

Healthcare Cost Report
Scanning Coversheet

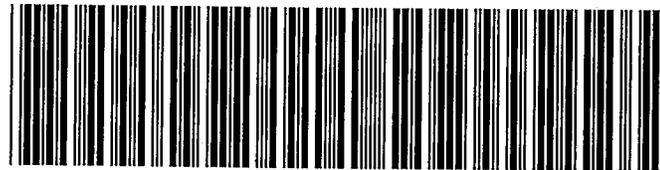
Adventist Bolingbrook Hospital

Adventist Health System

3001189934

Adventist Bolingbrook Hospital

12/31/2011



* E F R 4 7 F 9 W W G 2 C A 7 N F *

Medicare Cost Report



* E F R X M C R C R *

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).
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY
 Provider CCN: 140304
 Period: From 01/01/2011 To 12/31/2011
 Worksheet 5
 Parts I-III
 Date/Time Prepared: 5/22/2012 11:27 am

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.
 Date: 5/22/2012 Time: 11:27 am

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 04
 12. 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 ADVENTIST BOLINGBROOK HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/22/2012 Time: 11:27 am
 Vwz10e1nSOQjA0ckTBuc0ayZDXDX0
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 Xns:W4vIei0g2zjm

(Signed)

 Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	634,337	18,416	1,372,306	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	634,337	18,416	1,372,306	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: 140304

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

Worksheet S-2
Part I
Date/Time Prepared:
5/22/2012 11:20 am

		1.00	2.00	3.00	4.00						
Hospital and Hospital Health Care Complex Address:		Street: 500 REMINGTON BLVD		PO Box:	Zip Code: 60440-		County: WILL			1.00	2.00
1.00	City: BOLINGBROOK	State: IL		Zip Code: 60440-		County: WILL			1.00	2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
							V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	ADVENTIST BOLINGBROOK HOSPITAL	140304	16974	1	01/13/2008	N	P	O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF						N	N	N	7.00	
8.00	Swing Beds - NF						N			8.00	
9.00	Hospital-Based SNF									9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA						N	N	N	12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice									14.00	
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00	
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00	
17.00	Hospital-Based (CMHC) 1									17.00	
17.10	Hospital-Based (CORF) 1						N	N	N	17.10	
17.20	Hospital-Based (OPT) 1						N	N	N	17.20	
17.30	Hospital-Based (OOT) 1						N	N	N	17.30	
17.40	Hospital-Based (OSP) 1						N	N	N	17.40	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011	12/31/2011		20.00		
21.00	Type of Control (see instructions)					1		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	3,885	1,109	13	0	9	804		24.00		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00		
						Urban/Rural	S		Date of Geogr		
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1			26.00		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).					1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140304

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

Worksheet S-2
Part I
Date/Time Prepared:
5/22/2012 11:20 am

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

		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

		1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
		V	XIX		
		1.00	2.00		
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		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		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00			2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		15,000,000		119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with ≤ 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140304	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/22/2012 11:20 am				
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.	1.00	2.00			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	108013			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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 00900			141.00	
142.00	Street: 900 HOPE WAY	PO Box:					142.00	
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714			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				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00	
				Part A				
				Part B				
				1.00				
				2.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N		N			155.00	
156.00	Subprovider - IPF	N		N			156.00	
157.00	Subprovider - IRF	N		N			157.00	
158.00	SUBPROVIDER	N		N			158.00	
159.00	SNF	N		N			159.00	
160.00	HOME HEALTH AGENCY	N		N			160.00	
161.00	CMHC	N		N			161.00	
161.10	CORF			N			161.10	
161.20	OUTPATIENT PHYSICAL THERAPY			N			161.20	
161.30	OUTPATIENT OCCUPATIONAL THERAPY			N			161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY			N			161.40	
				1.00				
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N			165.00	
		Name		County	State	Zip Code	CBSA	FTE/Campus
		0		1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y			167.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140304	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/22/2012 11:20 am
				1.00
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)			1.00169.00

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
Description		Y/N	Date	
0		1.00	2.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

	Description	Part A		
		Y/N	Date	
	0	1.00	2.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			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
Interest Expense				
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
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140304

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	
		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	126	45,990	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)		126	45,990	0.00	7.00
8.00	INTENSIVE CARE UNIT					8.00
9.00	CORONARY CARE UNIT	31.00	12	4,380	0.00	9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY					13.00
14.00	Total (see instructions)	43.00				14.00
15.00	CAH visits		138	50,370	0.00	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.)	101.00				23.00
24.00	HOSPICE					24.00
25.00	CMHC - CMHC					25.00
25.10	CMHC - CORF					25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	99.10				25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.20				25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	99.30				25.40
26.00	RURAL HEALTH CLINIC	99.40				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	88.00				26.25
27.00	Total (sum of lines 14-26)	89.00	138			27.00
28.00	Observation Bed Days					28.00
28.02	SUBPROVIDER - IRF					28.02
28.03	SUBPROVIDER	41.00				28.03
29.00	Ambulance Trips	42.00				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: 140304

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	6,927	3,199	16,738	1.00	
2.00 HMO		500	548		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	6,927	3,199	16,738	7.00	
8.00 INTENSIVE CARE UNIT	0	1,165	231	2,378	8.00	
9.00 CORONARY CARE UNIT					9.00	
10.00 BURN INTENSIVE CARE UNIT					10.00	
11.00 SURGICAL INTENSIVE CARE UNIT					11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00	
13.00 NURSERY					13.00	
14.00 Total (see instructions)	0		1,745	2,592	14.00	
15.00 CAH visits	0	8,092	5,175	21,708	15.00	
16.00 SUBPROVIDER - IPF	0	0	0	0	16.00	
17.00 SUBPROVIDER - IRF	0	0	0	0	17.00	
18.00 SUBPROVIDER	0	0	0	0	18.00	
19.00 SKILLED NURSING FACILITY					19.00	
20.00 NURSING FACILITY					20.00	
21.00 OTHER LONG TERM CARE					21.00	
22.00 HOME HEALTH AGENCY	0	0	0	0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE					24.00	
25.00 CMHC - CMHC					25.00	
25.10 CMHC - CORF	0	0	0	0	25.10	
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0	25.20	
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	25.30	
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	25.40	
26.00 RURAL HEALTH CLINIC	0	0	0	0	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	26.25	
27.00 Total (sum of lines 14-26)	0	0	0	0	27.00	
28.00 Observation Bed Days	0		720	3,467	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)			97	157	32.00	
33.00 LTCH non-covered days		0			33.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140304

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2012 11:20 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	1,889	1.00
2.00 HMO					109	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)						14.00
15.00 CAH visits	0.00	471.87	0.00	0	1,889	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	0.00	0.00	0.00			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
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00	0.00	0.00			25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00	0.00	0.00			25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00	0.00	0.00			25.40
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	471.87	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: 140304

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2012 11:20 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)	1,835	5,701		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)	1,835	5,701		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
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY				25.40
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

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	34,710,582	-24,625	34,685,957	999,715.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A		0	0	0	0.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00
5.00	Physician-Part B		0	0	0	0.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		694,500	0	694,500	9,827.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		254,365	52,428	306,793	7,575.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		566,688	0	566,688	6,713.00
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		142,333	0	142,333	1,300.00
14.00	Home office salaries & wage-related costs		3,865,271	0	3,865,271	54,692.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		7,215,153	0	7,215,153	
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	
19.00	Excluded areas		70,296	0	70,296	
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	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	274,262	0	274,262	17,098.00
27.00	Administrative & General	5.00	5,742,516	-191,231	5,551,285	139,607.00
28.00	Administrative & General under contract (see inst.)		25,080	0	25,080	111.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	1,097,509	0	1,097,509	52,444.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00
32.00	Housekeeping	9.00	0	0	0	0.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	0	0	0	0.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	0	0	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	548,961	191,231	740,192	18,702.00
39.00	Central Services and supply	14.00	303,761	0	303,761	23,239.00
40.00	Pharmacy	15.00	1,398,967	-80,553	1,318,414	30,241.00
41.00	Medical Records & Medical Records Library	16.00	717,963	0	717,963	44,571.00
42.00	Social Service	17.00	646,967	0	646,967	19,312.00
43.00	Other General Service	18.00	0	0	0	0.00

Provider CCN: 140304

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2012 11:20 am

Average Hourly
Wage (col. 4 ÷
col. 5)
6.00

PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	34.70	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	70.67	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	40.50	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	84.42	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	109.49	13.00
14.00	Home office salaries & wage-related costs	70.67	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	16.04	26.00
27.00	Administrative & General	39.76	27.00
28.00	Administrative & General under contract (see inst.)	225.95	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	20.93	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	0.00	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	0.00	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	39.58	38.00
39.00	Central Services and Supply	13.07	39.00
40.00	Pharmacy	43.60	40.00
41.00	Medical Records & Medical Records Library	16.11	41.00
42.00	Social Service	33.50	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140304

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

Worksheet S-3
Part III
Date/Time Prepared:
5/22/2012 11:20 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	34,041,162	-24,625	34,016,537	989,999.00	1.00
2.00	Excluded area salaries (see instructions)	254,365	52,428	306,793	7,575.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,786,797	-77,053	33,709,744	982,424.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,574,292	0	4,574,292	62,705.00	4.00
5.00	Subtotal wage-related costs (see inst.)	7,215,153	0	7,215,153	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	45,576,242	-77,053	45,499,189	1,045,129.00	6.00
7.00	Total overhead cost (see instructions)	10,755,986	-80,553	10,675,433	345,325.00	7.00

Provider CCN: 140304

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

Worksheet S-3
Part III
Date/Time Prepared:
5/22/2012 11:20 am

		Average Hourly wage (col. 4 ÷ col. 5)	
PART III - HOSPITAL WAGE INDEX SUMMARY		6.00	
1.00	Net salaries (see instructions)	34.36	1.00
2.00	Excluded area salaries (see instructions)	40.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	34.31	3.00
4.00	Subtotal other wages & related costs (see inst.)	72.95	4.00
5.00	Subtotal wage-related costs (see inst.)	21.40	5.00
6.00	Total (sum of lines 3 thru 5)	43.53	6.00
7.00	Total overhead cost (see instructions)	30.91	7.00

Provider CCN: 140304

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/22/2012 11:20 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,124,606	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	3,331,176	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	20,865	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	273,838	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,274,093	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	102,047	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	50,754	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,177,379	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	108,070	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140304

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

Worksheet S-3
Part V
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost			
2.00	Hospital	734,101	7,215,153	1.00
3.00	Subprovider - IPF	734,101	7,215,153	2.00
4.00	Subprovider - IRF			3.00
5.00	Subprovider - (Other)	0	0	4.00
6.00	Swing Beds - SNF	0	0	5.00
7.00	Swing Beds - NF	0	0	6.00
8.00	Hospital-Based SNF	0	0	7.00
9.00	Hospital-Based NF			8.00
10.00	Hospital-Based OLTC			9.00
11.00	Hospital-Based HHA			10.00
12.00	Separately Certified ASC	0	0	11.00
13.00	Hospital-Based Hospice			12.00
14.00	Hospital-Based Health Clinic RHC			13.00
15.00	Hospital-Based Health Clinic FQHC	0	0	14.00
16.00	Hospital-Based-CMHC	0	0	15.00
16.10	Hospital-Based-CMHC 10			16.00
16.20	Hospital-Based-CMHC 20	0	0	16.10
16.30	Hospital-Based-CMHC 30	0	0	16.20
16.40	Hospital-Based-CMHC 40	0	0	16.30
17.00	Renal Dialysis	0	0	16.40
18.00		0	0	17.00
				18.00

		1.00		
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.243407		1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			
3.00	Did you receive DSH or supplemental payments from Medicaid?	3,602,906		2.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N		3.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			4.00
6.00	Medicaid charges	0		5.00
7.00	Medicaid cost (line 1 times line 6)	83,457,733		6.00
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)	20,314,196		7.00
		16,711,290		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		16,711,290	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	18,484,690	0	18,484,690
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,499,303	0	4,499,303
22.00	Partial payment by patients approved for charity care	16,857	0	16,857
23.00	Cost of charity care (line 21 minus line 22)	4,482,446	0	4,482,446
				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?		Y	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		24,716	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,312,905	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		468,065	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		4,844,840	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,179,268	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,661,714	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,373,004	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140304

