

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet S Parts I-III Date/Time Prepared: 8/22/2012 5:02 pm
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PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HERRIN HOSPITAL for the cost reporting period beginning 04/01/2011 and ending 03/31/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-104,600	-835,990	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-46,390	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	-150,990	-835,990	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140011		Period: From 04/01/2011 To 03/31/2012		Worksheet S-2 Part I Date/Time Prepared: 8/22/2012 5:02 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 62948 County: WILLIAMSON			
1.00 Street: 201 S. 14TH STREET		2.00 City: HERRIN		3.00 State: IL		4.00 Zip Code: 62948		5.00 County: WILLIAMSON	
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
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	HERRIN HOSPITAL	140011	99914	1	07/01/1966	N	P	O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF	HERRIN HOSPITAL REHAB UNIT	14T011	99914	5	04/01/1998	N	P	O
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF						N	N	N
8.00	Swing Beds - NF						N		N
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) 1								
18.00	Renal Dialysis								
19.00	Other								
					From:		To:		
					1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)				04/01/2011		03/31/2012		20.00
21.00	Type of Control (see instructions)						2		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 unpaid 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 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 paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,268	179	0	0	0	0		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid eligible days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	585	37	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.						2		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.						2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.						1		37.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part I Date/Time Prepared: 8/22/2012 5:02 pm		
			Beginning: 1.00	Ending: 2.00		
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.		04/01/2011	03/31/2012		38.00
			V 1.00	XVIII 2.00	XIX 3.00	
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	N	N	45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III		N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.		N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			60.00
			Y/N 1.00	IME Average 2.00	Direct GME Average 3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		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 in column 1. If yes, complete lines 64-67. (see instructions)		N			63.00
			Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	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 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00
		1.00	2.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet S-2
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
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	If line 63 is yes, then, for each primary care residency program in which you are training residents, 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. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part I Date/Time Prepared: 8/22/2012 5:02 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			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)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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	
			1.00	2.00	
			Speech	Respiratory	
			3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	2,025,721	0	0	
		1.00	2.00		
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		
119.00	DO NOT USE THIS LINE				
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	Y	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
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		
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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	14H124	
		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: SOUTHERN ILLINOIS HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 00131	
142.00	Street: 1239 E MAIN STREET	PO Box: 3988			
143.00	City: CARBONDALE	State: 17		Zip Code: 62902 3988	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	
				1.00	
				2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	
		Part A		Part B	
		1.00		2.00	
				Title V	
				3.00	
				Title XIX	
				4.00	
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	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER	N	N	N	N
159.00	SNF	N	N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet S-2
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part II Date/Time Prepared: 8/22/2012 5:02 pm
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
			Y/N	Date
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
			Y/N	Type
			1.00	2.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	07/02/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part II Date/Time Prepared: 8/22/2012 5:02 pm
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		Part A			
		Description	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 relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		Y		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		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
					1.00
					2.00
					3.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUANNE	WARREN	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.	SOUTHERN ILLINOIS HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-457-5200	LUANNE.WARREN@SIH.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet S-2
Part II
Date/Time Prepared:
8/22/2012 5:02 pm

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	07/02/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	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: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	67	24,522	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)		67	24,522	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,928	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		75	27,450	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	29	10,614			17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		104				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
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: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	12,008	2,015	17,281		1.00
2.00 HMO		263	179			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	12,008	2,015	17,281		7.00
8.00 INTENSIVE CARE UNIT	0	1,439	255	2,443		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	13,447	2,270	19,724		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	5,908	622	7,703		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		483	3,004		28.00
28.02 SUBPROVIDER - IRF				0		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,156	1.00
2.00 HMO					49	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	617.82	0.00	0	3,156	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	52.03	0.00	0	486	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	669.85	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
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: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	636	4,916		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)	636	4,916		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	43	660		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
8/22/2012 5:02 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	32,687,937	0	32,687,937	1,391,198.03	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		95,856	0	95,856	2,088.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,433,338	19,262	2,452,600	108,820.69	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		688,850	0	688,850	16,518.25	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		192,925	0	192,925	1,416.00	13.00
14.00	Home office salaries & wage-related costs		6,590,745	0	6,590,745	173,792.56	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		8,537,754	0	8,537,754		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		688,887	0	688,887		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		0	0	0		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		27,433	0	27,433		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	226,139	0	226,139	9,413.81	26.00
27.00	Administrative & General	5.00	2,803,513	0	2,803,513	107,852.41	27.00
28.00	Administrative & General under contract (see inst.)		125,145	0	125,145	546.74	28.00
29.00	Maintenance & Repairs	6.00	558,392	0	558,392	25,988.65	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	30.00
31.00	Laundry & Linen Service	8.00	36,570	0	36,570	2,845.05	31.00
32.00	Housekeeping	9.00	826,579	0	826,579	67,178.02	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	933,682	-544,696	388,986	26,222.43	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	544,696	544,696	36,721.47	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	1,210,620	-19,262	1,191,358	41,596.72	38.00
39.00	Central Services and Supply	14.00	163,329	0	163,329	11,287.52	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	298,121	0	298,121	20,178.07	41.00
42.00	Social Service	17.00	78,477	0	78,477	3,174.30	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet S-3 Part II Date/Time Prepared: 8/22/2012 5:02 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	23.50	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 - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	45.91	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	22.54	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	41.70	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	136.25	13.00
14.00	Home office salaries & wage-related costs	37.92	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	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 - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
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	24.02	26.00
27.00	Administrative & General	25.99	27.00
28.00	Administrative & General under contract (see inst.)	228.89	28.00
29.00	Maintenance & Repairs	21.49	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	12.85	31.00
32.00	Housekeeping	12.30	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.83	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.83	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	28.64	38.00
39.00	Central Services and Supply	14.47	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	14.77	41.00
42.00	Social Service	24.72	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
8/22/2012 5:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	32,717,226	0	32,717,226	1,389,656.77	1.00
2.00	Excluded area salaries (see instructions)	2,433,338	19,262	2,452,600	108,820.69	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,283,888	-19,262	30,264,626	1,280,836.08	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,472,520	0	7,472,520	191,726.81	4.00
5.00	Subtotal wage-related costs (see inst.)	8,537,754	0	8,537,754	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	46,294,162	-19,262	46,274,900	1,472,562.89	6.00
7.00	Total overhead cost (see instructions)	7,260,567	-19,262	7,241,305	353,005.19	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet S-3 Part III Date/Time Prepared: 8/22/2012 5:02 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	23.54	1.00
2.00	Excluded area salaries (see instructions)	22.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23.63	3.00
4.00	Subtotal other wages & related costs (see inst.)	38.97	4.00
5.00	Subtotal wage-related costs (see inst.)	28.21	5.00
6.00	Total (sum of lines 3 thru 5)	31.42	6.00
7.00	Total overhead cost (see instructions)	20.51	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 8/22/2012 5:02 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	594,298	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost (see instructions)	0	3.00
4.00	Pension Service Cost (see instructions)	486,680	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	690	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,582,653	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	175,178	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	36,112	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)	87,149	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	810,314	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	2,371,170	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	48,991	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (see instructions)	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	60,839	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,254,074	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet S-3
Part V
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	688,850	9,254,074	1.00
2.00	Hospital	688,850	8,537,754	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	716,320	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet S-10 Date/Time Prepared: 8/22/2012 5:02 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)			0.285905	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			5,914,944	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			78,810	5.00	
6.00	Medicaid charges			56,158,484	6.00	
7.00	Medicaid cost (line 1 times line 6)			16,055,991	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			10,062,237	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)			28,317	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			119,367	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			34,128	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)			5,811	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			6,389	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			10,068,048	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			9,835,539	1,377,166	11,212,705
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			2,812,030	393,739	3,205,769
22.00	Partial payment by patients approved for charity care			0	0	0
23.00	Cost of charity care (line 21 minus line 22)			2,812,030	393,739	3,205,769
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					11,114,649
27.00	Medicare bad debts for the entire hospital complex (see instructions)					634,221
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)					10,480,428
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)					2,996,407
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)					6,202,176
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					16,270,224

