00
69.00 ELECTROCARDIOLOGY	1,773	1,773	94	29	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	30,400	30,400	62	0	0	90.00
91.00 EMERGENCY	22,310	22,310	115,668	11,796	3,665	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	305,584	247,931	500,749	34,941	21,142	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,916,404	3,026,994	197,884	2,636,149	466,585	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.816129	12.209018	0.395176	75.445723	22.069104	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	50,178	353,694	1,283	32,682	75,145	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.164204	1.426582	0.002562	0.935348	3.554299	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140300

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

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Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	89,380					11.00
13.00 NURSING ADMINISTRATION	3,392	198,809				13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	2,496,206			14.00
15.00 PHARMACY	0	0	6,561	2,489,645		15.00
16.00 MEDICAL RECORDS & LIBRARY	4,066	0	59	59	23,033	16.00
17.00 SOCIAL SERVICE	1,272	4,085	0	0	2	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	37,406	96,325	177,753	177,753	1,208	30.00
31.00 INTENSIVE CARE UNIT	6,984	12,302	5,504	5,504	8	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	7,512	14,850	462,729	462,729	114	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	28,835	28,835	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,654	1,428	353,379	353,379	3	54.00
56.00 RADIOISOTOPE	173	0	89,000	89,000	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	5,602	0	854,099	854,099	8	60.00
60.01 BLOOD LABORATORY	0	0	102,797	102,797	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	749	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	3,325	0	117,662	117,662	0	65.00
66.00 PHYSICAL THERAPY	359	0	4,482	4,482	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	758	0	5,974	5,974	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	2,948	2,948	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	9,068	9,068	13,056	90.00
91.00 EMERGENCY	12,128	69,819	275,356	275,356	8,634	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	89,380	198,809	2,496,206	2,489,645	23,033	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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)	1,159,489	2,485,735	3,611,012	14,209	2,169,078	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.972578	12.503131	1.446600	0.005707	94.172622	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	39,950	80,925	39,747	17,144	65,649	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.446968	0.407049	0.015923	0.000944	2.850215	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140300

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

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Cost Center Description	INTERNS & RESIDENTS				
	SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
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					16.00
17.00 SOCIAL SERVICE	7,671				17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	9,834			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		9,834		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	3,547	4,060	4,060		30.00
31.00 INTENSIVE CARE UNIT	0	422	422		31.00
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	439	439		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	55	55		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	4,124	663	663		90.00
91.00 EMERGENCY	0	4,195	4,195		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,671	9,834	9,834		118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
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)	1,278,149	654,061	957,232		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	166.620910	66.510169	97.339028		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	17,430	4,242	6,208		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.272194	0.431361	0.631279		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140300