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

Worksheet A

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	9,489,511	9,489,511	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	7,585,189	7,585,189	2.00
4.00 EMPLOYEE BENEFITS	274,262	1,622,652	1,896,914	0	1,896,914	4.00
5.00 ADMINISTRATIVE & GENERAL	5,742,516	24,131,674	29,874,190	-563,376	29,310,814	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	1,097,509	3,199,949	4,297,458	-1,240	4,296,218	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	0	2,106,659	2,106,659	-4,500	2,102,159	9.00
10.00 DIETARY	0	1,808,340	1,808,340	-1,322,648	485,692	10.00
11.00 CAFETERIA	0	0	0	1,322,288	1,322,288	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	548,961	52,387	601,348	190,481	791,829	13.00
14.00 CENTRAL SERVICES & SUPPLY	303,761	324,037	627,798	-100,750	527,048	14.00
15.00 PHARMACY	1,398,967	2,899,890	4,298,857	-3,059,719	1,239,138	15.00
16.00 MEDICAL RECORDS & LIBRARY	717,963	158,229	876,192	-300	875,892	16.00
17.00 SOCIAL SERVICE	646,967	274,358	921,325	-720	920,605	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,062,691	1,465,324	8,528,015	-1,298,374	7,229,641	30.00
31.00 INTENSIVE CARE UNIT	1,760,472	622,441	2,382,913	-160,291	2,222,622	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	12,429	12,429	1,028,858	1,041,287	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,123,933	1,019,979	3,143,912	-35,594	3,108,318	50.00
51.00 RECOVERY ROOM	451,121	48,192	499,313	-1,635	497,678	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,082,832	266,340	1,349,172	207,059	1,556,231	52.00
53.00 ANESTHESIOLOGY	45,234	151,231	196,465	-1,170	195,295	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,248,259	1,101,898	3,350,157	-423,030	2,927,127	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	233,583	30,901	264,484	-240	264,244	56.00
57.00 CT SCAN	454,620	75,522	530,142	-240	529,902	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	208,464	35,677	244,141	-360	243,781	58.00
59.00 CARDIAC CATHETERIZATION	492,734	153,091	645,825	-2,670	643,155	59.00
60.00 LABORATORY	1,453,808	2,071,610	3,525,418	-199,778	3,325,640	60.00
65.00 RESPIRATORY THERAPY	691,690	199,675	891,365	-12,151	879,214	65.00
66.00 PHYSICAL THERAPY	941,229	85,514	1,026,743	-360	1,026,383	66.00
67.00 OCCUPATIONAL THERAPY	237,398	21,382	258,780	-240	258,540	67.00
68.00 SPEECH PATHOLOGY	92,008	8,595	100,603	-120	100,483	68.00
69.00 ELECTROCARDIOLOGY	389,388	193,663	583,051	-730	582,321	69.00
70.00 ELECTROENCEPHALOGRAPHY	33,088	285,339	318,427	0	318,427	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,007,503	3,007,503	-237,185	2,770,318	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	3,605,972	3,605,972	249,568	3,855,540	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	87,180	87,180	2,551,937	2,639,117	73.00
74.00 RENAL DIALYSIS	0	231,326	231,326	0	231,326	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	85,948	23,474	109,422	0	109,422	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	290,946	139,085	430,031	-109,698	320,333	90.00
91.00 EMERGENCY	3,345,865	936,062	4,281,927	-3,411	4,278,516	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE		17,739,603	17,739,603	-15,331,760	2,407,843	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	34,456,217	70,197,183	104,653,400	-247,399	104,406,001	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140304

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

worksheet A
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	59,928	43,907	103,835	0	103,835	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	28,125	4,302,412	4,330,537	0	4,330,537	192.00
194.00 FOUNDATION	88,332	16,634	104,966	0	104,966	194.00
194.01 MARKETING	77,980	669,359	747,339	0	747,339	194.01
194.02 PROF OFFICE BUILDINGS	0	209,091	209,091	0	209,091	194.02
194.03 OP PHARMACY	0	0	0	247,399	247,399	194.03
200.00 TOTAL (SUM OF LINES 118-199)	34,710,582	75,438,586	110,149,168	0	110,149,168	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140304

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

Worksheet A

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	-54,331	9,435,180	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	503,736	8,088,925	2.00
4.00 EMPLOYEE BENEFITS	4,429,134	6,326,048	4.00
5.00 ADMINISTRATIVE & GENERAL	-14,009,522	15,301,292	5.00
6.00 MAINTENANCE & REPAIRS	0	0	6.00
7.00 OPERATION OF PLANT	555,831	4,852,049	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	8.00
9.00 HOUSEKEEPING	0	2,102,159	9.00
10.00 DIETARY	0	485,692	10.00
11.00 CAFETERIA	-150,097	1,172,191	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00 NURSING ADMINISTRATION	112,732	904,561	13.00
14.00 CENTRAL SERVICES & SUPPLY	528,828	1,055,876	14.00
15.00 PHARMACY	16,346	1,255,484	15.00
16.00 MEDICAL RECORDS & LIBRARY	413,134	1,289,026	16.00
17.00 SOCIAL SERVICE	0	920,605	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00 NURSING SCHOOL	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-329,176	6,900,465	30.00
31.00 INTENSIVE CARE UNIT	0	2,222,622	31.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	1,041,287	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	-254,400	2,853,918	50.00
51.00 RECOVERY ROOM	50,774	548,452	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,556,231	52.00
53.00 ANESTHESIOLOGY	0	195,295	53.00
54.00 RADIOLOGY-DIAGNOSTIC	-10,292	2,916,835	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	264,244	56.00
57.00 CT SCAN	0	529,902	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	243,781	58.00
59.00 CARDIAC CATHETERIZATION	0	643,155	59.00
60.00 LABORATORY	145,448	3,471,088	60.00
65.00 RESPIRATORY THERAPY	0	879,214	65.00
66.00 PHYSICAL THERAPY	563	1,026,946	66.00
67.00 OCCUPATIONAL THERAPY	0	258,540	67.00
68.00 SPEECH PATHOLOGY	0	100,483	68.00
69.00 ELECTROCARDIOLOGY	-45,170	537,151	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	318,427	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,770,318	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	3,855,540	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,639,117	73.00
74.00 RENAL DIALYSIS	0	231,326	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 SLEEP LAB	0	0	76.00
76.97 CARDIAC REHABILITATION	-8,033	101,389	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	-2,700	317,633	90.00
91.00 EMERGENCY	-229,615	4,048,901	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00 PANCREAS ACQUISITION	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	111.00
113.00 INTEREST EXPENSE	-2,407,843	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-10,744,653	93,661,348	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	103,835	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	4,330,537	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140304

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

Worksheet A

Date/Time Prepared:
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Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
194.00 FOUNDATION	0	104,966	194.00
194.01 MARKETING	0	747,339	194.01
194.02 PROF OFFICE BUILDINGS	0	209,091	194.02
194.03 OP PHARMACY	0	247,399	194.03
200.00 TOTAL (SUM OF LINES 118-199)	-10,744,653	99,404,515	200.00

Provider CCN: 140304

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

Worksheet A-6
Date/Time Prepared:
5/22/2012 11:20 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - PROPERTY TAXES					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,828,509	1.00
	TOTALS		0	2,828,509	
C - CNO					
1.00	NURSING ADMINISTRATION	13.00	191,231	0	1.00
	TOTALS		191,231	0	
D - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,559,550	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,127,865	2.00
	TOTALS		0	9,687,415	
E - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,169,492	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	667,536	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	494,804	3.00
	TOTALS		0	3,331,832	
F - NURSERY					
1.00	NURSERY	43.00	807,701	221,157	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	159,139	92,835	2.00
	TOTALS		966,840	313,992	
G - CAFETERIA					
1.00	CAFETERIA	11.00	0	1,322,288	1.00
	TOTALS		0	1,322,288	
H - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	249,568	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	249,568	
I - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,363	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
	TOTALS		0	11,363	
J - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,552,017	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	2,552,017	
K - PHYSICIAN SUBSIDIES					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	28,125	1.00
	TOTALS		0	28,125	
L - RECRUITMENT BONUS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	2,000	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	1,500	0	2.00
	TOTALS		3,500	0	
M - RENT AND LEASE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	785,264	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	786,788	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

Provider CCN: 140304

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

Worksheet A-6

Date/Time Prepared:
5/22/2012 11:20 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
	TOTALS		0	1,572,052		
	N - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	146,696		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,000		2.00
	TOTALS		0	149,696		
	O - OP PHARMACY					
1.00	OP PHARMACY	194.03	80,553	166,846		1.00
	TOTALS		80,553	166,846		
500.00	Grand Total: Increases		1,242,124	22,213,703		500.00

Provider CCN: 140304

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

Worksheet A-6
Date/Time Prepared:
5/22/2012 11:20 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
B - PROPERTY TAXES							
1.00	INTEREST EXPENSE	113.00	0	2,828,509	13		1.00
	TOTALS		0	2,828,509			
C - CNO							
1.00	ADMINISTRATIVE & GENERAL	5.00	191,231	0	0		1.00
	TOTALS		191,231	0			
D - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	515,996	10		1.00
2.00	INTEREST EXPENSE	113.00	0	9,171,419	11		2.00
	TOTALS		0	9,687,415			
E - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	3,331,832	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	3,331,832			
F - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	966,840	313,992	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		966,840	313,992			
G - CAFETERIA							
1.00	DIETARY	10.00	0	1,322,288	0		1.00
	TOTALS		0	1,322,288			
H - IMPLANTS							
1.00	CARDIAC CATHETERIZATION	59.00	0	1,210	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	248,358	0		2.00
	TOTALS		0	249,568			
I - BILLABLE SUPPLIES							
1.00	PHARMACY	15.00	0	5,882	0		1.00
2.00	OPERATING ROOM	50.00	0	4,916	0		2.00
3.00	RECOVERY ROOM	51.00	0	18	0		3.00
4.00	CLINIC	90.00	0	547	0		4.00
	TOTALS		0	11,363			
J - BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	2,551,856	0		1.00
2.00	OPERATING ROOM	50.00	0	161	0		2.00
	TOTALS		0	2,552,017			
K - PHYSICIAN SUBSIDIES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	28,125	0	0		1.00
	TOTALS		28,125	0			
L - RECRUITMENT BONUS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,000	0		1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	1,500	0		2.00
	TOTALS		0	3,500			
M - RENT AND LEASE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	201,257	10		1.00
2.00	OPERATION OF PLANT	7.00	0	1,240	10		2.00
3.00	HOUSEKEEPING	9.00	0	4,500	0		3.00
4.00	DIETARY	10.00	0	360	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	750	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	100,750	0		6.00
7.00	PHARMACY	15.00	0	254,582	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	300	0		8.00
9.00	SOCIAL SERVICE	17.00	0	720	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	17,542	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	160,291	0		11.00
12.00	OPERATING ROOM	50.00	0	30,517	0		12.00
13.00	RECOVERY ROOM	51.00	0	1,617	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	44,915	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	1,170	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	423,030	0		16.00
17.00	RADIOISOTOPE	56.00	0	240	0		17.00
18.00	CT SCAN	57.00	0	240	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	360	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,460	0		20.00
21.00	LABORATORY	60.00	0	199,778	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	12,151	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	360	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	240	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	120	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	730	0		26.00
27.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	190	0		27.00

Provider CCN: 140304

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	DRUGS CHARGED TO PATIENTS	73.00	0	80	0		28.00
29.00	CLINIC	90.00	0	109,151	0		29.00
30.00	EMERGENCY	91.00	0	3,411	0		30.00
	TOTALS		0	1,572,052			
N - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	149,696	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	149,696			
O - OP PHARMACY							
1.00	PHARMACY	15.00	80,553	166,846	0		1.00
	TOTALS		80,553	166,846			
500.00	Grand Total: Decreases		1,266,749	22,189,078			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140304

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/22/2012 11:20 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,440,226	0	0	0	0	1.00
2.00	Land Improvements	84,552	0	0	0	0	2.00
3.00	Buildings and Fixtures	104,032,882	212,724	0	212,724	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	22,525,702	58,261	0	58,261	0	5.00
6.00	Movable Equipment	33,439,007	977,184	0	977,184	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	165,522,369	1,248,169	0	1,248,169	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	165,522,369	1,248,169	0	1,248,169	0	10.00
SUMMARY OF CAPITAL							
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
	9.00	10.00	11.00	12.00	13.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	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	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
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

Provider CCN: 140304

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	5,440,226	0					1.00
2.00	Land Improvements	84,552	0					2.00
3.00	Buildings and Fixtures	104,245,606	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	22,583,963	0					5.00
6.00	Movable Equipment	34,416,191	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	166,770,538	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	166,770,538	0					10.00
SUMMARY OF CAPITAL								
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)					
		14.00	15.00					
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2								
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	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
ALLOCATION OF OTHER CAPITAL								
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease		
		6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	62,970	4,344,814	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	539,828	786,788	2.00	
3.00	Total (sum of lines 1-2)	0	0	0	602,798	5,131,602	3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140304

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,052,191	146,696	2,828,509	0	9,435,180	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	6,759,309	3,000	0	0	8,088,925	2.00
3.00	Total (sum of lines 1-2)	8,811,500	149,696	2,828,509	0	17,524,105	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted	
			Cost Center	Line #
	1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-117,301	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-36,092	NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)	B	-27,069	ADMINISTRATIVE & GENERAL	5.00 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)	A	-80,222	ADMINISTRATIVE & GENERAL	5.00 7.00
8.00 Television and radio service (chapter 21)	A	-29,612	OPERATION OF PLANT	7.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,307,395		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	-638,198		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-150,097	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts	B	-2,862	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL 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		0	NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00 Physicians' assistant		0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 OTHER REVENUE	B	-1,962,878	ADMINISTRATIVE & GENERAL	5.00 33.00
33.01 OTHER REVENUE	B	-9,107	ADMINISTRATIVE & GENERAL	5.00 33.01
33.02 OTHER REVENUE	B	-17,034	OPERATION OF PLANT	7.00 33.02
33.03 OTHER REVENUE	B	-2,700	CLINIC	90.00 33.03
33.04 OTHER REVENUE	B	-231	PHARMACY	15.00 33.04
33.05 OTHER REVENUE	B	-10,136	ADULTS & PEDIATRICS	30.00 33.05
33.06 OTHER REVENUE	B	-3,088	RADIOLOGY-DIAGNOSTIC	54.00 33.06
33.07 OTHER REVENUE	B	-8,033	CARDIAC REHABILITATION	76.97 33.07
33.08 OTHER REVENUE	B	-33,590	EMERGENCY	91.00 33.08
34.00 OFFSET BAD DEBT	A	-5,312,905	ADMINISTRATIVE & GENERAL	5.00 34.00
35.00 OFFSET FEDERAL INCOME TAX	A	-5,046	INTEREST EXPENSE	113.00 35.00
36.00 BANK FEES	A	-24,725	INTEREST EXPENSE	113.00 36.00
37.00 ADVERTISING	A	-184	ADMINISTRATIVE & GENERAL	5.00 37.00
38.00 ADVERTISING	A	-7,204	RADIOLOGY-DIAGNOSTIC	54.00 38.00
39.00 PT RESALE ITEMS	A	563	PHYSICAL THERAPY	66.00 39.00
40.00 RECRUIT ELEC MED	A	-304	EMPLOYEE BENEFITS	4.00 40.00
41.00 NON ALLOWABLE LEGAL	A	-114,811	ADMINISTRATIVE & GENERAL	5.00 41.00
42.00 NON ALLOWABLE LOBBYING	A	-17,024	ADMINISTRATIVE & GENERAL	5.00 42.00
43.00 NON ALLOWABLE DUES	A	-33,360	ADMINISTRATIVE & GENERAL	5.00 43.00
44.00 NON ALLOWABLE INTEREST	A	-794,008	INTEREST EXPENSE	113.00 44.00