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		3,261,884	3,261,884	403,577	3,665,461	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		2,353,104	2,353,104	144,687	2,497,791	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	226,139	11,254,092	11,480,231	-13,414	11,466,817	4.00
5.01 NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02 DATA PROCESSING	0	0	0	0	0	5.02
5.03 PURCHASING RECEIVING AND STORES	0	62,681	62,681	0	62,681	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	627,434	55,527	682,961	0	682,961	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	2,176,079	5,670,375	7,846,454	-123,441	7,723,013	5.05
6.00 MAINTENANCE & REPAIRS	558,392	1,035,132	1,593,524	-145	1,593,379	6.00
8.00 LAUNDRY & LINEN SERVICE	36,570	435,855	472,425	0	472,425	8.00
9.00 HOUSEKEEPING	826,579	193,532	1,020,111	0	1,020,111	9.00
10.00 DIETARY	933,682	571,873	1,505,555	-878,318	627,237	10.00
11.00 CAFETERIA	0	0	0	878,318	878,318	11.00
13.00 NURSING ADMINISTRATION	1,210,620	114,170	1,324,790	-29,286	1,295,504	13.00
14.00 CENTRAL SERVICES & SUPPLY	163,329	47,427	210,756	-2,420	208,336	14.00
16.00 MEDICAL RECORDS & LIBRARY	298,121	20,670	318,791	0	318,791	16.00
17.00 SOCIAL SERVICE	78,477	1,179	79,656	0	79,656	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	846,225	846,225	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	5,895,143	2,999,355	8,894,498	-7,820	8,886,678	30.00
31.00 INTENSIVE CARE UNIT	1,511,965	465,712	1,977,677	-566	1,977,111	31.00
41.00 SUBPROVIDER - IRF	2,433,338	1,875,105	4,308,443	-755	4,307,688	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,501,369	7,267,744	9,769,113	-5,427,241	4,341,872	50.00
51.00 RECOVERY ROOM	203,624	44,262	247,886	-75	247,811	51.00
53.00 ANESTHESIOLOGY	32,998	1,104,039	1,137,037	-894,433	242,604	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,094,189	553,416	2,647,605	-174,140	2,473,465	54.00
56.00 RADIOISOTOPE	293,837	848,122	1,141,959	4,381	1,146,340	56.00
57.00 CT SCAN	397,688	414,600	812,288	156,245	968,533	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	230,828	222,045	452,873	9,944	462,817	58.00
60.00 LABORATORY	1,236,173	2,270,932	3,507,105	-4,894	3,502,211	60.00
65.00 RESPIRATORY THERAPY	1,106,150	302,468	1,408,618	-91,606	1,317,012	65.00
66.00 PHYSICAL THERAPY	2,151,972	377,425	2,529,397	-286	2,529,111	66.00
69.00 ELECTROCARDIOLOGY	561,211	236,256	797,467	-55	797,412	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,395,573	3,395,573	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,248,152	2,248,152	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,542,302	4,066,235	5,608,537	0	5,608,537	73.00
76.97 CARDIAC REHABILITATION	352,168	28,458	380,626	0	380,626	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	235,624	204,304	439,928	-2,219	437,709	90.00
91.00 EMERGENCY	2,771,936	2,877,413	5,649,349	-5,918	5,643,431	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		2,398,043	2,398,043	-459,356	1,938,687	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	32,687,937	53,633,435	86,321,372	-29,286	86,292,086	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	33,207	33,207	0	33,207	192.00
192.01 COMMUNITY EDUCATION	0	0	0	29,286	29,286	192.01
192.02 VACANT SPACE	0	0	0	0	0	192.02
200.00 TOTAL (SUM OF LINES 118-199)	32,687,937	53,666,642	86,354,579	0	86,354,579	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	401,826	4,067,287	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,130,157	4,627,948	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	572,950	12,039,767	4.00
5.01	NONPATIENT TELEPHONES	0	0	5.01
5.02	DATA PROCESSING	2,472,074	2,472,074	5.02
5.03	PURCHASING RECEIVING AND STORES	-14,753	47,928	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	1,858,565	2,541,526	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	1,773,850	9,496,863	5.05
6.00	MAINTENANCE & REPAIRS	0	1,593,379	6.00
8.00	LAUNDRY & LINEN SERVICE	0	472,425	8.00
9.00	HOUSEKEEPING	0	1,020,111	9.00
10.00	DIETARY	0	627,237	10.00
11.00	CAFETERIA	-288,044	590,274	11.00
13.00	NURSING ADMINISTRATION	0	1,295,504	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	208,336	14.00
16.00	MEDICAL RECORDS & LIBRARY	-52,804	265,987	16.00
17.00	SOCIAL SERVICE	0	79,656	17.00
19.00	NONPHYSICIAN ANESTHETISTS	-846,225	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-1,223,173	7,663,505	30.00
31.00	INTENSIVE CARE UNIT	-6,083	1,971,028	31.00
41.00	SUBPROVIDER - IRF	-1,149,324	3,158,364	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-35,463	4,306,409	50.00
51.00	RECOVERY ROOM	0	247,811	51.00
53.00	ANESTHESIOLOGY	0	242,604	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-3,184	2,470,281	54.00
56.00	RADIOISOTOPE	0	1,146,340	56.00
57.00	CT SCAN	0	968,533	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	462,817	58.00
60.00	LABORATORY	-13,300	3,488,911	60.00
65.00	RESPIRATORY THERAPY	-5,419	1,311,593	65.00
66.00	PHYSICAL THERAPY	0	2,529,111	66.00
69.00	ELECTROCARDIOLOGY	-103,427	693,985	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,395,573	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	2,248,152	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,608,537	73.00
76.97	CARDIAC REHABILITATION	-1,272	379,354	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	437,709	90.00
91.00	EMERGENCY	-1,677,153	3,966,278	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	-1,938,687	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,851,111	88,143,197	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	33,207	192.00
192.01	COMMUNITY EDUCATION	0	29,286	192.01
192.02	VACANT SPACE	0	0	192.02
200.00	TOTAL (SUM OF LINES 118-199)	1,851,111	88,205,690	200.00

RECLASSIFICATIONS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-6

Date/Time Prepared:
8/22/2012 5:02 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INSURANCE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	65,445	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,463	2.00
	TOTALS		0	88,908	
B - COMMUNITY EDUCATION RECLASS					
1.00	COMMUNITY EDUCATION	192.01	19,262	10,024	1.00
	TOTALS		19,262	10,024	
C - DIETARY RECLASS					
1.00	CAFETERIA	11.00	544,696	333,622	1.00
	TOTALS		544,696	333,622	
D - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,643,725	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
	TOTALS		0	5,643,725	
E - CRNA RECLASS					
1.00		0.00	0	0	1.00
13.00	NONPHYSICIAN ANESTHETISTS	19.00	1,044	845,181	13.00
14.00		0.00	0	0	14.00
	TOTALS		1,044	845,181	
F - INTEREST RECLASS					
1.00		0.00	0	0	1.00
13.00	CAP REL COSTS-BLDG & FIXT	1.00	0	338,132	13.00
14.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	121,224	14.00
	TOTALS		0	459,356	
G - BARIATRIC PROGRAM MD RECLASS					
1.00		0.00	0	0	1.00
13.00	OPERATING ROOM	50.00	0	33,600	13.00
	TOTALS		0	33,600	
H - IMPLANTABLE DEVICE RECLASS					
1.00		0.00	0	0	1.00
13.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,248,152	13.00
	TOTALS		0	2,248,152	
I - IMAGING SCHEDULER RECLASS					
1.00	CT SCAN	57.00	157,424	0	1.00
2.00	RADIOISOTOPE	56.00	4,381	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	9,944	0	3.00
	TOTALS		171,749	0	
500.00	Grand Total: Increases		736,751	9,662,568	500.00