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

Worksheet C  
Part I  
Date/Time Prepared:  
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		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		21,113,321	435,758	21,549,079	30.00
31.00	INTENSIVE CARE UNIT		2,695,060	0	2,695,060	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		5,784,048	101,571	5,885,619	50.00
51.00	RECOVERY ROOM		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	ANESTHESIOLOGY		2,281,491	0	2,281,491	53.00
54.00	RADIOLOGY-DIAGNOSTIC		4,957,722	182,822	5,140,544	54.00
56.00	RADIOISOTOPE		308,200	0	308,200	56.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		5,247,647	11,957	5,259,604	60.00
60.01	BLOOD LABORATORY		580,798	0	580,798	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		47,993	0	47,993	62.00
65.00	RESPIRATORY THERAPY	0	2,267,676	0	2,267,676	65.00
66.00	PHYSICAL THERAPY	0	550,818	0	550,818	66.00
67.00	OCCUPATIONAL THERAPY	0	67,951	0	67,951	67.00
68.00	SPEECH PATHOLOGY	0	21,947	0	21,947	68.00
69.00	ELECTROCARDIOLOGY		896,408	75,842	972,250	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		6,325,595	0	6,325,595	73.00
74.00	RENAL DIALYSIS		4,282	0	4,282	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		7,413,560	0	7,413,560	90.00
91.00	EMERGENCY		13,350,826	242,607	13,593,433	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		968,752	0	968,752	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	74,884,095	1,050,557	75,934,652	200.00
201.00	Less Observation Beds		968,752	0	968,752	201.00
202.00	Total (see instructions)	0	73,915,343	1,050,557	74,965,900	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 4/26/2012 10:51 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	5,429,626		5,429,626		30.00
31.00	INTENSIVE CARE UNIT	203,192		203,192		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	0		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	2,066,655	7,854,200	9,920,855	0.583019	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	914,243	5,022,632	5,936,875	0.384292	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,426,874	8,353,927	9,780,801	0.506883	54.00
56.00	RADIOLOGY	511,990	415,568	927,558	0.332270	56.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	1,120,305	4,276,089	5,396,394	0.972436	60.00
60.01	BLOOD LABORATORY	0	585,000	585,000	0.992817	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	79,593	53,913	133,506	0.359482	62.00
65.00	RESPIRATORY THERAPY	500,966	1,965,305	2,466,271	0.919476	65.00
66.00	PHYSICAL THERAPY	99,422	476,929	576,351	0.955699	66.00
67.00	OCCUPATIONAL THERAPY	6,492	63,537	70,029	0.970327	67.00
68.00	SPEECH PATHOLOGY	0	25,079	25,079	0.875115	68.00
69.00	ELECTROCARDIOLOGY	200,305	1,143,587	1,343,892	0.667024	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,194,184	3,882,765	8,076,949	0.783166	73.00
74.00	RENAL DIALYSIS	0	15,000	15,000	0.285467	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	3,654	6,188,674	6,192,328	1.197217	90.00
91.00	EMERGENCY	187,214	8,348,043	8,535,257	1.564197	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
200.00	Subtotal (see instructions)	16,944,715	48,670,248	65,614,963		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	16,944,715	48,670,248	65,614,963		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 4/26/2012 10:51 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.593257		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.384292		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.525575		54.00
56.00	RADIOISOTOPE	0.332270		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.974652		60.00
60.01	BLOOD LABORATORY	0.992817		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.359482		62.00
65.00	RESPIRATORY THERAPY	0.919476		65.00
66.00	PHYSICAL THERAPY	0.955699		66.00
67.00	OCCUPATIONAL THERAPY	0.970327		67.00
68.00	SPEECH PATHOLOGY	0.875115		68.00
69.00	ELECTROCARDIOLOGY	0.723458		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.783166		73.00
74.00	RENAL DIALYSIS	0.285467		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	1.197217		90.00
91.00	EMERGENCY	1.592621		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140300		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part I Date/Time Prepared: 4/26/2012 10:51 am	