Provider CCN: 140304 Period: From 01/01/2011 To 12/31/2011 Worksheet A-8
Date/Time Prepared: 5/22/2012 11:20 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
	1.00	2.00	3.00	4.00
45.00		0		0.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)	-10,744,653		45.00 50.00

Provider CCN: 140304

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

Worksheet A-8
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Wkst. A-7 Ref.	
	5.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	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 OTHER REVENUE	0	33.00
33.01 OTHER REVENUE	0	33.01
33.02 OTHER REVENUE	0	33.02
33.03 OTHER REVENUE	0	33.03
33.04 OTHER REVENUE	0	33.04
33.05 OTHER REVENUE	0	33.05
33.06 OTHER REVENUE	0	33.06
33.07 OTHER REVENUE	0	33.07
33.08 OTHER REVENUE	0	33.08
34.00 OFFSET BAD DEBT	0	34.00
35.00 OFFSET FEDERAL INCOME TAX	0	35.00
36.00 BANK FEES	0	36.00
37.00 ADVERTISING	0	37.00
38.00 ADVERTISING	0	38.00
39.00 PT RESALE ITEMS	0	39.00
40.00 RECRUIT ELEC MED	0	40.00
41.00 NON ALLOWABLE LEGAL	0	41.00
42.00 NON ALLOWABLE LOBBYING	0	42.00
43.00 NON ALLOWABLE DUES	0	43.00
44.00 NON ALLOWABLE INTEREST	0	44.00
45.00	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: 140304

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

Worksheet A-8-1

Date/Time Prepared:
5/22/2012 11:20 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	4.00	EMPLOYEE BENEFITS	AHS SHARED SERVICES 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	AHS SHARED SERVICES 2.00
3.00	7.00	OPERATION OF PLANT	AHS SHARED SERVICES 3.00
4.00	13.00	NURSING ADMINISTRATION	AHS SHARED SERVICES 4.00
4.01	14.00	CENTRAL SERVICES & SUPPLY	AHS SHARED SERVICES 4.01
4.02	15.00	PHARMACY	AHS SHARED SERVICES 4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	AHS SHARED SERVICES 4.03
4.04	51.00	RECOVERY ROOM	AHS SHARED SERVICES 4.04
4.05	60.00	LABORATORY	AHS SHARED SERVICES 4.05
4.06	1.00	NEW CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE 4.06
4.07	2.00	NEW CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE 4.07
4.08	4.00	EMPLOYEE BENEFITS	AHS HOME OFFICE 4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE 4.09
4.10	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE 4.10
4.11	113.00	INTEREST EXPENSE	AHS HOME OFFICE 4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.		5.00

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

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

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

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

6.00	B	AHS CORPORATE	100.00	6.00
7.00	B	SHARED SERVICES	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:		0.00	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: 140304

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

Worksheet A-8-1

Date/Time Prepared: 5/22/2012 11:20 am

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4,247,705	0	4,247,705	0	1.00
2.00	5,627,928	10,252,889	-4,624,961	0	2.00
3.00	602,477	0	602,477	0	3.00
4.00	112,732	0	112,732	0	4.00
4.01	528,828	0	528,828	0	4.01
4.02	16,577	0	16,577	0	4.02
4.03	402,095	0	402,095	0	4.03
4.04	50,774	0	50,774	0	4.04
4.05	145,448	0	145,448	0	4.05
4.06	62,970	0	62,970	9	4.06
4.07	539,828	0	539,828	9	4.07
4.08	207,001	24,828	182,173	0	4.08
4.09	5,017,667	6,352,348	-1,334,681	0	4.09
4.10	25,867	11,966	13,901	0	4.10
4.11	3,337,680	4,921,744	-1,584,064	0	4.11
5.00	20,925,577	21,563,775	-638,198	0	5.00
TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.					

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

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

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

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

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

6.00	AHS CORPORATE	0.00	MANAGEMENT SERVICES	6.00
7.00	SHARED SERVICES	0.00	FINANCIAL SERVICES	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: 140304

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2012 11:20 am

	1.00	2.00	3.00	4.00	
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
1.00	4.00	EMPLOYEE BENEFITS	440	440	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	492,320	492,320	2.00
3.00	30.00	ADULTS & PEDIATRICS	319,040	319,040	3.00
4.00	50.00	OPERATING ROOM	254,400	254,400	4.00
5.00	69.00	ELECTROCARDIOLOGY	45,170	45,170	5.00
6.00	91.00	EMERGENCY	196,025	196,025	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			1,307,395	1,307,395	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140304

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

Worksheet A-8-2
Date/Time Prepared:
5/22/2012 11:20 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	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140304

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2012 11:20 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	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	440	1.00
2.00	0	492,320	2.00
3.00	0	319,040	3.00
4.00	0	254,400	4.00
5.00	0	45,170	5.00
6.00	0	196,025	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	1,307,395	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2012 11:20 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	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	9,435,180	9,435,180				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	8,088,925		8,088,925			2.00
4.00	EMPLOYEE BENEFITS	6,326,048	3,997	3,427	6,333,472		4.00
5.00	ADMINISTRATIVE & GENERAL	15,301,292	414,403	355,274	1,021,714	17,092,683	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	4,852,049	701,421	601,339	201,997	6,356,806	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	2,102,159	63,274	54,246	0	2,219,679	9.00
10.00	DIETARY	485,692	343,248	294,272	0	1,123,212	10.00
11.00	CAFETERIA	1,172,191	124,150	106,435	0	1,402,776	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	904,561	226,789	194,430	136,232	1,462,012	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,055,876	422,665	362,357	55,907	1,896,805	14.00
15.00	PHARMACY	1,255,484	93,350	80,031	242,654	1,671,519	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,289,026	129,480	111,005	132,141	1,661,652	16.00
17.00	SOCIAL SERVICE	920,605	27,449	23,533	119,074	1,090,661	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,900,465	2,805,374	2,405,092	1,121,940	13,232,871	30.00
31.00	INTENSIVE CARE UNIT	2,222,622	450,114	385,889	324,015	3,382,640	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	1,041,287	125,825	107,871	148,657	1,423,640	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,853,918	612,639	525,225	390,910	4,382,692	50.00
51.00	RECOVERY ROOM	548,452	135,381	116,064	83,029	882,926	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,556,231	319,264	273,710	228,585	2,377,790	52.00
53.00	ANESTHESIOLOGY	195,295	23,718	20,334	8,325	247,672	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,916,835	325,165	278,769	414,160	3,934,929	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	264,244	278,071	238,394	42,991	823,700	56.00
57.00	CT SCAN	529,902	44,848	38,449	83,673	696,872	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	243,781	26,954	23,108	38,368	332,211	58.00
59.00	CARDIAC CATHETERIZATION	643,155	85,660	73,437	90,688	892,940	59.00
60.00	LABORATORY	3,471,088	151,028	129,478	267,573	4,019,167	60.00
65.00	RESPIRATORY THERAPY	879,214	20,558	17,625	127,306	1,044,703	65.00
66.00	PHYSICAL THERAPY	1,026,946	242,779	208,138	173,233	1,651,096	66.00
67.00	OCCUPATIONAL THERAPY	258,540	36,320	31,137	43,969	369,966	67.00
68.00	SPEECH PATHOLOGY	100,483	3,198	2,742	16,934	123,357	68.00
69.00	ELECTROCARDIOLOGY	537,151	22,348	19,159	71,667	650,325	69.00
70.00	ELECTROENCEPHALOGRAPHY	318,427	35,025	30,028	6,090	389,570	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,770,318	0	0	0	2,770,318	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3,855,540	0	0	0	3,855,540	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,639,117	0	0	0	2,639,117	73.00
74.00	RENAL DIALYSIS	231,326	0	0	0	231,326	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	101,389	57,487	49,285	15,819	223,980	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	317,633	456,205	391,112	53,549	1,218,499	90.00
91.00	EMERGENCY	4,048,901	557,817	478,225	615,806	5,700,749	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2012 11:20 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			
113.00 INTEREST EXPENSE	0	1.00	2.00	4.00	4A	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	93,661,348	9,366,004	8,029,620	6,277,006	93,476,401	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	103,835	13,744	11,783	11,030	140,392	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	4,330,537	4,036	3,460	0	4,338,033	192.00
194.00 FOUNDATION	104,966	0	0	16,258	121,224	194.00
194.01 MARKETING	747,339	0	0	14,352	761,691	194.01
194.02 PROF OFFICE BUILDINGS	209,091	51,396	44,062	0	304,549	194.02
194.03 OP PHARMACY	247,399	0	0	14,826	262,225	194.03
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	99,404,515	9,435,180	8,088,925	6,333,472	99,404,515	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B
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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 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	17,092,683					5.00
6.00 MAINTENANCE & REPAIRS	0	0				6.00
7.00 OPERATION OF PLANT	1,320,042	0	7,676,848			7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00 HOUSEKEEPING	460,934	0	58,415	0	2,739,028	9.00
10.00 DIETARY	233,244	0	316,891	0	113,931	10.00
11.00 CAFETERIA	291,298	0	114,617	0	41,208	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	303,598	0	209,375	0	75,276	13.00
14.00 CENTRAL SERVICES & SUPPLY	393,887	0	390,209	0	140,291	14.00
15.00 PHARMACY	347,104	0	86,182	0	30,985	15.00
16.00 MEDICAL RECORDS & LIBRARY	345,055	0	119,537	0	42,977	16.00
17.00 SOCIAL SERVICE	226,484	0	25,341	0	9,111	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,747,887	0	2,589,962	0	931,158	30.00
31.00 INTENSIVE CARE UNIT	702,432	0	415,551	0	149,402	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	295,630	0	116,163	0	41,764	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	910,101	0	565,596	0	203,347	50.00
51.00 RECOVERY ROOM	183,347	0	124,985	0	44,935	51.00
52.00 DELIVERY ROOM & LABOR ROOM	493,767	0	294,748	0	105,970	52.00
53.00 ANESTHESIOLOGY	51,431	0	21,897	0	7,873	53.00
54.00 RADIOLOGY-DIAGNOSTIC	817,119	0	300,196	0	107,928	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	171,048	0	256,719	0	92,297	56.00
57.00 CT SCAN	144,711	0	41,404	0	14,886	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	68,986	0	24,885	0	8,947	58.00
59.00 CARDIAC CATHETERIZATION	185,426	0	79,082	0	28,432	59.00
60.00 LABORATORY	834,612	0	139,431	0	50,129	60.00
65.00 RESPIRATORY THERAPY	216,941	0	18,980	0	6,824	65.00
66.00 PHYSICAL THERAPY	342,863	0	224,137	0	80,583	66.00
67.00 OCCUPATIONAL THERAPY	76,826	0	33,531	0	12,055	67.00
68.00 SPEECH PATHOLOGY	25,616	0	2,952	0	1,061	68.00
69.00 ELECTROCARDIOLOGY	135,045	0	20,632	0	7,418	69.00
70.00 ELECTROENCEPHALOGRAPHY	80,897	0	32,336	0	11,626	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	575,279	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	800,634	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	548,034	0	0	0	0	73.00
74.00 RENAL DIALYSIS	48,037	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	46,511	0	53,073	0	19,081	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	253,031	0	421,174	0	151,423	90.00
91.00 EMERGENCY	1,183,806	0	514,984	0	185,150	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	15,861,663	0	7,612,985	0	2,716,068	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,154	0	12,688	0	4,562	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	900,827	0	3,726	0	1,339	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B
Part I
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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	
194.00 FOUNDATION	25,173	0	0	0	0	194.00
194.01 MARKETING	158,171	0	0	0	0	194.01
194.02 PROF OFFICE BUILDINGS	63,242	0	47,449	0	17,059	194.02
194.03 OP PHARMACY	54,453	0	0	0	0	194.03
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)	17,092,683	0	7,676,848	0	2,739,028	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 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	1,787,278					10.00
11.00 CAFETERIA	0	1,849,899				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	35,561	0	2,085,822		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	40,454	0	45,773	2,907,419	14.00
15.00 PHARMACY	0	65,147	0	75,536	6,429	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	78,158	0	90,643	0	16.00
17.00 SOCIAL SERVICE	0	42,259	0	48,586	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,566,744	452,347	0	521,511	120,293	30.00
31.00 INTENSIVE CARE UNIT	220,534	93,688	0	107,301	40,839	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	54,082	0	57,817	4,117	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	141,724	0	163,782	81,998	50.00
51.00 RECOVERY ROOM	0	25,242	0	28,585	4,124	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	77,276	0	88,903	29,710	52.00
53.00 ANESTHESIOLOGY	0	4,655	0	5,346	24,183	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	145,670	0	168,481	11,261	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	10,413	0	12,016	1,106	56.00
57.00 CT SCAN	0	26,200	0	29,760	5,537	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	10,804	0	12,300	1,336	58.00
59.00 CARDIAC CATHETERIZATION	0	23,392	0	27,830	7,049	59.00
60.00 LABORATORY	0	114,618	0	133,690	20,763	60.00
65.00 RESPIRATORY THERAPY	0	49,780	0	58,627	10,004	65.00
66.00 PHYSICAL THERAPY	0	57,873	0	65,729	4,183	66.00
67.00 OCCUPATIONAL THERAPY	0	13,153	0	14,783	672	67.00
68.00 SPEECH PATHOLOGY	0	4,911	0	5,708	52	68.00
69.00 ELECTROCARDIOLOGY	0	27,190	0	31,209	2,499	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,770	0	3,449	3,962	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	959,762	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,475,997	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	5,693	0	6,488	276	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	18,165	0	19,780	4,027	90.00
91.00 EMERGENCY	0	228,674	0	262,189	87,240	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,787,278	1,849,899	0	2,085,822	2,907,419	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