RECLASSIFICATIONS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-6
Date/Time Prepared:
8/22/2012 5:02 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - INSURANCE RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	88,908	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	88,908			
B - COMMUNITY EDUCATION RECLASS							
1.00	NURSING ADMINISTRATION	13.00	19,262	10,024	0		1.00
	TOTALS		19,262	10,024			
C - DIETARY RECLASS							
1.00	DIETARY	10.00	544,696	333,622	0		1.00
	TOTALS		544,696	333,622			
D - MEDICAL SUPPLY RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	933	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	145	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	7,820	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	755	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	566	0		5.00
6.00	OPERATING ROOM	50.00	0	5,460,841	0		6.00
7.00	RECOVERY ROOM	51.00	0	75	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,420	0		8.00
9.00	EMERGENCY	91.00	0	5,918	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	61,622	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,391	0		11.00
12.00	CT SCAN	57.00	0	1,179	0		12.00
13.00	LABORATORY	60.00	0	4,894	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	91,606	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	286	0		15.00
16.00	CLINIC	90.00	0	2,219	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	55	0		17.00
	TOTALS		0	5,643,725			
E - CRNA RECLASS							
1.00		0.00	0	0	0		1.00
13.00	ANESTHESIOLOGY	53.00	1,044	831,767	0		13.00
14.00	EMPLOYEE BENEFITS	4.00	0	13,414	0		14.00
	TOTALS		1,044	845,181			
F - INTEREST RECLASS							
1.00		0.00	0	0	0		1.00
13.00	INTEREST EXPENSE	113.00	0	459,356	9		13.00
14.00		0.00	0	0	9		14.00
	TOTALS		0	459,356			
G - BARIATRIC PROGRAM MD RECLASS							
1.00		0.00	0	0	0		1.00
13.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33,600	0		13.00
	TOTALS		0	33,600			
H - IMPLANTABLE DEVICE RECLASS							
1.00		0.00	0	0	0		1.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,248,152	0		13.00
	TOTALS		0	2,248,152			
I - IMAGING SCHEDULER RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	171,749	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		171,749	0			
500.00	Grand Total: Decreases		736,751	9,662,568			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
8/22/2012 5:02 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,523,594	90,000	0	90,000	0	1.00
2.00	Land Improvements	4,037,908	62,791	0	62,791	38,139	2.00
3.00	Buildings and Fixtures	33,913,740	1,515,785	0	1,515,785	11,882	3.00
4.00	Building Improvements	26,627,797	1,100,077	0	1,100,077	35,021	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	22,072,216	2,980,435	0	2,980,435	954,965	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	90,175,255	5,749,088	0	5,749,088	1,040,007	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	90,175,255	5,749,088	0	5,749,088	1,040,007	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,261,884	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,353,104	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,614,988	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	67,173,057	0	67,173,057	0.735976	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	24,097,686	0	24,097,686	0.264024	0	2.00
3.00	Total (sum of lines 1-2)	91,270,743	0	91,270,743	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
8/22/2012 5:02 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,613,594	0		1.00		
2.00	Land Improvements	4,062,560	0		2.00		
3.00	Buildings and Fixtures	35,417,643	0		3.00		
4.00	Building Improvements	27,692,853	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	24,097,686	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	94,884,336	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	94,884,336	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,261,884		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,353,104		2.00		
3.00	Total (sum of lines 1-2)	0	5,614,988		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,067,287	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,627,948	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,695,235	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
8/22/2012 5:02 pm

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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	4,067,287	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,627,948	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	8,695,235	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-8

Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00 2.00
3.00 Investment income - other (chapter 2)		0			0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00 7.00
8.00 Television and radio service (chapter 21)		0			0.00 8.00
9.00 Parking lot (chapter 21)		0			0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,213,221			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	13,222,732			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests	B	-288,044	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	-52,804	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		ORESPIRATORY THERAPY		65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00 25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00 27.00
28.00 Non-physician Anesthetist	A	-846,225	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*** Cost Center Deleted ***		67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***		68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00 32.00
33.00 TELEVISION AND RADIO SERVICE	A	-1,312	CAP REL COSTS-MVBLE EQUIP		2.00 33.00
34.00 DONATIONS	A	-410	EMERGENCY		91.00 34.00
35.00 INTEREST INCOME UNRESTRICTED	B	-146,703	OTHER ADMINISTRATIVE AND GENERAL		5.05 35.00
36.00 PAYMENTS FOR OUTPATIENT SERVICES	B	-1,823,896	EMPLOYEE BENEFITS		4.00 36.00
37.00 NONALLOWABLE BOND EXPENSE	A	-1,938,687	INTEREST EXPENSE		113.00 37.00
38.00 PURCHASE DISCOUNTS	B	-14,753	PURCHASING RECEIVING AND STORES		5.03 38.00
39.00 CABLE TV	A	-983	SUBPROVIDER - IRF		41.00 39.00
40.00 OFFSET OF LOBBYING EXPENSE	A	-24,215	OTHER ADMINISTRATIVE AND GENERAL		5.05 40.00
41.00 DONATIONS	A	-8,719	OTHER ADMINISTRATIVE AND GENERAL		5.05 41.00
42.00 LEASEHOLD REVENUE	B	-117,391	OTHER ADMINISTRATIVE AND GENERAL		5.05 42.00
43.00 DEBT FORGIVENESS	A	-1,060,559	OTHER ADMINISTRATIVE AND GENERAL		5.05 43.00
44.00 FUNDED DEPRECIATION	A	-2,495	CAP REL COSTS-BLDG & FIXT		1.00 44.00
45.00 REAL ESTATE TAXES	A	-40,391	OTHER ADMINISTRATIVE AND GENERAL		5.05 45.00
46.00 MEDICAID PROVIDER TAX	A	-1,346,965	OTHER ADMINISTRATIVE AND GENERAL		5.05 46.00

Provider CCN: 140011

Period:
 From 04/01/2011
 To 03/31/2012

Worksheet A-8
 Date/Time Prepared:
 8/22/2012 5:02 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	
47.00 MISCELLANEOUS INCOME	B	-755	OTHER ADMINISTRATIVE AND GENERAL	5.05	47.00
48.00 CABLE TV	A	-1,078	OTHER ADMINISTRATIVE AND GENERAL	5.05	48.00
49.00 SALE OF X-RAY SILVER	B	-1,874	RADIOLOGY-DIAGNOSTIC	54.00	49.00
49.01 X-RAY FILM REVENUE	B	-1,310	RADIOLOGY-DIAGNOSTIC	54.00	49.01
49.02 LOSS ON 1987 BONDS	A	141,253	CAP REL COSTS-BLDG & FIXT	1.00	49.02
49.03 LOSS ON 1987 BONDS	A	16,660	CAP REL COSTS-MVBLE EQUIP	2.00	49.03
49.04 LOSS ON 1991 BONDS	A	170,013	CAP REL COSTS-BLDG & FIXT	1.00	49.04
49.05 LOSS ON 1991 BONDS	A	233,243	CAP REL COSTS-MVBLE EQUIP	2.00	49.05
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,851,111			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-8

Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - 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	TELEVISION AND RADIO SERVICE	9	33.00
34.00	DONATIONS	0	34.00
35.00	INTEREST INCOME UNRESTRICTED	0	35.00
36.00	PAYMENTS FOR OUTPATIENT SERVICES	0	36.00
37.00	NONALLOWABLE BOND EXPENSE	0	37.00
38.00	PURCHASE DISCOUNTS	0	38.00
39.00	CABLE TV	0	39.00
40.00	OFFSET OF LOBBYING EXPENSE	0	40.00
41.00	DONATIONS	0	41.00
42.00	LEASEHOLD REVENUE	0	42.00
43.00	DEBT FORGIVENESS	0	43.00
44.00	FUNDED DEPRECIATION	9	44.00
45.00	REAL ESTATE TAXES	0	45.00
46.00	MEDI CAID PROVIDER TAX	0	46.00
47.00	MISCELLANEOUS INCOME	0	47.00
48.00	CABLE TV	0	48.00
49.00	SALE OF X-RAY SILVER	0	49.00
49.01	X-RAY FILM REVENUE	0	49.01
49.02	LOSS ON 1987 BONDS	9	49.02
49.03	LOSS ON 1987 BONDS	9	49.03
49.04	LOSS ON 1991 BONDS	9	49.04
49.05	LOSS ON 1991 BONDS	9	49.05
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: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-8-1

Date/Time Prepared:
8/22/2012 5:02 pm

	Line No.	Cost Center	Expense Items		
	1.00	2.00	3.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	2.00
3.00		4.00	EMPLOYEE BENEFITS	HOME OFFICE	3.00
4.00		5.02	DATA PROCESSING	HOME OFFICE	4.00
4.01		5.04	CASHIERING/ACCOUNTS RECEIVABLE	HOME OFFICE	4.01
4.02		5.05	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

6.00		B	SO ILL HOSP SER	100.00	6.00
7.00		B	SO IL HLTH ENTP	100.00	7.00
8.00		B	HSSI	100.00	8.00
9.00		B	SO IL MED SERV	100.00	9.00
10.00		B	SIH CAYMAN SPC	100.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-8-1

Date/Time Prepared:
8/22/2012 5:02 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
					4.00	5.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	93,055	0	93,055	9		1.00
2.00	1,881,566	0	1,881,566	9		2.00
3.00	2,396,846	0	2,396,846	0		3.00
4.00	2,472,074	0	2,472,074	0		4.00
4.01	1,858,565	0	1,858,565	0		4.01
4.02	4,520,626	0	4,520,626	0		4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	13,222,732	0	13,222,732		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-8-2

Date/Time Prepared:
8/22/2012 5:02 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	DR. A	825	0	1.00
2.00	60.00	DR. B	80,000	0	2.00
3.00	65.00	DR. C	14,100	0	3.00
4.00	69.00	DR. D	105,732	102,487	4.00
5.00	76.97	DR. E	4,268	0	5.00
6.00	91.00	DR. F	1,678,741	1,675,222	6.00
7.00	30.00	DR. G	1,222,963	1,222,963	7.00
8.00	41.00	DR. H	1,148,341	1,148,341	8.00
9.00	50.00	DR. I	70,460	0	9.00
10.00	31.00	DR. J	14,918	0	10.00
200.00			4,340,348	4,149,013	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-8-2

Date/Time Prepared:
8/22/2012 5:02 pm

	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	825	159,800	8	615	31	1.00
2.00	80,000	208,000	667	66,700	3,335	2.00
3.00	14,100	159,800	113	8,681	434	3.00
4.00	3,245	159,800	30	2,305	115	4.00
5.00	4,268	159,800	39	2,996	150	5.00
6.00	3,519	159,800	26	1,998	100	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	70,460	182,900	398	34,997	1,750	9.00
10.00	14,918	159,800	115	8,835	442	10.00
200.00	191,335		1,396	127,127	6,357	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-8-2

Date/Time Prepared:
8/22/2012 5:02 pm

	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	615	1.00
2.00	0	0	0	0	66,700	2.00
3.00	0	0	0	0	8,681	3.00
4.00	0	0	0	0	2,305	4.00
5.00	0	0	0	0	2,996	5.00
6.00	0	0	0	0	1,998	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	34,997	9.00
10.00	0	0	0	0	8,835	10.00
200.00	0	0	0	0	127,127	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet A-8-2

Date/Time Prepared:
8/22/2012 5:02 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	210	210	1.00
2.00	13,300	13,300	2.00
3.00	5,419	5,419	3.00
4.00	940	103,427	4.00
5.00	1,272	1,272	5.00
6.00	1,521	1,676,743	6.00
7.00	0	1,222,963	7.00
8.00	0	1,148,341	8.00
9.00	35,463	35,463	9.00
10.00	6,083	6,083	10.00
200.00	64,208	4,213,221	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet B
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,067,287	4,067,287			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,627,948		4,627,948		2.00
4.00	EMPLOYEE BENEFITS	12,039,767	15,171	3,573	12,058,511	4.00
5.01	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	DATA PROCESSING	2,472,074	24,349	0	0	5.02
5.03	PURCHASING RECEIVING AND STORES	47,928	0	294	0	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	2,541,526	29,586	8,221	233,072	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	9,496,863	829,998	81,781	808,344	5.05
6.00	MAINTENANCE & REPAIRS	1,593,379	427,164	31,578	207,425	6.00
8.00	LAUNDRY & LINEN SERVICE	472,425	0	0	13,585	8.00
9.00	HOUSEKEEPING	1,020,111	45,333	30,968	307,048	9.00
10.00	DIETARY	627,237	61,098	38,713	144,496	10.00
11.00	CAFETERIA	590,274	78,644	0	202,337	11.00
13.00	NURSING ADMINISTRATION	1,295,504	29,280	141,593	442,551	13.00
14.00	CENTRAL SERVICES & SUPPLY	208,336	40,276	23,346	60,671	14.00
16.00	MEDICAL RECORDS & LIBRARY	265,987	0	18,288	110,742	16.00
17.00	SOCIAL SERVICE	79,656	5,093	0	29,152	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,663,505	575,400	267,294	2,189,847	30.00
31.00	INTENSIVE CARE UNIT	1,971,028	78,141	84,209	561,647	31.00
41.00	SUBPROVIDER - IRF	3,158,364	346,468	100,316	903,907	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	4,306,409	278,027	867,561	929,179	50.00
51.00	RECOVERY ROOM	247,811	20,498	7,125	75,640	51.00
53.00	ANESTHESIOLOGY	242,604	0	68,020	12,258	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,470,281	192,526	970,080	714,125	54.00
56.00	RADIOISOTOPE	1,146,340	28,560	230,179	110,778	56.00
57.00	CT SCAN	968,533	18,338	307,175	206,206	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	462,817	7,720	551,743	89,439	58.00
60.00	LABORATORY	3,488,911	131,914	160,076	459,199	60.00
65.00	RESPIRATORY THERAPY	1,311,593	58,308	98,840	410,899	65.00
66.00	PHYSICAL THERAPY	2,529,111	132,202	69,825	799,389	66.00
69.00	ELECTROCARDIOLOGY	693,985	23,107	212,869	208,472	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,395,573	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,248,152	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,608,537	33,869	26,206	572,916	73.00
76.97	CARDIAC REHABILITATION	379,354	29,298	24,484	130,819	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	437,709	6,749	1,106	87,527	90.00
91.00	EMERGENCY	3,966,278	268,435	194,262	1,029,686	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	88,143,197	3,815,552	4,619,725	12,051,356	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,125	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	33,207	10,834	8,223	0	192.00
192.01	COMMUNITY EDUCATION	29,286	0	0	7,155	192.01
192.02	VACANT SPACE	0	224,776	0	0	192.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	88,205,690	4,067,287	4,627,948	12,058,511	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140011