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	705,705	0	705,705	7,652	92.22	30.00
31.00	INTENSIVE CARE UNIT	128,863		128,863	168	767.04	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
200.00	Total (Lines 30-199)	834,568		834,568	7,820		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part I Date/Time Prepared: 4/26/2012 10:51 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	1,549	142,849		30.00
31.00 INTENSIVE CARE UNIT	139	106,619		31.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	1,688	249,468		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part II Date/Time Prepared: 4/26/2012 10:51 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	266,950	9,920,855	0.026908	79,435	2,137	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	53,723	5,936,875	0.009049	44,062	399	53.00
54.00	RADIOLOGY-DIAGNOSTIC	384,977	9,780,801	0.039360	301,014	11,848	54.00
56.00	RADIOISOTOPE	9,727	927,558	0.010487	65,538	687	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	166,493	5,396,394	0.030853	369,480	11,400	60.00
60.01	BLOOD LABORATORY	4,628	585,000	0.007911	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,954	133,506	0.044597	17,792	793	62.00
65.00	RESPIRATORY THERAPY	63,044	2,466,271	0.025562	0	0	65.00
66.00	PHYSICAL THERAPY	14,494	576,351	0.025148	3,890	98	66.00
67.00	OCCUPATIONAL THERAPY	12,820	70,029	0.183067	394	72	67.00
68.00	SPEECH PATHOLOGY	3,869	25,079	0.154272	0	0	68.00
69.00	ELECTROCARDIOLOGY	41,344	1,343,892	0.030764	25,083	772	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	41,022	8,076,949	0.005079	951,307	4,832	73.00
74.00	RENAL DIALYSIS	50	15,000	0.003333	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	261,040	6,192,328	0.042155	821	35	90.00
91.00	EMERGENCY	286,717	8,535,257	0.033592	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	31,726	0	0.000000	0	0	92.00
200.00	Total (Lines 50-199)	1,648,578	59,982,145		1,858,816	33,073	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140300		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part III Date/Time Prepared: 4/26/2012 10:51 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part III Date/Time Prepared: 4/26/2012 10:51 am
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Cost Center Description	Title XVIII		Hospital		PPS	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,652	0.00	1,549	0	0	30.00
31.00 INTENSIVE CARE UNIT	168	0.00	139	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	0	0.00	0	0	0	43.00
200.00 Total (lines 30-199)	7,820		1,688	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140300		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part III Date/Time Prepared: 4/26/2012 10:51 am	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	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
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part IV Date/Time Prepared: 4/26/2012 10:51 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part IV Date/Time Prepared: 4/26/2012 10:51 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	9,920,855	0.000000	0.000000	79,435	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	5,936,875	0.000000	0.000000	44,062	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	9,780,801	0.000000	0.000000	301,014	54.00
56.00	RADIOISOTOPE	0	927,558	0.000000	0.000000	65,538	56.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	5,396,394	0.000000	0.000000	369,480	60.00
60.01	BLOOD LABORATORY	0	585,000	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	133,506	0.000000	0.000000	17,792	62.00
65.00	RESPIRATORY THERAPY	0	2,466,271	0.000000	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0	576,351	0.000000	0.000000	3,890	66.00
67.00	OCCUPATIONAL THERAPY	0	70,029	0.000000	0.000000	394	67.00
68.00	SPEECH PATHOLOGY	0	25,079	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,343,892	0.000000	0.000000	25,083	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	8,076,949	0.000000	0.000000	951,307	73.00
74.00	RENAL DIALYSIS	0	15,000	0.000000	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	6,192,328	0.000000	0.000000	821	90.00
91.00	EMERGENCY	0	8,535,257	0.000000	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	59,982,145			1,858,816	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140300