Period:
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To 12/31/2011

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FOUNDATION	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 PROF OFFICE BUILDINGS	0	0	0	0	0	194.02
194.03 OP PHARMACY	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,787,278	1,849,899	0	2,085,822	2,907,419	202.00

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	2,282,902					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	2,338,022				16.00
17.00	SOCIAL SERVICE	0	0	1,442,442			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,867	163,381	1,112,198	0	0	30.00
31.00	INTENSIVE CARE UNIT	183	32,214	158,012	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	16,156	172,232	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	18,460	161,745	0	0	0	50.00
51.00	RECOVERY ROOM	0	26,045	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	25,093	0	0	0	52.00
53.00	ANESTHESIOLOGY	31,916	51,528	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	654	203,708	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	80	42,477	0	0	0	56.00
57.00	CT SCAN	12,524	244,710	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,879	85,310	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	500	47,692	0	0	0	59.00
60.00	LABORATORY	13	336,109	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	50,923	0	0	0	65.00
66.00	PHYSICAL THERAPY	341	34,655	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	6,603	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	3,903	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	2	73,441	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	16,797	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,339	77,426	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	87,620	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,210,555	176,527	0	0	0	73.00
74.00	RENAL DIALYSIS	0	5,386	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	2,126	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	71	18,431	0	0	0	90.00
91.00	EMERGENCY	2,518	348,016	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,282,902	2,338,022	1,442,442	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

Period:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
194.00	FOUNDATION	0	0	0	0	0	0 194.00
194.01	MARKETING	0	0	0	0	0	0 194.01
194.02	PROF OFFICE BUILDINGS	0	0	0	0	0	0 194.02
194.03	OP PHARMACY	0	0	0	0	0	0 194.03
200.00	Cross Foot Adjustments	0	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	2,282,902	2,338,022	1,442,442	0	0	0 202.00

Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM			
	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	23,440,219	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	5,302,796	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	2,181,601	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	6,629,445	0	50.00
51.00 RECOVERY ROOM	0	0	0	1,320,189	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	3,493,257	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	446,501	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	5,689,946	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	1,409,856	0	56.00
57.00 CT SCAN	0	0	0	1,216,604	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	546,658	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	1,292,343	0	59.00
60.00 LABORATORY	0	0	0	5,648,532	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	1,456,782	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	2,461,460	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	527,589	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	167,560	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	947,761	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	541,407	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,384,124	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,219,791	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	5,574,233	0	73.00
74.00 RENAL DIALYSIS	0	0	0	284,749	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	357,228	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	2,104,601	0	90.00
91.00 EMERGENCY	0	0	0	8,513,326	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00

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Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
113.00 INTEREST EXPENSE					24.00	25.00	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	92,158,558	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	186,796	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,243,925	0	192.00
194.00 FOUNDATION	0	0	0	0	146,397	0	194.00
194.01 MARKETING	0	0	0	0	919,862	0	194.01
194.02 PROF OFFICE BUILDINGS	0	0	0	0	432,299	0	194.02
194.03 OP PHARMACY	0	0	0	0	316,678	0	194.03
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	99,404,515	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	23,440,219	30.00
31.00	INTENSIVE CARE UNIT	5,302,796	31.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	2,181,601	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	6,629,445	50.00
51.00	RECOVERY ROOM	1,320,189	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,493,257	52.00
53.00	ANESTHESIOLOGY	446,501	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,689,946	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	RADIOISOTOPE	1,409,856	56.00
57.00	CT SCAN	1,216,604	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	546,658	58.00
59.00	CARDIAC CATHETERIZATION	1,292,343	59.00
60.00	LABORATORY	5,648,532	60.00
65.00	RESPIRATORY THERAPY	1,456,782	65.00
66.00	PHYSICAL THERAPY	2,461,460	66.00
67.00	OCCUPATIONAL THERAPY	527,589	67.00
68.00	SPEECH PATHOLOGY	167,560	68.00
69.00	ELECTROCARDIOLOGY	947,761	69.00
70.00	ELECTROENCEPHALOGRAPHY	541,407	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,384,124	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	6,219,791	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,574,233	73.00
74.00	RENAL DIALYSIS	284,749	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
76.00	SLEEP LAB	0	76.00
76.97	CARDIAC REHABILITATION	357,228	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	2,104,601	90.00
91.00	EMERGENCY	8,513,326	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET CELL ACQUISITION	0	111.00
113.00	INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	92,158,558	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	186,796	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	5,243,925	192.00
194.00	FOUNDATION	146,397	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Total	
	26.00	
194.01 MARKETING	919,862	194.01
194.02 PROF OFFICE BUILDINGS	432,299	194.02
194.03 OP PHARMACY	316,678	194.03
200.00 Cross Foot Adjustments	0	200.00
201.00 Negative Cost Centers	0	201.00
202.00 TOTAL (sum lines 118-201)	99,404,515	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

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

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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	1.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS	0	3,997	3,427	7,424	7,424	4.00
5.00 ADMINISTRATIVE & GENERAL	0	414,403	355,274	769,677	1,199	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	0	701,421	601,339	1,302,760	237	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	0	63,274	54,246	117,520	0	9.00
10.00 DIETARY	0	343,248	294,272	637,520	0	10.00
11.00 CAFETERIA	0	124,150	106,435	230,585	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	226,789	194,430	421,219	160	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	422,665	362,357	785,022	66	14.00
15.00 PHARMACY	0	93,350	80,031	173,381	285	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	129,480	111,005	240,485	155	16.00
17.00 SOCIAL SERVICE	0	27,449	23,533	50,982	140	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	2,805,374	2,405,092	5,210,466	1,309	30.00
31.00 INTENSIVE CARE UNIT	0	450,114	385,889	836,003	380	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	125,825	107,871	233,696	174	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	612,639	525,225	1,137,864	459	50.00
51.00 RECOVERY ROOM	0	135,381	116,064	251,445	97	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	319,264	273,710	592,974	268	52.00
53.00 ANESTHESIOLOGY	0	23,718	20,334	44,052	10	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	325,165	278,769	603,934	486	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	278,071	238,394	516,465	50	56.00
57.00 CT SCAN	0	44,848	38,449	83,297	98	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	26,954	23,108	50,062	45	58.00
59.00 CARDIAC CATHETERIZATION	0	85,660	73,437	159,097	106	59.00
60.00 LABORATORY	0	151,028	129,478	280,506	314	60.00
65.00 RESPIRATORY THERAPY	0	20,558	17,625	38,183	149	65.00
66.00 PHYSICAL THERAPY	0	242,779	208,138	450,917	203	66.00
67.00 OCCUPATIONAL THERAPY	0	36,320	31,137	67,457	52	67.00
68.00 SPEECH PATHOLOGY	0	3,198	2,742	5,940	20	68.00
69.00 ELECTROCARDIOLOGY	0	22,348	19,159	41,507	84	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	35,025	30,028	65,053	7	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	57,487	49,285	106,772	19	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	456,205	391,112	847,317	63	90.00
91.00 EMERGENCY	0	557,817	478,225	1,036,042	723	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

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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	1.00	2.00	2A	4.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	9,366,004	8,029,620	17,395,624	7,358	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,744	11,783	25,527	13	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	4,036	3,460	7,496	0	192.00
194.00 FOUNDATION	0	0	0	0	19	194.00
194.01 MARKETING	0	0	0	0	17	194.01
194.02 PROF OFFICE BUILDINGS	0	51,396	44,062	95,458	0	194.02
194.03 OP PHARMACY	0	0	0	0	17	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	0	9,435,180	8,088,925	17,524,105	7,424	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

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From 01/01/2011
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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 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	770,876					5.00
6.00 MAINTENANCE & REPAIRS	0	0				6.00
7.00 OPERATION OF PLANT	59,531	0	1,362,528			7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00 HOUSEKEEPING	20,787	0	10,368	0	148,675	9.00
10.00 DIETARY	10,519	0	56,244	0	6,184	10.00
11.00 CAFETERIA	13,137	0	20,343	0	2,237	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	13,692	0	37,161	0	4,086	13.00
14.00 CENTRAL SERVICES & SUPPLY	17,764	0	69,256	0	7,615	14.00
15.00 PHARMACY	15,654	0	15,296	0	1,682	15.00
16.00 MEDICAL RECORDS & LIBRARY	15,561	0	21,216	0	2,333	16.00
17.00 SOCIAL SERVICE	10,214	0	4,498	0	495	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	123,953	0	459,679	0	50,542	30.00
31.00 INTENSIVE CARE UNIT	31,678	0	73,754	0	8,110	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	13,332	0	20,617	0	2,267	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	41,044	0	100,385	0	11,038	50.00
51.00 RECOVERY ROOM	8,269	0	22,183	0	2,439	51.00
52.00 DELIVERY ROOM & LABOR ROOM	22,268	0	52,314	0	5,752	52.00
53.00 ANESTHESIOLOGY	2,319	0	3,886	0	427	53.00
54.00 RADIOLOGY-DIAGNOSTIC	36,851	0	53,280	0	5,858	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	7,714	0	45,564	0	5,010	56.00
57.00 CT SCAN	6,526	0	7,349	0	808	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	3,111	0	4,417	0	486	58.00
59.00 CARDIAC CATHETERIZATION	8,362	0	14,036	0	1,543	59.00
60.00 LABORATORY	37,639	0	24,747	0	2,721	60.00
65.00 RESPIRATORY THERAPY	9,784	0	3,369	0	370	65.00
66.00 PHYSICAL THERAPY	15,463	0	39,781	0	4,374	66.00
67.00 OCCUPATIONAL THERAPY	3,465	0	5,951	0	654	67.00
68.00 SPEECH PATHOLOGY	1,155	0	524	0	58	68.00
69.00 ELECTROCARDIOLOGY	6,090	0	3,662	0	403	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,648	0	5,739	0	631	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,944	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	36,107	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	24,715	0	0	0	0	73.00
74.00 RENAL DIALYSIS	2,166	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	2,098	0	9,420	0	1,036	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	11,411	0	74,752	0	8,219	90.00
91.00 EMERGENCY	53,388	0	91,402	0	10,050	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	715,359	0	1,351,193	0	147,428	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,315	0	2,252	0	248	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	40,626	0	661	0	73	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

Period:
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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	
194.00 FOUNDATION	1,135	0	0	0	0	194.00
194.01 MARKETING	7,133	0	0	0	0	194.01
194.02 PROF OFFICE BUILDINGS	2,852	0	8,422	0	0	194.02
194.03 OP PHARMACY	2,456	0	0	0	0	194.03
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)	770,876	0	1,362,528	0	148,675	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 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	710,467					10.00
11.00 CAFETERIA	0	266,302				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	5,119	0	481,437		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	5,823	0	10,565	896,111	14.00
15.00 PHARMACY	0	9,378	0	17,435	1,982	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	11,251	0	20,922	0	16.00
17.00 SOCIAL SERVICE	0	6,083	0	11,214	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	622,802	65,120	0	120,372	37,076	30.00
31.00 INTENSIVE CARE UNIT	87,665	13,487	0	24,767	12,587	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	7,785	0	13,345	1,269	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	20,402	0	37,803	25,273	50.00
51.00 RECOVERY ROOM	0	3,634	0	6,598	1,271	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	11,124	0	20,520	9,157	52.00
53.00 ANESTHESIOLOGY	0	670	0	1,234	7,454	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	20,970	0	38,888	3,471	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	1,499	0	2,773	341	56.00
57.00 CT SCAN	0	3,772	0	6,869	1,707	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,555	0	2,839	412	58.00
59.00 CARDIAC CATHETERIZATION	0	3,367	0	6,424	2,173	59.00
60.00 LABORATORY	0	16,500	0	30,857	6,399	60.00
65.00 RESPIRATORY THERAPY	0	7,166	0	13,532	3,083	65.00
66.00 PHYSICAL THERAPY	0	8,331	0	15,171	1,289	66.00
67.00 OCCUPATIONAL THERAPY	0	1,893	0	3,412	207	67.00
68.00 SPEECH PATHOLOGY	0	707	0	1,318	16	68.00
69.00 ELECTROCARDIOLOGY	0	3,914	0	7,203	770	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	399	0	796	1,221	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	295,814	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	454,924	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	819	0	1,498	85	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	2,615	0	4,565	1,241	90.00
91.00 EMERGENCY	0	32,919	0	60,517	26,889	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	710,467	266,302	0	481,437	896,111	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