Period: From 04/01/2011 To 03/31/2012

Worksheet B Part I Date/Time Prepared: 8/22/2012 5:02 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	2,496,423					5.02
5.03	PURCHASING RECEIVING AND STORES	14,627	62,849				5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	117,020	285	2,929,710			5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	170,654	1	0	11,387,641	11,387,641	5.05
6.00	MAINTENANCE & REPAIRS	24,379	0	0	2,283,925	338,574	6.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	486,010	72,047	8.00
9.00	HOUSEKEEPING	24,379	6	0	1,427,845	211,667	9.00
10.00	DIETARY	19,503	5	0	891,052	132,091	10.00
11.00	CAFETERIA	14,627	0	0	885,882	131,325	11.00
13.00	NURSING ADMINISTRATION	78,013	5	0	1,986,946	294,549	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	72	0	332,701	49,320	14.00
16.00	MEDICAL RECORDS & LIBRARY	82,889	0	0	477,906	70,846	16.00
17.00	SOCIAL SERVICE	9,752	0	0	123,653	18,331	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	448,577	15,841	158,836	11,319,300	1,677,975	30.00
31.00	INTENSIVE CARE UNIT	58,510	3,834	28,773	2,786,142	413,023	31.00
41.00	SUBPROVIDER - IRF	438,824	2,131	103,789	5,053,799	749,185	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	87,765	22,971	377,449	6,869,361	1,018,328	50.00
51.00	RECOVERY ROOM	4,876	614	24,647	381,211	56,511	51.00
53.00	ANESTHESIOLOGY	0	3,184	41,082	367,148	54,427	53.00
54.00	RADIOLOGY-DIAGNOSTIC	141,399	391	193,840	4,682,642	694,164	54.00
56.00	RADIOISOTOPE	24,379	152	118,579	1,658,967	245,929	56.00
57.00	CT SCAN	9,752	2,006	343,451	1,855,461	275,057	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	60	107,822	1,219,601	180,796	58.00
60.00	LABORATORY	117,020	2,310	442,782	4,802,212	711,890	60.00
65.00	RESPIRATORY THERAPY	136,523	903	60,670	2,077,736	308,008	65.00
66.00	PHYSICAL THERAPY	141,399	241	132,377	3,804,544	563,993	66.00
69.00	ELECTROCARDIOLOGY	14,627	209	122,688	1,275,957	189,150	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	255,439	3,651,012	541,233	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,248,152	333,271	72.00
73.00	DRUGS CHARGED TO PATIENTS	78,013	6	216,870	6,536,417	968,972	73.00
76.97	CARDIAC REHABILITATION	0	80	11,094	575,129	85,258	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	9,752	332	9,255	552,430	81,893	90.00
91.00	EMERGENCY	204,785	7,210	180,267	5,850,923	867,353	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,472,044	62,849	2,929,710	87,851,705	11,335,166	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	16,125	2,390	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	24,379	0	0	76,643	11,362	192.00
192.01	COMMUNITY EDUCATION	0	0	0	36,441	5,402	192.01
192.02	VACANT SPACE	0	0	0	224,776	33,321	192.02
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,496,423	62,849	2,929,710	88,205,690	11,387,641	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet B
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	MAINTENANCE & REPAIRS	2,622,499					6.00
8.00	LAUNDRY & LINEN SERVICE	0	558,057				8.00
9.00	HOUSEKEEPING	43,373	0	1,682,885			9.00
10.00	DIETARY	58,456	0	38,143	1,119,742		10.00
11.00	CAFETERIA	75,244	0	49,097	0	1,141,548	11.00
13.00	NURSING ADMINISTRATION	28,014	0	18,279	0	49,811	13.00
14.00	CENTRAL SERVICES & SUPPLY	38,535	0	25,144	0	6,829	14.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	12,464	16.00
17.00	SOCIAL SERVICE	4,873	0	3,179	0	3,281	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	550,521	351,616	359,215	705,518	246,484	30.00
31.00	INTENSIVE CARE UNIT	74,762	49,708	48,782	99,739	63,215	31.00
41.00	SUBPROVIDER - IRF	331,486	156,733	216,295	314,485	101,738	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	266,005	0	173,569	0	104,582	50.00
51.00	RECOVERY ROOM	19,612	0	12,797	0	8,514	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	1,380	53.00
54.00	RADIOLOGY-DIAGNOSTIC	184,201	0	120,192	0	80,377	54.00
56.00	RADIOISOTOPE	27,325	0	17,830	0	12,468	56.00
57.00	CT SCAN	17,545	0	11,448	0	23,209	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	7,387	0	4,820	0	10,067	58.00
60.00	LABORATORY	126,210	0	82,352	0	51,684	60.00
65.00	RESPIRATORY THERAPY	55,787	0	36,401	0	46,248	65.00
66.00	PHYSICAL THERAPY	126,485	0	82,532	0	89,974	66.00
69.00	ELECTROCARDIOLOGY	22,108	0	14,426	0	23,464	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	32,405	0	21,144	0	64,484	73.00
76.97	CARDIAC REHABILITATION	28,031	0	18,291	0	14,724	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	6,457	0	4,213	0	9,851	90.00
91.00	EMERGENCY	256,828	0	167,581	0	115,895	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,381,650	558,057	1,525,730	1,119,742	1,140,743	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,428	0	10,067	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	10,365	0	6,763	0	0	192.00
192.01	COMMUNITY EDUCATION	0	0	0	0	805	192.01
192.02	VACANT SPACE	215,056	0	140,325	0	0	192.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,622,499	558,057	1,682,885	1,119,742	1,141,548	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet B
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	13.00	14.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
6.00						6.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
13.00	2,377,599					13.00
14.00	0	452,529				14.00
16.00	0	0	561,216			16.00
17.00	0	0	0	153,317		17.00
19.00	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	1,100,036	730	30,418	96,601	0	30.00
31.00	300,649	41	5,510	13,656	0	31.00
41.00	128,069	54	19,876	43,060	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	18,221	393,099	72,284	0	0	50.00
51.00	27,592	5	4,720	0	0	51.00
53.00	0	4,436	7,867	0	0	53.00
54.00	0	172	37,122	0	0	54.00
56.00	0	0	22,709	0	0	56.00
57.00	0	85	65,774	0	0	57.00
58.00	0	0	20,649	0	0	58.00
60.00	0	46,528	84,950	0	0	60.00
65.00	0	6,594	11,619	0	0	65.00
66.00	0	21	25,351	0	0	66.00
69.00	0	4	23,496	0	0	69.00
71.00	0	174	48,919	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	28,894	0	41,532	0	0	73.00
76.97	0	0	2,125	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	0	160	1,772	0	0	90.00
91.00	774,138	426	34,523	0	0	91.00
92.00						92.00
SPECIAL PURPOSE COST CENTERS						
113.00						113.00
118.00	2,377,599	452,529	561,216	153,317	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
192.00	0	0	0	0	0	192.00
192.01	0	0	0	0	0	192.01
192.02	0	0	0	0	0	192.02
200.00						200.00
201.00	0	0	0	0	0	201.00
202.00	2,377,599	452,529	561,216	153,317	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet B
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.01	NONPATIENT TELEPHONES				5.01
5.02	DATA PROCESSING				5.02
5.03	PURCHASING RECEIVING AND STORES				5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL				5.05
6.00	MAINTENANCE & REPAIRS				6.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
19.00	NONPHYSICIAN ANESTHETISTS				19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	16,438,414	0	16,438,414	30.00
31.00	INTENSIVE CARE UNIT	3,855,227	0	3,855,227	31.00
41.00	SUBPROVIDER - IRF	7,114,780	0	7,114,780	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	8,915,449	0	8,915,449	50.00
51.00	RECOVERY ROOM	510,962	0	510,962	51.00
53.00	ANESTHESIOLOGY	435,258	0	435,258	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,798,870	0	5,798,870	54.00
56.00	RADIO SOTOPE	1,985,228	0	1,985,228	56.00
57.00	CT SCAN	2,248,579	0	2,248,579	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,443,320	0	1,443,320	58.00
60.00	LABORATORY	5,905,826	0	5,905,826	60.00
65.00	RESPIRATORY THERAPY	2,542,393	0	2,542,393	65.00
66.00	PHYSICAL THERAPY	4,692,900	0	4,692,900	66.00
69.00	ELECTROCARDIOLOGY	1,548,605	0	1,548,605	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,241,338	0	4,241,338	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,581,423	0	2,581,423	72.00
73.00	DRUGS CHARGED TO PATIENTS	7,693,848	0	7,693,848	73.00
76.97	CARDIAC REHABILITATION	723,558	0	723,558	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	656,776	0	656,776	90.00
91.00	EMERGENCY	8,067,667	0	8,067,667	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	87,400,421	0	87,400,421	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,010	0	44,010	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	105,133	0	105,133	192.00
192.01	COMMUNITY EDUCATION	42,648	0	42,648	192.01
192.02	VACANT SPACE	613,478	0	613,478	192.02
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	88,205,690	0	88,205,690	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140011