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

Worksheet D  
Part IV  
Date/Time Prepared:  
4/26/2012 10:51 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	765,060	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	502,880	0	0	0	54.00
56.00	RADIOISOTOPE	0	2,226	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	11,620	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,482	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	59,110	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,372	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	167,482	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	881,393	0	0	0	90.00
91.00	EMERGENCY	0	456,260	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	2,887,885	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part IV Date/Time Prepared: 4/26/2012 10:51 am
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
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
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part V Date/Time Prepared: 4/26/2012 10:51 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.583019	765,060	0	0		50.00
51.00 RECOVERY ROOM	0.000000	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.384292	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.506883	502,880	0	0		54.00
56.00 RADIOISOTOPE	0.332270	2,226	0	0		56.00
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.972436	11,620	0	0		60.00
60.01 BLOOD LABORATORY	0.992817	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.359482	2,482	0	0		62.00
65.00 RESPIRATORY THERAPY	0.919476	0	0	0		65.00
66.00 PHYSICAL THERAPY	0.955699	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.970327	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.875115	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.667024	59,110	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	39,372	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.783166	167,482	0	0		73.00
74.00 RENAL DIALYSIS	0.285467	0	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 CLINIC	1.197217	881,393	0	0		90.00
91.00 EMERGENCY	1.564197	456,260	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0		92.00
200.00 Subtotal (see instructions)		2,887,885	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		2,887,885	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part V Date/Time Prepared: 4/26/2012 10:51 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	446,045	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	254,901	0	0	54.00
56.00 RADIOISOTOPE	740	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	11,300	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	892	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	39,428	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	131,166	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	1,055,219	0	0	90.00
91.00 EMERGENCY	713,681	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Subtotal (see instructions)	2,653,372	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	2,653,372	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet D-1 Date/Time Prepared: 4/26/2012 10:51 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,652 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,652 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			321 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,331 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,549 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
<b>SWING BED ADJUSTMENT</b>				
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)			21,549,079 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)			21,549,079 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			5,429,626 28.00
29.00	Private room charges (excluding swing-bed charges)			269,699 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			5,159,927 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			3.968796 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			840.18 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			703.85 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			136.33 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			541.07 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			173,683 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			21,375,396 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			2,816.14 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,362,201 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)			4,362,201 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140300		Period: From 12/01/2010 To 11/30/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 4/26/2012 10:51 am	
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	2,695,060	168	16,042.02	139	2,229,841		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,378,809		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,970,851		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)					249,468		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					33,073		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					282,541		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,688,310		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)						344	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						2,816.14	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						968,752	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140300		Period: From 12/01/2010 To 11/30/2011		Worksheet D-1 Date/Time Prepared: 4/26/2012 10:51 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	705,705	21,549,079	0.032749	968,752	31,726	90.00
91.00	Nursing School cost	0	21,549,079	0.000000	968,752	0	91.00
92.00	Allied health cost	0	21,549,079	0.000000	968,752	0	92.00
93.00	All other Medical Education	0	21,549,079	0.000000	968,752	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet D-3 Date/Time Prepared: 4/26/2012 10:51 am	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		1,146,823		30.00
31.00	INTENSIVE CARE UNIT		159,000		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.593257	79,435	47,125	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.384292	44,062	16,933	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.525575	301,014	158,205	54.00
56.00	RADIO SOTOPE	0.332270	65,538	21,776	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.974652	369,480	360,114	60.00
60.01	BLOOD LABORATORY	0.992817	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.359482	17,792	6,396	62.00
65.00	RESPIRATORY THERAPY	0.919476	0	0	65.00
66.00	PHYSICAL THERAPY	0.955699	3,890	3,718	66.00
67.00	OCCUPATIONAL THERAPY	0.970327	394	382	67.00
68.00	SPEECH PATHOLOGY	0.875115	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.723458	25,083	18,146	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.783166	951,307	745,031	73.00
74.00	RENAL DIALYSIS	0.285467	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	1.197217	821	983	90.00
91.00	EMERGENCY	1.592621	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,858,816	1,378,809	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)		1,858,816		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet E Part A Date/Time Prepared: 4/26/2012 10:51 am
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments	1,895,476		1.00
2.00	Outlier payments for discharges. (see instructions)	0		2.00
3.00	Managed Care Simulated Payments	90,220		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	108.06		4.00
<b>Indirect Medical Education Adjustment</b>				
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)	11.59		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)	11.59		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	8.28		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)	8.28		12.00
13.00	Total allowable FTE count for the prior year.	11.59		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.	11.59		14.00
15.00	Sum of lines 12 through 14 divided by 3.	10.49		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	10.49		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.097076		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.108500		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.097076		21.00
22.00	IME payment adjustment (see instructions)	102,496		22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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)	102,496		29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	15.97		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	39.99		31.00
32.00	Sum of lines 30 and 31	55.96		32.00
33.00	Allowable disproportionate share percentage (see instructions)	35.38		33.00
34.00	Disproportionate share adjustment (see instructions)	670,619		34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0		46.00
47.00	Subtotal (see instructions)	2,668,591		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)	2,668,591		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet E Part A Date/Time Prepared: 4/26/2012 10:51 am
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	196,462		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).	218,703		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	0		58.00
59.00	Total (sum of amounts on lines 49 through 58)	3,083,756		59.00
60.00	Primary payer payments	0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	3,083,756		61.00
62.00	Deductibles billed to program beneficiaries	307,679		62.00
63.00	Coinurance billed to program beneficiaries	9,916		63.00
64.00	Allowable bad debts (see instructions)	0		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	0		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	15,714		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	2,766,161		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)	2,766,161		71.00
72.00	Interim payments	2,864,337		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)	-98,176		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet E Part B Date/Time Prepared: 4/26/2012 10:51 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,653,372	2.00
3.00	PPS payments		894,393	3.00
4.00	Outlier payment (see instructions)		479,872	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,374,265	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		317,723	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,056,542	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		72,803	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)		1,129,345	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,129,345	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,008	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		1,129,345	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)		1,129,345	40.00
41.00	Interim payments		1,094,050	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)		35,295	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet E Part B Date/Time Prepared: 4/26/2012 10:51 am
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140300