Period:
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FOUNDATION	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 PROF OFFICE BUILDINGS	0	0	0	0	0	194.02
194.03 OP PHARMACY	0	0	0	0	0	194.03
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)	710,467	266,302	0	481,437	896,111	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	235,093					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	311,923				16.00
17.00 SOCIAL SERVICE	0	0	83,626			17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	192	21,786	64,480			30.00
31.00 INTENSIVE CARE UNIT	19	4,296	9,161			31.00
41.00 SUBPROVIDER - IRF	0	0	0			41.00
42.00 SUBPROVIDER	0	0	0			42.00
43.00 NURSERY	0	2,154	9,985			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,901	21,568	0			50.00
51.00 RECOVERY ROOM	0	3,473	0			51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,346	0			52.00
53.00 ANESTHESIOLOGY	3,287	6,871	0			53.00
54.00 RADIOLOGY-DIAGNOSTIC	67	27,163	0			54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00 RADIOISOTOPE	8	5,664	0			56.00
57.00 CT SCAN	1,290	32,631	0			57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	193	11,376	0			58.00
59.00 CARDIAC CATHETERIZATION	51	6,360	0			59.00
60.00 LABORATORY	1	44,818	0			60.00
65.00 RESPIRATORY THERAPY	0	6,790	0			65.00
66.00 PHYSICAL THERAPY	35	4,621	0			66.00
67.00 OCCUPATIONAL THERAPY	0	880	0			67.00
68.00 SPEECH PATHOLOGY	0	520	0			68.00
69.00 ELECTROCARDIOLOGY	0	9,793	0			69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,240	0			70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	138	10,324	0			71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	11,684	0			72.00
73.00 DRUGS CHARGED TO PATIENTS	227,645	23,539	0			73.00
74.00 RENAL DIALYSIS	0	718	0			74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0			75.00
76.00 SLEEP LAB	0	0	0			76.00
76.97 CARDIAC REHABILITATION	0	284	0			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 CLINIC	7	2,458	0			90.00
91.00 EMERGENCY	259	46,566	0			91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0			99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET CELL ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	235,093	311,923	83,626	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00 FOUNDATION	0	0	0			194.00
194.01 MARKETING	0	0	0			194.01
194.02 PROF OFFICE BUILDINGS	0	0	0			194.02
194.03 OP PHARMACY	0	0	0			194.03
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	235,093	311,923	83,626	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

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From 01/01/2011
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Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM			
	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS				6,777,777	0	30.00
31.00 INTENSIVE CARE UNIT				1,101,907	0	31.00
41.00 SUBPROVIDER - IRF				0	0	41.00
42.00 SUBPROVIDER				0	0	42.00
43.00 NURSERY				304,624	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM				1,397,737	0	50.00
51.00 RECOVERY ROOM				299,409	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM				717,723	0	52.00
53.00 ANESTHESIOLOGY				70,210	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC				790,968	0	54.00
55.00 RADIOLOGY-THERAPEUTIC				0	0	55.00
56.00 RADIOISOTOPE				585,088	0	56.00
57.00 CT SCAN				144,347	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)				74,496	0	58.00
59.00 CARDIAC CATHETERIZATION				201,519	0	59.00
60.00 LABORATORY				444,502	0	60.00
65.00 RESPIRATORY THERAPY				82,426	0	65.00
66.00 PHYSICAL THERAPY				540,185	0	66.00
67.00 OCCUPATIONAL THERAPY				83,971	0	67.00
68.00 SPEECH PATHOLOGY				10,258	0	68.00
69.00 ELECTROCARDIOLOGY				73,426	0	69.00
70.00 ELECTROENCEPHALOGRAPHY				79,734	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				332,220	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT				502,715	0	72.00
73.00 DRUGS CHARGED TO PATIENTS				275,899	0	73.00
74.00 RENAL DIALYSIS				2,884	0	74.00
75.00 ASC (NON-DISTINCT PART)				0	0	75.00
76.00 SLEEP LAB				0	0	76.00
76.97 CARDIAC REHABILITATION				122,031	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC				0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00 CLINIC				952,648	0	90.00
91.00 EMERGENCY				1,358,755	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF				0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY				0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				0	0	99.40
101.00 HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION				0	0	109.00
110.00 INTESTINAL ACQUISITION				0	0	110.00
111.00 ISLET CELL ACQUISITION				0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
113.00 INTEREST EXPENSE					24.00	25.00	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	17,327,459	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					29,355		0 190.00
192.00 PHYSICIANS' PRIVATE OFFICES					48,856		0 192.00
194.00 FOUNDATION					1,154		0 194.00
194.01 MARKETING					7,150		0 194.01
194.02 PROF OFFICE BUILDINGS					107,658		0 194.02
194.03 OP PHARMACY					2,473		0 194.03
200.00 Cross Foot Adjustments	0	0	0	0	0		0 200.00
201.00 Negative Cost Centers	0	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	17,524,105		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	6,777,777	30.00
31.00	INTENSIVE CARE UNIT	1,101,907	31.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	304,624	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	1,397,737	50.00
51.00	RECOVERY ROOM	299,409	51.00
52.00	DELIVERY ROOM & LABOR ROOM	717,723	52.00
53.00	ANESTHESIOLOGY	70,210	53.00
54.00	RADIOLOGY-DIAGNOSTIC	790,968	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	RADIOISOTOPE	585,088	56.00
57.00	CT SCAN	144,347	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	74,496	58.00
59.00	CARDIAC CATHETERIZATION	201,519	59.00
60.00	LABORATORY	444,502	60.00
65.00	RESPIRATORY THERAPY	82,426	65.00
66.00	PHYSICAL THERAPY	540,185	66.00
67.00	OCCUPATIONAL THERAPY	83,971	67.00
68.00	SPEECH PATHOLOGY	10,258	68.00
69.00	ELECTROCARDIOLOGY	73,426	69.00
70.00	ELECTROENCEPHALOGRAPHY	79,734	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	332,220	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	502,715	72.00
73.00	DRUGS CHARGED TO PATIENTS	275,899	73.00
74.00	RENAL DIALYSIS	2,884	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
76.00	SLEEP LAB	0	76.00
76.97	CARDIAC REHABILITATION	122,031	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	952,648	90.00
91.00	EMERGENCY	1,358,755	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET CELL ACQUISITION	0	111.00
113.00	INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,327,459	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,355	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	48,856	192.00
194.00	FOUNDATION	1,154	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		Total	
		26.00	
194.01	MARKETING	7,150	194.01
194.02	PROF OFFICE BUILDINGS	107,658	194.02
194.03	OP PHARMACY	2,473	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	17,524,105	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	247,831					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		247,831				2.00
4.00 EMPLOYEE BENEFITS	105	105	34,411,695			4.00
5.00 ADMINISTRATIVE & GENERAL	10,885	10,885	5,551,285	-17,092,683	82,311,832	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	18,424	18,424	1,097,509	0	6,356,806	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	1,662	1,662	0	0	2,219,679	9.00
10.00 DIETARY	9,016	9,016	0	0	1,123,212	10.00
11.00 CAFETERIA	3,261	3,261	0	0	1,402,776	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	5,957	5,957	740,192	0	1,462,012	13.00
14.00 CENTRAL SERVICES & SUPPLY	11,102	11,102	303,761	0	1,896,805	14.00
15.00 PHARMACY	2,452	2,452	1,318,414	0	1,671,519	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,401	3,401	717,963	0	1,661,652	16.00
17.00 SOCIAL SERVICE	721	721	646,967	0	1,090,661	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	73,688	73,688	6,095,851	0	13,232,871	30.00
31.00 INTENSIVE CARE UNIT	11,823	11,823	1,760,472	0	3,382,640	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	3,305	3,305	807,701	0	1,423,640	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	16,092	16,092	2,123,933	0	4,382,692	50.00
51.00 RECOVERY ROOM	3,556	3,556	451,121	0	882,926	51.00
52.00 DELIVERY ROOM & LABOR ROOM	8,386	8,386	1,241,971	0	2,377,790	52.00
53.00 ANESTHESIOLOGY	623	623	45,234	0	247,672	53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,541	8,541	2,250,259	0	3,934,929	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	7,304	7,304	233,583	0	823,700	56.00
57.00 CT SCAN	1,178	1,178	454,620	0	696,872	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	708	708	208,464	0	332,211	58.00
59.00 CARDIAC CATHETERIZATION	2,250	2,250	492,734	0	892,940	59.00
60.00 LABORATORY	3,967	3,967	1,453,808	0	4,019,167	60.00
65.00 RESPIRATORY THERAPY	540	540	691,690	0	1,044,703	65.00
66.00 PHYSICAL THERAPY	6,377	6,377	941,229	0	1,651,096	66.00
67.00 OCCUPATIONAL THERAPY	954	954	238,898	0	369,966	67.00
68.00 SPEECH PATHOLOGY	84	84	92,008	0	123,357	68.00
69.00 ELECTROCARDIOLOGY	587	587	389,388	0	650,325	69.00
70.00 ELECTROENCEPHALOGRAPHY	920	920	33,088	0	389,570	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,770,318	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,855,540	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,639,117	73.00
74.00 RENAL DIALYSIS	0	0	0	0	231,326	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	1,510	1,510	85,948	0	223,980	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
91.00 EMERGENCY	11,983	11,983	290,946	0	1,218,499	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	14,652	14,652	3,345,865	0	5,700,749	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:
 5/22/2012 11:20 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
118.00 SUBTOTALS (SUM OF LINES 1-117)	246,014	246,014	34,104,902	5A	76,383,718	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	361	361	59,928	0	140,392	190.00	
192.00 PHYSICIANS' PRIVATE OFFICES	106	106	0	0	4,338,033	192.00	
194.00 FOUNDATION	0	0	88,332	0	121,224	194.00	
194.01 MARKETING	0	0	77,980	0	761,691	194.01	
194.02 PROF OFFICE BUILDINGS	1,350	1,350	0	0	304,549	194.02	
194.03 OP PHARMACY	0	0	80,553	0	262,225	194.03	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers						201.00	
202.00 Cost to be allocated (per wkst. B, Part I)	9,435,180	8,088,925	6,333,472		17,092,683	202.00	
203.00 Unit cost multiplier (wkst. B, Part I)	38.071024	32.638875	0.184050		0.207658	203.00	
204.00 Cost to be allocated (per wkst. B, Part II)			7,424		770,876	204.00	
205.00 Unit cost multiplier (wkst. B, Part II)			0.000216		0.009365	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS	0					6.00
7.00	OPERATION OF PLANT	0	218,417				7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0			8.00
9.00	HOUSEKEEPING	0	1,662	0	216,755		9.00
10.00	DIETARY	0	9,016	0	9,016	74,657	10.00
11.00	CAFETERIA	0	3,261	0	3,261	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	5,957	0	5,957	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	11,102	0	11,102	0	14.00
15.00	PHARMACY	0	2,452	0	2,452	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,401	0	3,401	0	16.00
17.00	SOCIAL SERVICE	0	721	0	721	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	73,688	0	73,688	65,445	30.00
31.00	INTENSIVE CARE UNIT	0	11,823	0	11,823	9,212	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	3,305	0	3,305	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	16,092	0	16,092	0	50.00
51.00	RECOVERY ROOM	0	3,556	0	3,556	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,386	0	8,386	0	52.00
53.00	ANESTHESIOLOGY	0	623	0	623	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	8,541	0	8,541	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	7,304	0	7,304	0	56.00
57.00	CT SCAN	0	1,178	0	1,178	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	708	0	708	0	58.00
59.00	CARDIAC CATHETERIZATION	0	2,250	0	2,250	0	59.00
60.00	LABORATORY	0	3,967	0	3,967	0	60.00
65.00	RESPIRATORY THERAPY	0	540	0	540	0	65.00
66.00	PHYSICAL THERAPY	0	6,377	0	6,377	0	66.00
67.00	OCCUPATIONAL THERAPY	0	954	0	954	0	67.00
68.00	SPEECH PATHOLOGY	0	84	0	84	0	68.00
69.00	ELECTROCARDIOLOGY	0	587	0	587	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	920	0	920	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	1,510	0	1,510	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	11,983	0	11,983	0	90.00
91.00	EMERGENCY	0	14,652	0	14,652	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	216,600	0	214,938	74,657	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
NONREIMBURSABLE COST CENTERS						
	6.00	7.00	8.00	9.00	10.00	
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	361	0	361	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	106	0	106	0	192.00
194.00 FOUNDATION	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 PROF OFFICE BUILDINGS	0	1,350	0	1,350	0	194.02
194.03 OP PHARMACY	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	0	7,676,848	0	2,739,028	1,787,278	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.000000	35.147667	0.000000	12.636516	23.939858	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	0	1,362,528	0	148,675	710,467	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000000	6.238196	0.000000	0.685913	9.516415	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	CAFETERIA	MAINTENANCE OF	NURSING	CENTRAL	PHARMACY	
	(TOTAL HOURS)	PERSONNEL (NUMBER HOUSED)	ADMINISTRATION (TOTAL HOURS)	SERVICES & SUPPLY (COSTED REQUIS.)	(COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 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	786,081					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	15,111	0	829,073			13.00
14.00 CENTRAL SERVICES & SUPPLY	17,190	0	18,194	7,551,671		14.00
15.00 PHARMACY	27,683	0	30,024	16,699	2,725,490	15.00
16.00 MEDICAL RECORDS & LIBRARY	33,212	0	36,029	0	0	16.00
17.00 SOCIAL SERVICE	17,957	0	19,312	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	192,217	0	207,290	312,448	2,229	30.00
31.00 INTENSIVE CARE UNIT	39,811	0	42,650	106,075	218	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	22,981	0	22,981	10,693	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	60,223	0	65,100	212,980	22,039	50.00
51.00 RECOVERY ROOM	10,726	0	11,362	10,711	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	32,837	0	35,337	77,167	0	52.00
53.00 ANESTHESIOLOGY	1,978	0	2,125	62,813	38,104	53.00
54.00 RADIOLOGY-DIAGNOSTIC	61,900	0	66,968	29,249	781	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	4,425	0	4,776	2,874	96	56.00
57.00 CT SCAN	11,133	0	11,829	14,381	14,952	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,591	0	4,889	3,470	2,243	58.00
59.00 CARDIAC CATHETERIZATION	9,940	0	11,062	18,309	597	59.00
60.00 LABORATORY	48,705	0	53,139	53,929	16	60.00
65.00 RESPIRATORY THERAPY	21,153	0	23,303	25,984	0	65.00
66.00 PHYSICAL THERAPY	24,592	0	26,126	10,864	407	66.00
67.00 OCCUPATIONAL THERAPY	5,589	0	5,876	1,745	0	67.00
68.00 SPEECH PATHOLOGY	2,087	0	2,269	134	0	68.00
69.00 ELECTROCARDIOLOGY	11,554	0	12,405	6,492	2	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,177	0	1,371	10,290	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,492,868	1,598	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,833,725	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	2,639,117	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	2,419	0	2,579	716	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	7,719	0	7,862	10,460	85	90.00
91.00 EMERGENCY	97,171	0	104,215	226,595	3,006	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	786,081	0	829,073	7,551,671	2,725,490	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TOTAL HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FOUNDATION	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 PROF OFFICE BUILDINGS	0	0	0	0	0	194.02
194.03 OP PHARMACY	0	0	0	0	0	194.03
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)	1,849,899	0	2,085,822	2,907,419	2,282,902	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	2.353319	0.000000	2.515848	0.385003	0.837612	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	266,302	0	481,437	896,111	235,093	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.338772	0.000000	0.580693	0.118664	0.086257	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY	395,144,155				16.00
17.00	SOCIAL SERVICE	0	21,708			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	NURSING SCHOOL	0	0		0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,612,169	16,738		0	30.00
31.00	INTENSIVE CARE UNIT	5,444,394	2,378		0	31.00
41.00	SUBPROVIDER - IRF	0	0		0	41.00
42.00	SUBPROVIDER	0	0		0	42.00
43.00	NURSERY	2,730,481	2,592		0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	27,335,622	0	0	0	50.00
51.00	RECOVERY ROOM	4,401,770	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,240,760	0	0	0	52.00
53.00	ANESTHESIOLOGY	8,708,530	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	34,427,607	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	7,178,783	0	0	0	56.00
57.00	CT SCAN	41,357,119	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	14,417,852	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	8,060,231	0	0	0	59.00
60.00	LABORATORY	56,803,937	0	0	0	60.00
65.00	RESPIRATORY THERAPY	8,606,148	0	0	0	65.00
66.00	PHYSICAL THERAPY	5,856,882	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	1,115,938	0	0	0	67.00
68.00	SPEECH PATHOLOGY	659,679	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	12,411,944	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,838,711	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,085,391	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	14,808,112	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	29,833,804	0	0	0	73.00
74.00	RENAL DIALYSIS	910,285	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	359,346	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	3,114,854	0	0	0	90.00
91.00	EMERGENCY	58,823,806	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	395,144,155	21,708	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00		
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00 FOUNDATION	0	0	0	0		194.00
194.01 MARKETING	0	0	0	0		194.01
194.02 PROF OFFICE BUILDINGS	0	0	0	0		194.02
194.03 OP PHARMACY	0	0	0	0		194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	2,338,022	1,442,442	0	0		202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.005917	66.447485	0.000000	0.000000		203.00
204.00 Cost to be allocated (per wkst. B, Part II)	311,923	83,626	0	0		204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000789	3.852313	0.000000	0.000000		205.00