Period: From 04/01/2011 To 03/31/2012

Worksheet B Part II Date/Time Prepared: 8/22/2012 5:02 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	15,171	3,573	18,744	18,744
5.01	NONPATIENT TELEPHONES	0	0	0	0	0
5.02	DATA PROCESSING	0	24,349	0	24,349	0
5.03	PURCHASING RECEIVING AND STORES	0	0	294	294	0
5.04	CASHIERING/ACCOUNTS RECEIVABLE	0	29,586	8,221	37,807	362
5.05	OTHER ADMINISTRATIVE AND GENERAL	0	829,998	81,781	911,779	1,256
6.00	MAINTENANCE & REPAIRS	0	427,164	31,578	458,742	322
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	21
9.00	HOUSEKEEPING	0	45,333	30,968	76,301	477
10.00	DIETARY	0	61,098	38,713	99,811	224
11.00	CAFETERIA	0	78,644	0	78,644	314
13.00	NURSING ADMINISTRATION	0	29,280	141,593	170,873	687
14.00	CENTRAL SERVICES & SUPPLY	0	40,276	23,346	63,622	94
16.00	MEDICAL RECORDS & LIBRARY	0	0	18,288	18,288	172
17.00	SOCIAL SERVICE	0	5,093	0	5,093	45
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	575,400	267,294	842,694	3,419
31.00	INTENSIVE CARE UNIT	0	78,141	84,209	162,350	872
41.00	SUBPROVIDER - IRF	0	346,468	100,316	446,784	1,404
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	278,027	867,561	1,145,588	1,443
51.00	RECOVERY ROOM	0	20,498	7,125	27,623	117
53.00	ANESTHESIOLOGY	0	0	68,020	68,020	19
54.00	RADIOLOGY-DIAGNOSTIC	0	192,526	970,080	1,162,606	1,109
56.00	RADIOISOTOPE	0	28,560	230,179	258,739	172
57.00	CT SCAN	0	18,338	307,175	325,513	320
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	7,720	551,743	559,463	139
60.00	LABORATORY	0	131,914	160,076	291,990	713
65.00	RESPIRATORY THERAPY	0	58,308	98,840	157,148	638
66.00	PHYSICAL THERAPY	0	132,202	69,825	202,027	1,242
69.00	ELECTROCARDIOLOGY	0	23,107	212,869	235,976	324
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	33,869	26,206	60,075	890
76.97	CARDIAC REHABILITATION	0	29,298	24,484	53,782	203
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	6,749	1,106	7,855	136
91.00	EMERGENCY	0	268,435	194,262	462,697	1,599
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,815,552	4,619,725	8,435,277	18,733
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,125	0	16,125	0
192.00	PHYSICIANS' PRIVATE OFFICES	0	10,834	8,223	19,057	0
192.01	COMMUNITY EDUCATION	0	0	0	0	11
192.02	VACANT SPACE	0	224,776	0	224,776	0
200.00	Cross Foot Adjustments				0	
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	4,067,287	4,627,948	8,695,235	18,744

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140011		Period: From 04/01/2011 To 03/31/2012		Worksheet B Part II Date/Time Prepared: 8/22/2012 5:02 pm	
Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL		
	5.01	5.02	5.03	5.04	5.05		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES	0					5.01
5.02	DATA PROCESSING	0	24,349				5.02
5.03	PURCHASING RECEIVING AND STORES	0	143	437			5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	0	1,141	2	39,312		5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	0	1,664	0	0	914,699	5.05
6.00	MAINTENANCE & REPAIRS	0	238	0	0	27,195	6.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	5,787	8.00
9.00	HOUSEKEEPING	0	238	0	0	17,001	9.00
10.00	DIETARY	0	190	0	0	10,610	10.00
11.00	CAFETERIA	0	143	0	0	10,548	11.00
13.00	NURSING ADMINISTRATION	0	761	0	0	23,659	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	1	0	3,961	14.00
16.00	MEDICAL RECORDS & LIBRARY	0	808	0	0	5,690	16.00
17.00	SOCIAL SERVICE	0	95	0	0	1,472	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	4,375	110	2,133	134,804	30.00
31.00	INTENSIVE CARE UNIT	0	571	27	386	33,175	31.00
41.00	SUBPROVIDER - IRF	0	4,280	15	1,394	60,176	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	856	160	5,070	81,793	50.00
51.00	RECOVERY ROOM	0	48	4	331	4,539	51.00
53.00	ANESTHESIOLOGY	0	0	22	552	4,372	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,379	3	2,604	55,756	54.00
56.00	RADIOISOTOPE	0	238	1	1,593	19,753	56.00
57.00	CT SCAN	0	95	14	4,613	22,093	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,448	14,522	58.00
60.00	LABORATORY	0	1,141	16	5,909	57,180	60.00
65.00	RESPIRATORY THERAPY	0	1,332	6	815	24,740	65.00
66.00	PHYSICAL THERAPY	0	1,379	2	1,778	45,301	66.00
69.00	ELECTROCARDIOLOGY	0	143	1	1,648	15,193	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,431	43,473	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	26,769	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	761	0	2,913	77,829	73.00
76.97	CARDIAC REHABILITATION	0	0	1	149	6,848	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	95	2	124	6,578	90.00
91.00	EMERGENCY	0	1,997	50	2,421	69,667	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	24,111	437	39,312	910,484	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	192	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	238	0	0	913	192.00
192.01	COMMUNITY EDUCATION	0	0	0	0	434	192.01
192.02	VACANT SPACE	0	0	0	0	2,676	192.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	24,349	437	39,312	914,699	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet B
Part II
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	MAINTENANCE & REPAIRS	486,497					6.00
8.00	LAUNDRY & LINEN SERVICE	0	5,808				8.00
9.00	HOUSEKEEPING	8,046	0	102,063			9.00
10.00	DIETARY	10,844	0	2,313	123,992		10.00
11.00	CAFETERIA	13,958	0	2,978	0	106,585	11.00
13.00	NURSING ADMINISTRATION	5,197	0	1,109	0	4,651	13.00
14.00	CENTRAL SERVICES & SUPPLY	7,148	0	1,525	0	638	14.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,164	16.00
17.00	SOCIAL SERVICE	904	0	193	0	306	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	102,128	3,660	21,786	78,124	23,009	30.00
31.00	INTENSIVE CARE UNIT	13,869	517	2,959	11,044	5,903	31.00
41.00	SUBPROVIDER - IRF	61,494	1,631	13,118	34,824	9,500	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	49,346	0	10,527	0	9,765	50.00
51.00	RECOVERY ROOM	3,638	0	776	0	795	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	129	53.00
54.00	RADIOLOGY-DIAGNOSTIC	34,171	0	7,289	0	7,505	54.00
56.00	RADIOISOTOPE	5,069	0	1,081	0	1,164	56.00
57.00	CT SCAN	3,255	0	694	0	2,167	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,370	0	292	0	940	58.00
60.00	LABORATORY	23,413	0	4,994	0	4,826	60.00
65.00	RESPIRATORY THERAPY	10,349	0	2,208	0	4,318	65.00
66.00	PHYSICAL THERAPY	23,464	0	5,005	0	8,401	66.00
69.00	ELECTROCARDIOLOGY	4,101	0	875	0	2,191	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,011	0	1,282	0	6,021	73.00
76.97	CARDIAC REHABILITATION	5,200	0	1,109	0	1,375	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	1,198	0	256	0	920	90.00
91.00	EMERGENCY	47,644	0	10,163	0	10,822	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	441,817	5,808	92,532	123,992	106,510	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,862	0	611	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,923	0	410	0	0	192.00
192.01	COMMUNITY EDUCATION	0	0	0	0	75	192.01
192.02	VACANT SPACE	39,895	0	8,510	0	0	192.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	486,497	5,808	102,063	123,992	106,585	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet B
Part II
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	13.00	14.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
6.00						6.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
13.00	206,937					13.00
14.00	0	76,989				14.00
16.00	0	0	26,122			16.00
17.00	0	0	0	8,108		17.00
19.00	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	95,742	124	1,411	5,109		30.00
31.00	26,167	7	256	722		31.00
41.00	11,147	9	922	2,277		41.00
ANCILLARY SERVICE COST CENTERS						
50.00	1,586	66,878	3,353	0		50.00
51.00	2,402	1	219	0		51.00
53.00	0	755	365	0		53.00
54.00	0	29	1,722	0		54.00
56.00	0	0	1,053	0		56.00
57.00	0	14	3,051	0		57.00
58.00	0	0	958	0		58.00
60.00	0	7,916	4,030	0		60.00
65.00	0	1,122	539	0		65.00
66.00	0	4	1,176	0		66.00
69.00	0	1	1,090	0		69.00
71.00	0	30	2,269	0		71.00
72.00	0	0	0	0		72.00
73.00	2,515	0	1,926	0		73.00
76.97	0	0	99	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	0	27	82	0		90.00
91.00	67,378	72	1,601	0		91.00
92.00						92.00
SPECIAL PURPOSE COST CENTERS						
113.00						113.00
118.00	206,937	76,989	26,122	8,108	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0		190.00
192.00	0	0	0	0		192.00
192.01	0	0	0	0		192.01
192.02	0	0	0	0		192.02
200.00						0 200.00
201.00	0	0	0	0		0 201.00
202.00	206,937	76,989	26,122	8,108	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet B
Part II
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.01	NONPATIENT TELEPHONES				5.01
5.02	DATA PROCESSING				5.02
5.03	PURCHASING RECEIVING AND STORES				5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL				5.05
6.00	MAINTENANCE & REPAIRS				6.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
19.00	NONPHYSICIAN ANESTHETISTS				19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	1,318,628	0	1,318,628	30.00
31.00	INTENSIVE CARE UNIT	258,825	0	258,825	31.00
41.00	SUBPROVIDER - IRF	648,975	0	648,975	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	1,376,365	0	1,376,365	50.00
51.00	RECOVERY ROOM	40,493	0	40,493	51.00
53.00	ANESTHESIOLOGY	74,234	0	74,234	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,274,173	0	1,274,173	54.00
56.00	RADIOISOTOPE	288,863	0	288,863	56.00
57.00	CT SCAN	361,829	0	361,829	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	579,132	0	579,132	58.00
60.00	LABORATORY	402,128	0	402,128	60.00
65.00	RESPIRATORY THERAPY	203,215	0	203,215	65.00
66.00	PHYSICAL THERAPY	289,779	0	289,779	66.00
69.00	ELECTROCARDIOLOGY	261,543	0	261,543	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	49,203	0	49,203	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	26,769	0	26,769	72.00
73.00	DRUGS CHARGED TO PATIENTS	160,223	0	160,223	73.00
76.97	CARDIAC REHABILITATION	68,766	0	68,766	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	17,273	0	17,273	90.00
91.00	EMERGENCY	676,111	0	676,111	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,376,527	0	8,376,527	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,790	0	19,790	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	22,541	0	22,541	192.00
192.01	COMMUNITY EDUCATION	520	0	520	192.01
192.02	VACANT SPACE	275,857	0	275,857	192.02
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	8,695,235	0	8,695,235	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140011