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
4/26/2012 10:51 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,834,254		1,077,196	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	30,083	07/15/2011	16,854	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)		30,083		16,854	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)		2,864,337		1,094,050	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		35,295	6.01
6.02	SETTLEMENT TO PROGRAM		98,176		0	6.02
7.00	Total Medicare program liability (see instructions)		2,766,161		1,129,345	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet E-4 Date/Time Prepared: 4/26/2012 10:51 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			11.59	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			11.59	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			8.28	6.00
7.00	Enter the lesser of line 5 or line 6			8.28	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	7.90	0.00	7.90	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	7.90	0.00	7.90	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	7.90	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	11.42	0.12		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.15	5.53		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	9.82	1.88		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	9.82	1.88		17.00
18.00	Per resident amount	108,589.11	96,892.15		18.00
19.00	Approved amount for resident costs	1,066,345	182,157	1,248,502	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			108,589.11	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,248,502	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	1,688	67		26.00
27.00	Total Inpatient Days	7,476	7,476		27.00
28.00	Ratio of inpatient days to total inpatient days	0.225789	0.008962		28.00
29.00	Program direct GME amount	281,898	11,189		29.00
30.00	Reduction for nursing/allied health		1,581		30.00
31.00	Net Program direct GME amount			291,506	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet E-4 Date/Time Prepared: 4/26/2012 10:51 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		15,000	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		7,970,851	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		7,970,851	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		2,653,372	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		2,653,372	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		10,624,223	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.750253	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.249747	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		291,506	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		218,703	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		72,803	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet E-4 Date/Time Prepared: 4/26/2012 10:51 am	
		Title XIX	Hospital		
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	2,943	47		26.00
27.00	Total Inpatient Days	7,476	7,476		27.00
28.00	Ratio of inpatient days to total inpatient days	0.393660	0.006287		28.00
29.00	Program direct GME amount	0	0		29.00
30.00	Reduction for nursing/allied health		0		30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet E-4 Date/Time Prepared: 4/26/2012 10:51 am
		Title XIX	Hospital	
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		0	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		0	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		0	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.000000	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		0	50.00

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

Provider CCN: 140300

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

Worksheet G

Date/Time Prepared:  
4/26/2012 10:51 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	98,123,517	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	-12,107,280	0	0	0	4.00
5.00	Other receivable	24,875,800	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,637,851	0	0	0	6.00
7.00	Inventory	503,511	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	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)	108,757,697	0	0	0	11.00
<b>FIXED ASSETS</b>						
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	46,738,263	0	0	0	15.00
16.00	Accumulated depreciation	-28,286,890	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	20,950	0	0	0	19.00
20.00	Accumulated depreciation	-20,950	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	12,392,625	0	0	0	23.00
24.00	Accumulated depreciation	-8,034,071	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	-1,064,535	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)	21,745,392	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	130,503,089	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	9,996,113	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,825,018	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	113,870	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,935,001	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,306,741	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,306,741	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	16,241,742	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	114,261,347				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	114,261,347	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	130,503,089	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140300

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

Worksheet G-1

Date/Time Prepared:  
4/26/2012 10:51 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		124,669,346		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-8,614,618			2.00
3.00	Total (sum of line 1 and line 2)		116,054,728		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TRANSFERS	589,163		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)		589,163		0	10.00
11.00	Subtotal (line 3 plus line 10)		116,643,891		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	CAPITAL TRANSFER	2,382,544		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)		2,382,544		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		114,261,347		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140300

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

Worksheet G-1

Date/Time Prepared:  
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	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00 TRANSFERS	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 CAPITAL TRANSFER	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: 140300

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

Worksheet G-2 Parts

Date/Time Prepared:  
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Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	5,429,626		5,429,626	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	5,429,626		5,429,626	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	203,192		203,192	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	203,192		203,192	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	5,632,818		5,632,818	17.00
18.00	Ancillary services	11,121,029	34,133,531	45,254,560	18.00
19.00	Outpatient services	190,868	14,536,717	14,727,585	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	16,944,715	48,670,248	65,614,963	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		75,972,254		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)		75,972,254		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140300

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

Worksheet G-3

Date/Time Prepared:  
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	65,614,963	1.00
2.00	Less contractual allowances and discounts on patients' accounts	28,629,679	2.00
3.00	Net patient revenues (line 1 minus line 2)	36,985,284	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	75,972,254	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-38,986,970	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	949	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	151,506	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	81,696	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	30,138,201	23.00
24.00	OTHER (SPECIFY)	0	24.00
25.00	Total other income (sum of lines 6-24)	30,372,352	25.00
26.00	Total (line 5 plus line 25)	-8,614,618	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)	-8,614,618	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140300	Period: From 12/01/2010 To 11/30/2011	Worksheet L Parts I-III Date/Time Prepared: 4/26/2012 10:51 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		154,028	1.00
2.00	Capital DRG outlier payments		0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		20.48	3.00
4.00	Number of interns & residents (see instructions)		10.49	4.00
5.00	Indirect medical education percentage (see instructions)		15.55	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		23,951	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		15.97	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		39.99	8.00
9.00	Sum of lines 7 and 8		55.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		12.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		18,483	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		196,462	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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