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 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
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 PARAMED ED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0		31.00
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
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 SLEEP LAB	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF	0	0	0		99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET CELL ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00 FOUNDATION	0	0	0		194.00
194.01 MARKETING	0	0	0		194.01
194.02 PROF OFFICE BUILDINGS	0	0	0		194.02
194.03 OP PHARMACY	0	0	0		194.03
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per wkst. B, Part I)	0	0	0		202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.000000	0.000000	0.000000		203.00
204.00 Cost to be allocated (per wkst. B, Part II)	0	0	0		204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140304

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS
			Total Costs	RCE Disallowance	Total Costs	Total Costs	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	23,440,219		23,440,219	0	23,440,219	30.00	
31.00 INTENSIVE CARE UNIT	5,302,796		5,302,796	0	5,302,796	31.00	
41.00 SUBPROVIDER - IRF	0		0	0	0	41.00	
42.00 SUBPROVIDER	0		0	0	0	42.00	
43.00 NURSERY	2,181,601		2,181,601	0	2,181,601	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	6,629,445		6,629,445	0	6,629,445	50.00	
51.00 RECOVERY ROOM	1,320,189		1,320,189	0	1,320,189	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	3,493,257		3,493,257	0	3,493,257	52.00	
53.00 ANESTHESIOLOGY	446,501		446,501	0	446,501	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	5,689,946		5,689,946	0	5,689,946	54.00	
55.00 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00	
56.00 RADIOISOTOPE	1,409,856		1,409,856	0	1,409,856	56.00	
57.00 CT SCAN	1,216,604		1,216,604	0	1,216,604	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	546,658		546,658	0	546,658	58.00	
59.00 CARDIAC CATHETERIZATION	1,292,343		1,292,343	0	1,292,343	59.00	
60.00 LABORATORY	5,648,532		5,648,532	0	5,648,532	60.00	
65.00 RESPIRATORY THERAPY	1,456,782	0	1,456,782	0	1,456,782	65.00	
66.00 PHYSICAL THERAPY	2,461,460	0	2,461,460	0	2,461,460	66.00	
67.00 OCCUPATIONAL THERAPY	527,589	0	527,589	0	527,589	67.00	
68.00 SPEECH PATHOLOGY	167,560	0	167,560	0	167,560	68.00	
69.00 ELECTROCARDIOLOGY	947,761		947,761	0	947,761	69.00	
70.00 ELECTROENCEPHALOGRAPHY	541,407		541,407	0	541,407	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,384,124		4,384,124	0	4,384,124	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	6,219,791		6,219,791	0	6,219,791	72.00	
73.00 DRUGS CHARGED TO PATIENTS	5,574,233		5,574,233	0	5,574,233	73.00	
74.00 RENAL DIALYSIS	284,749		284,749	0	284,749	74.00	
75.00 ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
76.00 SLEEP LAB	0		0	0	0	76.00	
76.97 CARDIAC REHABILITATION	357,228		357,228	0	357,228	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0		0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00 CLINIC	2,104,601		2,104,601	0	2,104,601	90.00	
91.00 EMERGENCY	8,513,326		8,513,326	0	8,513,326	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	4,022,136		4,022,136	0	4,022,136	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10 CORF	0		0	0	0	99.10	
99.20 OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20	
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30	
99.40 OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40	
101.00 HOME HEALTH AGENCY	0		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0		0	0	0	109.00	
110.00 INTESTINAL ACQUISITION	0		0	0	0	110.00	
111.00 ISLET CELL ACQUISITION	0		0	0	0	111.00	
113.00 INTEREST EXPENSE						113.00	
200.00 Subtotal (see instructions)	96,180,694	0	96,180,694	0	96,180,694	200.00	
201.00 Less observation Beds	4,022,136		4,022,136	0	4,022,136	201.00	
202.00 Total (see instructions)	92,158,558	0	92,158,558	0	92,158,558	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140304

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	21,265,303		21,265,303		30.00
31.00	INTENSIVE CARE UNIT	5,444,394		5,444,394		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	2,730,481		2,730,481		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	8,995,461	18,340,161	27,335,622	0.242520	50.00
51.00	RECOVERY ROOM	1,410,470	2,991,300	4,401,770	0.299922	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,795,709	445,051	4,240,760	0.823734	52.00
53.00	ANESTHESIOLOGY	3,241,742	5,466,788	8,708,530	0.051272	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,126,688	26,300,919	34,427,607	0.165273	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	2,433,323	4,745,460	7,178,783	0.196392	56.00
57.00	CT SCAN	11,647,787	29,709,332	41,357,119	0.029417	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,299,981	11,117,871	14,417,852	0.037915	58.00
59.00	CARDIAC CATHETERIZATION	6,332,208	1,728,023	8,060,231	0.160336	59.00
60.00	LABORATORY	28,409,742	28,394,195	56,803,937	0.099439	60.00
65.00	RESPIRATORY THERAPY	7,251,554	1,354,594	8,606,148	0.169272	65.00
66.00	PHYSICAL THERAPY	1,117,990	4,738,892	5,856,882	0.420268	66.00
67.00	OCCUPATIONAL THERAPY	761,432	354,506	1,115,938	0.472776	67.00
68.00	SPEECH PATHOLOGY	548,697	110,982	659,679	0.254002	68.00
69.00	ELECTROCARDIOLOGY	5,632,077	6,779,867	12,411,944	0.076359	69.00
70.00	ELECTROENCEPHALOGRAPHY	503,239	2,335,472	2,838,711	0.190723	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,929,329	7,156,062	13,085,391	0.335040	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	7,165,250	7,642,862	14,808,112	0.420026	72.00
73.00	DRUGS CHARGED TO PATIENTS	21,475,709	8,358,095	29,833,804	0.186843	73.00
74.00	RENAL DIALYSIS	910,285	0	910,285	0.312813	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	SLEEP LAB	0	0	0	0.000000	76.00
76.97	CARDIAC REHABILITATION	0	359,346	359,346	0.994106	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	94,004	3,020,850	3,114,854	0.675666	90.00
91.00	EMERGENCY	11,805,049	47,018,757	58,823,806	0.144726	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	842,166	5,504,700	6,346,866	0.633720	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET CELL ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0		113.00
200.00	Subtotal (see instructions)	171,170,070	223,974,085	395,144,155		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	171,170,070	223,974,085	395,144,155		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140304

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.242520			50.00
51.00	RECOVERY ROOM	0.299922			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.823734			52.00
53.00	ANESTHESIOLOGY	0.051272			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.165273			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.196392			56.00
57.00	CT SCAN	0.029417			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.037915			58.00
59.00	CARDIAC CATHETERIZATION	0.160336			59.00
60.00	LABORATORY	0.099439			60.00
65.00	RESPIRATORY THERAPY	0.169272			65.00
66.00	PHYSICAL THERAPY	0.420268			66.00
67.00	OCCUPATIONAL THERAPY	0.472776			67.00
68.00	SPEECH PATHOLOGY	0.254002			68.00
69.00	ELECTROCARDIOLOGY	0.076359			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.190723			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.335040			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.420026			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186843			73.00
74.00	RENAL DIALYSIS	0.312813			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	SLEEP LAB	0.000000			76.00
76.97	CARDIAC REHABILITATION	0.994106			76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.675666			90.00
91.00	EMERGENCY	0.144726			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.633720			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF				99.10
99.20	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET CELL ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140304

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Total Cost (From wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX Hospital		Total Costs
			Costs		
			RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	23,440,219		23,440,219	0	0
31.00 INTENSIVE CARE UNIT	5,302,796		5,302,796	0	0
41.00 SUBPROVIDER - IRF	0		0	0	0
42.00 SUBPROVIDER	0		0	0	0
43.00 NURSERY	2,181,601		2,181,601	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	6,629,445		6,629,445	0	0
51.00 RECOVERY ROOM	1,320,189		1,320,189	0	0
52.00 DELIVERY ROOM & LABOR ROOM	3,493,257		3,493,257	0	0
53.00 ANESTHESIOLOGY	446,501		446,501	0	0
54.00 RADIOLOGY-DIAGNOSTIC	5,689,946		5,689,946	0	0
55.00 RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00 RADIOISOTOPE	1,409,856		1,409,856	0	0
57.00 CT SCAN	1,216,604		1,216,604	0	0
58.00 MAGNETIC RESONANCE IMAGING (MRI)	546,658		546,658	0	0
59.00 CARDIAC CATHETERIZATION	1,292,343		1,292,343	0	0
60.00 LABORATORY	5,648,532		5,648,532	0	0
65.00 RESPIRATORY THERAPY	1,456,782	0	1,456,782	0	0
66.00 PHYSICAL THERAPY	2,461,460	0	2,461,460	0	0
67.00 OCCUPATIONAL THERAPY	527,589	0	527,589	0	0
68.00 SPEECH PATHOLOGY	167,560	0	167,560	0	0
69.00 ELECTROCARDIOLOGY	947,761		947,761	0	0
70.00 ELECTROENCEPHALOGRAPHY	541,407		541,407	0	0
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,384,124		4,384,124	0	0
72.00 IMPL. DEV. CHARGED TO PATIENT	6,219,791		6,219,791	0	0
73.00 DRUGS CHARGED TO PATIENTS	5,574,233		5,574,233	0	0
74.00 RENAL DIALYSIS	284,749		284,749	0	0
75.00 ASC (NON-DISTINCT PART)	0		0	0	0
76.00 SLEEP LAB	0		0	0	0
76.97 CARDIAC REHABILITATION	357,228		357,228	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0		0	0	0
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00 CLINIC	2,104,601		2,104,601	0	0
91.00 EMERGENCY	8,513,326		8,513,326	0	0
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	4,022,136		4,022,136	0	0
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF	0		0	0	0
99.20 OUTPATIENT PHYSICAL THERAPY	0		0	0	0
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0
99.40 OUTPATIENT SPEECH PATHOLOGY	0		0	0	0
101.00 HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0		0	0	0
110.00 INTESTINAL ACQUISITION	0		0	0	0
111.00 ISLET CELL ACQUISITION	0		0	0	0
113.00 INTEREST EXPENSE	0		0	0	0
200.00 Subtotal (see instructions)	96,180,694	0	96,180,694	0	0
201.00 Less Observation Beds	4,022,136		4,022,136	0	0
202.00 Total (see instructions)	92,158,558	0	92,158,558	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140304

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Title XIX Charges			Hospital	Cost	
	Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	21,265,303		21,265,303			30.00
31.00 INTENSIVE CARE UNIT	5,444,394		5,444,394			31.00
41.00 SUBPROVIDER - IRF	0		0			41.00
42.00 SUBPROVIDER	0		0			42.00
43.00 NURSERY	2,730,481		2,730,481			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	8,995,461	18,340,161	27,335,622	0.242520	0.000000	50.00
51.00 RECOVERY ROOM	1,410,470	2,991,300	4,401,770	0.299922	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,795,709	445,051	4,240,760	0.823734	0.000000	52.00
53.00 ANESTHESIOLOGY	3,241,742	5,466,788	8,708,530	0.051272	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,126,688	26,300,919	34,427,607	0.165273	0.000000	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00 RADIOISOTOPE	2,433,323	4,745,460	7,178,783	0.196392	0.000000	56.00
57.00 CT SCAN	11,647,787	29,709,332	41,357,119	0.029417	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	3,299,981	11,117,871	14,417,852	0.037915	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	6,332,208	1,728,023	8,060,231	0.160336	0.000000	59.00
60.00 LABORATORY	28,409,742	28,394,195	56,803,937	0.099439	0.000000	60.00
65.00 RESPIRATORY THERAPY	7,251,554	1,354,594	8,606,148	0.169272	0.000000	65.00
66.00 PHYSICAL THERAPY	1,117,990	4,738,892	5,856,882	0.420268	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	761,432	354,506	1,115,938	0.472776	0.000000	67.00
68.00 SPEECH PATHOLOGY	548,697	110,982	659,679	0.254002	0.000000	68.00
69.00 ELECTROCARDIOLOGY	5,632,077	6,779,867	12,411,944	0.076359	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	503,239	2,335,472	2,838,711	0.190723	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,929,329	7,156,062	13,085,391	0.335040	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	7,165,250	7,642,862	14,808,112	0.420026	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	21,475,709	8,358,095	29,833,804	0.186843	0.000000	73.00
74.00 RENAL DIALYSIS	910,285	0	910,285	0.312813	0.000000	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00 SLEEP LAB	0	0	0	0.000000	0.000000	76.00
76.97 CARDIAC REHABILITATION	0	359,346	359,346	0.994106	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00 CLINIC	94,004	3,020,850	3,114,854	0.675666	0.000000	90.00
91.00 EMERGENCY	11,805,049	47,018,757	58,823,806	0.144726	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	842,166	5,504,700	6,346,866	0.633720	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0			99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET CELL ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	171,170,070	223,974,085	395,144,155			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	171,170,070	223,974,085	395,144,155			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140304

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			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	0.000000			60.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	SLEEP LAB	0.000000			76.00
76.97	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF				99.10
99.20	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET CELL ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

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

Provider CCN: 140304

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

Worksheet C Part II Date/Time Prepared: 5/22/2012 11:20 am

Cost Center Description	Title XIX			Hospital Cost		
	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,629,445	1,397,737	5,231,708	0	0	50.00
51.00 RECOVERY ROOM	1,320,189	299,409	1,020,780	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,493,257	717,723	2,775,534	0	0	52.00
53.00 ANESTHESIOLOGY	446,501	70,210	376,291	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,689,946	790,968	4,898,978	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	1,409,856	585,088	824,768	0	0	56.00
57.00 CT SCAN	1,216,604	144,347	1,072,257	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	546,658	74,496	472,162	0	0	58.00
59.00 CARDIAC CATHETERIZATION	1,292,343	201,519	1,090,824	0	0	59.00
60.00 LABORATORY	5,648,532	444,502	5,204,030	0	0	60.00
65.00 RESPIRATORY THERAPY	1,456,782	82,426	1,374,356	0	0	65.00
66.00 PHYSICAL THERAPY	2,461,460	540,185	1,921,275	0	0	66.00
67.00 OCCUPATIONAL THERAPY	527,589	83,971	443,618	0	0	67.00
68.00 SPEECH PATHOLOGY	167,560	10,258	157,302	0	0	68.00
69.00 ELECTROCARDIOLOGY	947,761	73,426	874,335	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	541,407	79,734	461,673	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,384,124	332,220	4,051,904	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	6,219,791	502,715	5,717,076	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	5,574,233	275,899	5,298,334	0	0	73.00
74.00 RENAL DIALYSIS	284,749	2,884	281,865	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	357,228	122,031	235,197	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	2,104,601	952,648	1,151,953	0	0	90.00
91.00 EMERGENCY	8,513,326	1,358,755	7,154,571	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	4,022,136	1,163,009	2,859,127	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (sum of lines 50 thru 199)	65,256,078	10,306,160	54,949,918	0	0	200.00
201.00 Less Observation Beds	4,022,136	1,163,009	2,859,127	0	0	201.00
202.00 Total (line 200 minus line 201)	61,233,942	9,143,151	52,090,791	0	0	202.00

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

Provider CCN: 140304

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

Worksheet C
Part II
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Title XIX			Hospital	Cost
	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	6,629,445	27,335,622	0.242520		50.00
51.00 RECOVERY ROOM	1,320,189	4,401,770	0.299922		51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,493,257	4,240,760	0.823734		52.00
53.00 ANESTHESIOLOGY	446,501	8,708,530	0.051272		53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,689,946	34,427,607	0.165273		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00 RADIOISOTOPE	1,409,856	7,178,783	0.196392		56.00
57.00 CT SCAN	1,216,604	41,357,119	0.029417		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	546,658	14,417,852	0.037915		58.00
59.00 CARDIAC CATHETERIZATION	1,292,343	8,060,231	0.160336		59.00
60.00 LABORATORY	5,648,532	56,803,937	0.099439		60.00
65.00 RESPIRATORY THERAPY	1,456,782	8,606,148	0.169272		65.00
66.00 PHYSICAL THERAPY	2,461,460	5,856,882	0.420268		66.00
67.00 OCCUPATIONAL THERAPY	527,589	1,115,938	0.472776		67.00
68.00 SPEECH PATHOLOGY	167,560	659,679	0.254002		68.00
69.00 ELECTROCARDIOLOGY	947,761	12,411,944	0.076359		69.00
70.00 ELECTROENCEPHALOGRAPHY	541,407	2,838,711	0.190723		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,384,124	13,085,391	0.335040		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	6,219,791	14,808,112	0.420026		72.00
73.00 DRUGS CHARGED TO PATIENTS	5,574,233	29,833,804	0.186843		73.00
74.00 RENAL DIALYSIS	284,749	910,285	0.312813		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
76.00 SLEEP LAB	0	0	0.000000		76.00
76.97 CARDIAC REHABILITATION	357,228	359,346	0.994106		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00 CLINIC	2,104,601	3,114,854	0.675666		90.00
91.00 EMERGENCY	8,513,326	58,823,806	0.144726		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	4,022,136	6,346,866	0.633720		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF	0	0	0.000000		99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0.000000		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000		99.40
101.00 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00 ISLET CELL ACQUISITION	0	0	0.000000		111.00
113.00 INTEREST EXPENSE					113.00
200.00 Subtotal (sum of lines 50 thru 199)	65,256,078	0			200.00
201.00 Less Observation Beds	4,022,136	0			201.00
202.00 Total (line 200 minus line 201)	61,233,942	365,703,977			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140304

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

Worksheet D
Part I
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,777,777	0	6,777,777	20,205	335.45	30.00
31.00 INTENSIVE CARE UNIT	1,101,907		1,101,907	2,378	463.38	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	304,624		304,624	2,592	117.52	43.00
200.00 Total (lines 30-199)	8,184,308		8,184,308	25,175		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140304

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

Worksheet D
Part I
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	6,927	2,323,662	30.00
31.00	INTENSIVE CARE UNIT	1,165	539,838	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)	8,092	2,863,500	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140304

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

Worksheet D
Part II
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,397,737	27,335,622	0.051132	3,214,486	164,363	50.00
51.00 RECOVERY ROOM	299,409	4,401,770	0.068020	381,710	25,964	51.00
52.00 DELIVERY ROOM & LABOR ROOM	717,723	4,240,760	0.169244	2,419	409	52.00
53.00 ANESTHESIOLOGY	70,210	8,708,530	0.008062	744,549	6,003	53.00
54.00 RADIOLOGY-DIAGNOSTIC	790,968	34,427,607	0.022975	3,673,658	84,402	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00 RADIOISOTOPE	585,088	7,178,783	0.081502	1,244,626	101,440	56.00
57.00 CT SCAN	144,347	41,357,119	0.003490	5,008,519	17,480	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	74,496	14,417,852	0.005167	1,440,322	7,442	58.00
59.00 CARDIAC CATHETERIZATION	201,519	8,060,231	0.025002	4,212,270	105,315	59.00
60.00 LABORATORY	444,502	56,803,937	0.007825	12,871,025	100,716	60.00
65.00 RESPIRATORY THERAPY	82,426	8,606,148	0.009578	4,069,960	38,982	65.00
66.00 PHYSICAL THERAPY	540,185	5,856,882	0.092231	688,051	63,460	66.00
67.00 OCCUPATIONAL THERAPY	83,971	1,115,938	0.075247	477,963	35,965	67.00
68.00 SPEECH PATHOLOGY	10,258	659,679	0.015550	323,902	5,037	68.00
69.00 ELECTROCARDIOLOGY	73,426	12,411,944	0.005916	921,668	5,453	69.00
70.00 ELECTROENCEPHALOGRAPHY	79,734	2,838,711	0.028088	195,630	5,495	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	332,220	13,085,391	0.025389	1,290,418	32,762	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	502,715	14,808,112	0.033949	2,792,487	94,802	72.00
73.00 DRUGS CHARGED TO PATIENTS	275,899	29,833,804	0.009248	9,400,789	86,938	73.00
74.00 RENAL DIALYSIS	2,884	910,285	0.003168	601,296	1,905	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00 SLEEP LAB	0	0	0.000000	0	0	76.00
76.97 CARDIAC REHABILITATION	122,031	359,346	0.339592	0	0	76.97
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	952,648	3,114,854	0.305840	94,003	28,750	90.00
91.00 EMERGENCY	1,358,755	58,823,806	0.023099	4,893,749	113,041	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,163,009	6,346,866	0.183241	322,057	59,014	92.00
200.00 Total (lines 50-199)	10,306,160	365,703,977		58,865,557	1,185,138	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140304

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

Worksheet D
Part III
Date/Time Prepared:
5/22/2012 11:20 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 5, 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	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	0	43.00
200.00 Total (lines 30-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140304

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

Worksheet D
Part III
Date/Time Prepared:
5/22/2012 11:20 am

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	20,205	0.00	6,927	0	0	30.00
31.00 INTENSIVE CARE UNIT	2,378	0.00	1,165	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	2,592	0.00	0	0	0	43.00
200.00 Total (lines 30-199)	25,175		8,092	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140304	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/22/2012 11:20 am
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Cost Center Description	Title XVIII		Hospital	PPS
	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
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: 140304

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Title XVIII			Hospital		Total Cost (sum of col 1 through col. 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL., DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140304

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Title XVIII					Inpatient Program Charges	PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	27,335,622	0.000000	0.000000	3,214,486	50.00	
51.00 RECOVERY ROOM	0	4,401,770	0.000000	0.000000	381,710	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	0	4,240,760	0.000000	0.000000	2,419	52.00	
53.00 ANESTHESIOLOGY	0	8,708,530	0.000000	0.000000	744,549	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	34,427,607	0.000000	0.000000	3,673,658	54.00	
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00	
56.00 RADIOISOTOPE	0	7,178,783	0.000000	0.000000	1,244,626	56.00	
57.00 CT SCAN	0	41,357,119	0.000000	0.000000	5,008,519	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	14,417,852	0.000000	0.000000	1,440,322	58.00	
59.00 CARDIAC CATHETERIZATION	0	8,060,231	0.000000	0.000000	4,212,270	59.00	
60.00 LABORATORY	0	56,803,937	0.000000	0.000000	12,871,025	60.00	
65.00 RESPIRATORY THERAPY	0	8,606,148	0.000000	0.000000	4,069,960	65.00	
66.00 PHYSICAL THERAPY	0	5,856,882	0.000000	0.000000	688,051	66.00	
67.00 OCCUPATIONAL THERAPY	0	1,115,938	0.000000	0.000000	477,963	67.00	
68.00 SPEECH PATHOLOGY	0	659,679	0.000000	0.000000	323,902	68.00	
69.00 ELECTROCARDIOLOGY	0	12,411,944	0.000000	0.000000	921,668	69.00	
70.00 ELECTROENCEPHALOGRAPHY	0	2,838,711	0.000000	0.000000	195,630	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,085,391	0.000000	0.000000	1,290,418	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	14,808,112	0.000000	0.000000	2,792,487	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	29,833,804	0.000000	0.000000	9,400,789	73.00	
74.00 RENAL DIALYSIS	0	910,285	0.000000	0.000000	601,296	74.00	
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00	
76.00 SLEEP LAB	0	0	0.000000	0.000000	0	76.00	
76.97 CARDIAC REHABILITATION	0	359,346	0.000000	0.000000	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00	
90.00 CLINIC	0	3,114,854	0.000000	0.000000	94,003	90.00	
91.00 EMERGENCY	0	58,823,806	0.000000	0.000000	4,893,749	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,346,866	0.000000	0.000000	322,057	92.00	
200.00 Total (lines 50-199)	0	365,703,977			58,865,557	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140304

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Title XVIII			Hospital	PPS		
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
	11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	2,423,827	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	227,034	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,047	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	530,517	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	2,988,535	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	1,250,506	0	0	0	0	56.00
57.00 CT SCAN	0	4,585,318	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,574,202	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	1,397,375	0	0	0	0	59.00
60.00 LABORATORY	0	388,095	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	205,299	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	650,441	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	429,912	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	903,883	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	1,321,781	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,507,619	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	173,876	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	265,161	0	0	0	0	90.00
91.00 EMERGENCY	0	4,530,030	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	820,597	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	26,176,055	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140304

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0			50.00
51.00	RECOVERY ROOM	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	RADIOISOTOPE	0	0			56.00
57.00	CT SCAN	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	RENAL DIALYSIS	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0			75.00
76.00	SLEEP LAB	0	0			76.00
76.97	CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	0			90.00
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140304

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

Worksheet D
Part V
Date/Time Prepared:
5/22/2012 11:20 am

		Title XVIII		Hospital		PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges			
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.242520	2,423,827	0	0	50.00
51.00	RECOVERY ROOM	0.299922	227,034	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.823734	2,047	0	0	52.00
53.00	ANESTHESIOLOGY	0.051272	530,517	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.165273	2,988,535	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.196392	1,250,506	0	0	56.00
57.00	CT SCAN	0.029417	4,585,318	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.037915	1,574,202	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.160336	1,397,375	0	0	59.00
60.00	LABORATORY	0.099439	388,095	0	0	60.00
65.00	RESPIRATORY THERAPY	0.169272	205,299	0	0	65.00
66.00	PHYSICAL THERAPY	0.420268	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.472776	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.254002	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.076359	650,441	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.190723	429,912	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.335040	903,883	417	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.420026	1,321,781	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186843	1,507,619	0	3,107	73.00
74.00	RENAL DIALYSIS	0.312813	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	SLEEP LAB	0.000000	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0.994106	173,876	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.675666	265,161	0	0	90.00
91.00	EMERGENCY	0.144726	4,530,030	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.633720	820,597	0	0	92.00
200.00	Subtotal (see instructions)		26,176,055	417	3,107	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		26,176,055	417	3,107	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140304

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

Worksheet D
Part V
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Title XVIII			Hospital	PPS
	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	587,827	0	0		50.00
51.00 RECOVERY ROOM	68,092	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,686	0	0		52.00
53.00 ANESTHESIOLOGY	27,201	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	493,924	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	245,589	0	0		56.00
57.00 CT SCAN	134,886	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	59,686	0	0		58.00
59.00 CARDIAC CATHETERIZATION	224,050	0	0		59.00
60.00 LABORATORY	38,592	0	0		60.00
65.00 RESPIRATORY THERAPY	34,751	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	49,667	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	81,994	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	302,837	140	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	555,182	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	281,688	0	581		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 SLEEP LAB	0	0	0		76.00
76.97 CARDIAC REHABILITATION	172,851	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	179,160	0	0		90.00
91.00 EMERGENCY	655,613	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	520,029	0	0		92.00
200.00 Subtotal (see instructions)	4,715,305	140	581		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	4,715,305	140	581		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140304

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

Worksheet D-1
Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			20,205 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			20,205 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			20,205 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)			6,927 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			23,440,219 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)			23,440,219 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			21,265,303 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			21,265,303 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.102275 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,052.48 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			23,440,219 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,160.12 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,036,151 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)			8,036,151 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140304

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

Worksheet D-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Title XVIII				Hospital	PPS	
	Total	Total	Average Per	Program Days	Program Cost		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,302,796	2,378	2,229.94	1,165	2,597,880		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)					9,862,738		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,496,769		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					2,863,500		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,185,138		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,048,638		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,448,131		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,467		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,160.12		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,022,136		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140304

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

Worksheet D-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 + column 2		Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	6,777,777	23,440,219	0.289152	4,022,136	1,163,009	90.00
91.00 Nursing School cost	0	23,440,219	0.000000	4,022,136	0	91.00
92.00 Allied health cost	0	23,440,219	0.000000	4,022,136	0	92.00
93.00 All other Medical Education	0	23,440,219	0.000000	4,022,136	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140304

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

Worksheet D-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			20,205 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			20,205 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			20,205 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)			3,199 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)			2,592 15.00
16.00	Nursery days (title V or XIX only)			1,745 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			23,440,219 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)			23,440,219 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			21,265,303 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			21,265,303 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.102275 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,052.48 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			23,440,219 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,160.12 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,711,224 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			3,711,224 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140304

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

Worksheet D-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Title XIX				Hospital	Cost	
	Total	Total	Average Per	Program Days	Program Cost		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	2,181,601	2,592	841.67	1,745	1,468,714		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,302,796	2,378	2,229.94	231	515,116		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						5,695,054	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED-NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						3,467	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,160.12	88.00
89.00 observation bed cost (line 87 x line 88) (see instructions)						4,022,136	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140304

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

worksheet D-1

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 140304	Period: From 01/01/2011 To 12/31/2011	worksheet D-3 Date/Time Prepared: 5/22/2012 11:20 am
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Cost Center Description	Title XVIII		Hospital		PPS
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
	1.00	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		8,706,843		30.00
31.00	INTENSIVE CARE UNIT		2,652,811		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.242520	3,214,486	779,577	50.00
51.00	RECOVERY ROOM	0.299922	381,710	114,483	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.823734	2,419	1,993	52.00
53.00	ANESTHESIOLOGY	0.051272	744,549	38,175	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.165273	3,673,658	607,156	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.196392	1,244,626	244,435	56.00
57.00	CT SCAN	0.029417	5,008,519	147,336	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.037915	1,440,322	54,610	58.00
59.00	CARDIAC CATHETERIZATION	0.160336	4,212,270	675,379	59.00
60.00	LABORATORY	0.099439	12,871,025	1,279,882	60.00
65.00	RESPIRATORY THERAPY	0.169272	4,069,960	688,930	65.00
66.00	PHYSICAL THERAPY	0.420268	688,051	289,166	66.00
67.00	OCCUPATIONAL THERAPY	0.472776	477,963	225,969	67.00
68.00	SPEECH PATHOLOGY	0.254002	323,902	82,272	68.00
69.00	ELECTROCARDIOLOGY	0.076359	921,668	70,378	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.190723	195,630	37,311	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.335040	1,290,418	432,342	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.420026	2,792,487	1,172,917	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186843	9,400,789	1,756,472	73.00
74.00	RENAL DIALYSIS	0.312813	601,296	188,093	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	SLEEP LAB	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.994106	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.675666	94,003	63,515	90.00
91.00	EMERGENCY	0.144726	4,893,749	708,253	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.633720	322,057	204,094	92.00
200.00	Total (sum of lines 50-94 and 96-98)		58,865,557	9,862,738	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)		58,865,557		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140304

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

Worksheet E

Part A
Date/Time Prepared:
5/22/2012 11:20 am

		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		14,261,805	1.00
2.00	Outlier payments for discharges. (see instructions)		128,237	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		128.50	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(c) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.63	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		26.62	31.00
32.00	Sum of lines 30 and 31		32.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.82	33.00
34.00	Disproportionate share adjustment (see instructions)		2,256,218	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		16,646,260	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)		16,646,260	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		1,307,467	50.00
51.00	Exception payment for inpatient program capital (worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140304

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

Worksheet E
Part A
Date/Time Prepared:
5/22/2012 11:20 am

		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			17,953,727 59.00
60.00	Primary payer payments			4,214 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			17,949,513 61.00
62.00	Deductibles billed to program beneficiaries			1,391,688 62.00
63.00	Coinsurance billed to program beneficiaries			27,168 63.00
64.00	Allowable bad debts (see instructions)			426,019 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			298,213 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			297,791 66.00
67.00	subtotal (line 61 plus line 65 minus lines 62 and 63)			16,828,870 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)			16,828,870 71.00
72.00	Interim payments			16,194,533 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)			634,337 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			260,955 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140304

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

Worksheet E
Part B
Date/Time Prepared:
5/22/2012 11:20 am

		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		721	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,715,305	2.00
3.00	PPS payments		3,823,649	3.00
4.00	Outlier payment (see instructions)		6,292	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)		721	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,524	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)		3,524	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,524	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,803	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)		721	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)		3,829,941	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		83	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)		905,893	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)		2,924,686	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,924,686	30.00
31.00	Primary payer payments		488	31.00
32.00	Subtotal (line 30 minus line 31)		2,924,198	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		242,645	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		169,852	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		188,091	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		3,094,050	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)		3,094,050	40.00
41.00	Interim payments		3,075,634	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)		18,416	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140304

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2012 11:20 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		15,648,758		3,039,928	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	11/14/2012	545,775	11/14/2012	35,706	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)		545,775		35,706	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)		16,194,533		3,075,634	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		634,337		18,416	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		16,828,870		3,094,050	7.00
			0	Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140304

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

Worksheet E-1
Part II
Date/Time Prepared:
5/22/2012 11:20 am

		Title XVIII	Hospital	PPS		
					1.00	
DATA COLLECTION NEEDED FOR THE HIT CALCULATION						
1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14				5,701	1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12				8,092	2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2				500	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12				19,116	4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200				395,144,155	5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20				18,484,690	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology worksheet S-2, Part I line 168				0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)				1,372,306	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH						
30.00	Initial/interim HIT payment(s)				0	30.00
31.00	Other Adjustment (specify)				0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)				1,372,306	32.00
					Overrides	
					1.00	
CONTRACTOR OVERRIDES						
108.00	override of HIT payment				0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140304

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

Worksheet E-1
Part II
Date/Time Prepared:
5/22/2012 11:20 am

		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14			5,701 1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12			8,092 2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6, line 2			500 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			19,116 4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200			395,144,155 5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20			18,484,690 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,372,306 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			1,372,306 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	override of HIT payment			0 108.00

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

Provider CCN: 140304

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

Worksheet G

Date/Time Prepared:
5/22/2012 11:20 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-29,096,264	0	0	0	1.00
2.00	Temporary investments	11,933,505	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	13,968,339	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,762,673	0	0	0	6.00
7.00	Inventory	2,144,711	0	0	0	7.00
8.00	Prepaid expenses	648,345	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)	-6,164,037	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,440,226	0	0	0	12.00
13.00	Land improvements	84,552	0	0	0	13.00
14.00	Accumulated depreciation	-53,353	0	0	0	14.00
15.00	Buildings	104,245,606	0	0	0	15.00
16.00	Accumulated depreciation	-20,292,627	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	22,583,963	0	0	0	19.00
20.00	Accumulated depreciation	-6,752,881	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	34,416,191	0	0	0	23.00
24.00	Accumulated depreciation	-20,097,460	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	119,574,217	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,313,406	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	1,158,172	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,471,578	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	115,881,758	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,869,011	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,733,472	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,334,101	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	4,272,785	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,209,369	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	90,336,812	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,853	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	90,342,665	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	106,552,034	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	9,329,724	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	9,329,724	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	115,881,758	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140304

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

Worksheet G-1

Date/Time Prepared:
5/22/2012 11:20 am

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
	1.00					
2.00		17,040,088			0	2.00
3.00		-8,238,941				3.00
4.00		8,801,147			0	4.00
5.00	528,577			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		528,577			0	10.00
11.00		9,329,724			0	11.00
12.00	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00		0			0	18.00
19.00		9,329,724			0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140304

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

Worksheet G-1

Date/Time Prepared:
5/22/2012 11:20 am

	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 DONOR RESTRICTED FUND BAL	0			0	4.00
5.00	0			0	5.00
6.00	0			0	6.00
7.00	0			0	7.00
8.00	0			0	8.00
9.00	0			0	9.00
10.00 Total additions (sum of line 4-9)		0		0	10.00
11.00 Subtotal (line 3 plus line 10)		0		0	11.00
12.00 Deductions (debit adjustments) (specify)	0			0	12.00
13.00	0			0	13.00
14.00	0			0	14.00
15.00	0			0	15.00
16.00	0			0	16.00
17.00	0			0	17.00
18.00 Total deductions (sum of lines 12-17)		0		0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140304

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

Worksheet G-2 Parts

Date/Time Prepared:
5/22/2012 11:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	21,265,303		21,265,303	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)	21,265,303		21,265,303	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,444,394		5,444,394	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)	5,444,394		5,444,394	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	26,709,697		26,709,697	17.00
18.00	Ancillary services	129,924,839	176,955,327	306,880,166	18.00
19.00	Outpatient services	11,805,049	47,018,757	58,823,806	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROF FEES	0	463,948	463,948	27.00
27.01	NURSERY	2,730,481	0	2,730,481	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	171,170,066	224,438,032	395,608,098	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		110,149,168		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)		110,149,168		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140304

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

Worksheet G-3

Date/Time Prepared:
5/22/2012 11:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	395,608,098	1.00
2.00	Less contractual allowances and discounts on patients' accounts	298,012,355	2.00
3.00	Net patient revenues (line 1 minus line 2)	97,595,743	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	110,149,168	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,553,425	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	4,314,484	24.00
25.00	Total other income (sum of lines 6-24)	4,314,484	25.00
26.00	Total (line 5 plus line 25)	-8,238,941	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)	-8,238,941	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 140304

Period:
From 01/01/2011
To 12/31/2011Worksheet L
Parts I-III
Date/Time Prepared:
5/22/2012 11:20 am

		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,157,844	1.00
2.00	Capital DRG outlier payments		71,469	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		52.37	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.63	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		26.62	8.00
9.00	Sum of lines 7 and 8		32.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.75	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		78,154	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,307,467	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00