Period: From 04/01/2011 To 03/31/2012

Worksheet B-1

Date/Time Prepared: 8/22/2012 5:02 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PCS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	226,005				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2,317,524			2.00
4.00	EMPLOYEE BENEFITS	843	1,789	32,461,798		4.00
5.01	NONPATIENT TELEPHONES	0	0	0	838	5.01
5.02	DATA PROCESSING	1,353	0	0	13	5.02
5.03	PURCHASING RECEIVING AND STORES	0	147	0	4	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	1,644	4,117	627,434	24	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	46,120	40,953	2,176,079	66	5.05
6.00	MAINTENANCE & REPAIRS	23,736	15,813	558,392	36	6.00
8.00	LAUNDRY & LINEN SERVICE	0	0	36,570	3	8.00
9.00	HOUSEKEEPING	2,519	15,508	826,579	11	9.00
10.00	DIETARY	3,395	19,386	388,986	19	10.00
11.00	CAFETERIA	4,370	0	544,696	2	11.00
13.00	NURSING ADMINISTRATION	1,627	70,905	1,191,358	27	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,238	11,691	163,329	3	14.00
16.00	MEDICAL RECORDS & LIBRARY	0	9,158	298,121	36	16.00
17.00	SOCIAL SERVICE	283	0	78,477	4	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	31,973	133,852	5,895,143	96	30.00
31.00	INTENSIVE CARE UNIT	4,342	42,169	1,511,965	17	31.00
41.00	SUBPROVIDER - IRF	19,252	50,235	2,433,338	65	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	15,449	434,446	2,501,369	66	50.00
51.00	RECOVERY ROOM	1,139	3,568	203,624	4	51.00
53.00	ANESTHESIOLOGY	0	34,062	32,998	8	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,698	485,784	1,922,440	55	54.00
56.00	RADIOISOTOPE	1,587	115,266	298,218	7	56.00
57.00	CT SCAN	1,019	153,823	555,112	7	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	429	276,295	240,772	3	58.00
60.00	LABORATORY	7,330	80,161	1,236,173	42	60.00
65.00	RESPIRATORY THERAPY	3,240	49,496	1,106,150	45	65.00
66.00	PHYSICAL THERAPY	7,346	34,966	2,151,972	20	66.00
69.00	ELECTROCARDIOLOGY	1,284	106,598	561,211	10	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,882	13,123	1,542,302	17	73.00
76.97	CARDIAC REHABILITATION	1,628	12,261	352,168	10	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	375	554	235,624	8	90.00
91.00	EMERGENCY	14,916	97,280	2,771,936	58	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	212,017	2,313,406	32,442,536	786	507 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	896	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	602	4,118	0	52	192.00
192.01	COMMUNITY EDUCATION	0	0	19,262	0	192.01
192.02	VACANT SPACE	12,490	0	0	0	192.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,067,287	4,627,948	12,058,511	0	2,496,423 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.996447	1.996936	0.371468	0.000000	4,875.826172 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			18,744	0	24,349 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000577	0.000000	47.556641 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet B-1

Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03	3,653,017					5.03
5.04	16,585	317,357,290				5.04
5.05	31	0	-11,387,641	76,818,049		5.05
6.00	0	0	0	2,283,925	152,309	6.00
8.00	0	0	0	486,010	0	8.00
9.00	343	0	0	1,427,845	2,519	9.00
10.00	264	0	0	891,052	3,395	10.00
11.00	0	0	0	885,882	4,370	11.00
13.00	312	0	0	1,986,946	1,627	13.00
14.00	4,172	0	0	332,701	2,238	14.00
16.00	2	0	0	477,906	0	16.00
17.00	0	0	0	123,653	283	17.00
19.00	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	920,749	17,204,916	0	11,319,300	31,973	30.00
31.00	222,849	3,116,620	0	2,786,142	4,342	31.00
41.00	123,875	11,242,264	0	5,053,799	19,252	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	1,335,165	40,884,852	0	6,869,361	15,449	50.00
51.00	35,706	2,669,766	0	381,211	1,139	51.00
53.00	185,058	4,449,920	0	367,148	0	53.00
54.00	22,705	20,996,537	0	4,682,642	10,698	54.00
56.00	8,841	12,844,315	0	1,658,967	1,587	56.00
57.00	116,613	37,202,261	0	1,855,461	1,019	57.00
58.00	3,509	11,679,207	0	1,219,601	429	58.00
60.00	134,288	47,976,051	0	4,802,212	7,330	60.00
65.00	52,463	6,571,677	0	2,077,736	3,240	65.00
66.00	14,017	14,338,910	0	3,804,544	7,346	66.00
69.00	12,155	13,289,463	0	1,275,957	1,284	69.00
71.00	0	27,668,903	0	3,651,012	0	71.00
72.00	0	0	0	2,248,152	0	72.00
73.00	335	23,491,084	0	6,536,417	1,882	73.00
76.97	4,621	1,201,733	0	575,129	1,628	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	19,279	1,002,439	0	552,430	375	90.00
91.00	419,080	19,526,372	0	5,850,923	14,916	91.00
92.00						92.00
SPECIAL PURPOSE COST CENTERS						
113.00						113.00
118.00	3,653,017	317,357,290	-11,387,641	76,464,064	138,321	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	16,125	896	190.00
192.00	0	0	0	76,643	602	192.00
192.01	0	0	0	36,441	0	192.01
192.02	0	0	0	224,776	12,490	192.02
200.00						200.00
201.00						201.00
202.00	62,849	2,929,710		11,387,641	2,622,499	202.00
203.00	0.017205	0.009232		0.148242	17.218280	203.00
204.00	437	39,312		914,699	486,497	204.00
205.00	0.000120	0.000124		0.011907	3.194145	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet B-1

Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	MAINTENANCE & REPAIRS						6.00
8.00	LAUNDRY & LINEN SERVICE	27,427					8.00
9.00	HOUSEKEEPING	0	149,790				9.00
10.00	DIETARY	0	3,395	82,281			10.00
11.00	CAFETERIA	0	4,370	0	27,303,062		11.00
13.00	NURSING ADMINISTRATION	0	1,627	0	1,191,358	45,670	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,238	0	163,329	0	14.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	298,121	0	16.00
17.00	SOCIAL SERVICE	0	283	0	78,477	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,281	31,973	51,843	5,895,143	21,130	30.00
31.00	INTENSIVE CARE UNIT	2,443	4,342	7,329	1,511,965	5,775	31.00
41.00	SUBPROVIDER - IRF	7,703	19,252	23,109	2,433,338	2,460	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	15,449	0	2,501,369	350	50.00
51.00	RECOVERY ROOM	0	1,139	0	203,624	530	51.00
53.00	ANESTHESIOLOGY	0	0	0	32,998	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	10,698	0	1,922,440	0	54.00
56.00	RADIO SOTOPE	0	1,587	0	298,218	0	56.00
57.00	CT SCAN	0	1,019	0	555,112	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	429	0	240,772	0	58.00
60.00	LABORATORY	0	7,330	0	1,236,173	0	60.00
65.00	RESPIRATORY THERAPY	0	3,240	0	1,106,150	0	65.00
66.00	PHYSICAL THERAPY	0	7,346	0	2,151,972	0	66.00
69.00	ELECTROCARDIOLOGY	0	1,284	0	561,211	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,882	0	1,542,302	555	73.00
76.97	CARDIAC REHABILITATION	0	1,628	0	352,168	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	375	0	235,624	0	90.00
91.00	EMERGENCY	0	14,916	0	2,771,936	14,870	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	27,427	135,802	82,281	27,283,800	45,670	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	896	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	602	0	0	0	192.00
192.01	COMMUNITY EDUCATION	0	0	0	19,262	0	192.01
192.02	VACANT SPACE	0	12,490	0	0	0	192.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	558,057	1,682,885	1,119,742	1,141,548	2,377,599	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.346994	11.234962	13.608755	0.041810	52.060412	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,808	102,063	123,992	106,585	206,937	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.211762	0.681374	1.506934	0.003904	4.531136	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet B-1

Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	NONPATIENT TELEPHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING RECEIVING AND STORES					5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	MAINTENANCE & REPAIRS					6.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY	6,286,437				14.00
16.00	MEDICAL RECORDS & LIBRARY	0	317,357,290			16.00
17.00	SOCIAL SERVICE	0	0	27,427		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	100	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,143	17,204,916	17,281		30.00
31.00	INTENSIVE CARE UNIT	566	3,116,620	2,443		31.00
41.00	SUBPROVIDER - IRF	755	11,242,264	7,703		41.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	5,460,841	40,884,852	0	0	50.00
51.00	RECOVERY ROOM	75	2,669,766	0	0	51.00
53.00	ANESTHESIOLOGY	61,622	4,449,920	0	100	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,391	20,996,537	0	0	54.00
56.00	RADIOISOTOPE	0	12,844,315	0	0	56.00
57.00	CT SCAN	1,179	37,202,261	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	11,679,207	0	0	58.00
60.00	LABORATORY	646,361	47,976,051	0	0	60.00
65.00	RESPIRATORY THERAPY	91,606	6,571,677	0	0	65.00
66.00	PHYSICAL THERAPY	286	14,338,910	0	0	66.00
69.00	ELECTROCARDIOLOGY	55	13,289,463	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,420	27,668,903	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	23,491,084	0	0	73.00
76.97	CARDIAC REHABILITATION	0	1,201,733	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	2,219	1,002,439	0	0	90.00
91.00	EMERGENCY	5,918	19,526,372	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,286,437	317,357,290	27,427	100	118.00
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
192.01	COMMUNITY EDUCATION	0	0	0	0	192.01
192.02	VACANT SPACE	0	0	0	0	192.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	452,529	561,216	153,317	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.071985	0.001768	5.590003	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	76,989	26,122	8,108	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.012247	0.000082	0.295621	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet C
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	16,438,414	16,438,414	210	16,438,624	30.00
31.00	INTENSIVE CARE UNIT	3,855,227	3,855,227	6,083	3,861,310	31.00
41.00	SUBPROVIDER - IRF	7,114,780	7,114,780	0	7,114,780	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	8,915,449	8,915,449	35,463	8,950,912	50.00
51.00	RECOVERY ROOM	510,962	510,962	0	510,962	51.00
53.00	ANESTHESIOLOGY	435,258	435,258	0	435,258	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,798,870	5,798,870	0	5,798,870	54.00
56.00	RADIOISOTOPE	1,985,228	1,985,228	0	1,985,228	56.00
57.00	CT SCAN	2,248,579	2,248,579	0	2,248,579	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,443,320	1,443,320	0	1,443,320	58.00
60.00	LABORATORY	5,905,826	5,905,826	13,300	5,919,126	60.00
65.00	RESPIRATORY THERAPY	2,542,393	2,542,393	5,419	2,547,812	65.00
66.00	PHYSICAL THERAPY	4,692,900	4,692,900	0	4,692,900	66.00
69.00	ELECTROCARDIOLOGY	1,548,605	1,548,605	940	1,549,545	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,241,338	4,241,338	0	4,241,338	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,581,423	2,581,423	0	2,581,423	72.00
73.00	DRUGS CHARGED TO PATIENTS	7,693,848	7,693,848	0	7,693,848	73.00
76.97	CARDIAC REHABILITATION	723,558	723,558	1,272	724,830	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	656,776	656,776	0	656,776	90.00
91.00	EMERGENCY	8,067,667	8,067,667	1,521	8,069,188	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,434,382	2,434,382	0	2,434,382	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	89,834,803	89,834,803	64,208	89,899,011	200.00
201.00	Less Observation Beds	2,434,382	2,434,382		2,434,382	201.00
202.00	Total (see instructions)	87,400,421	87,400,421	64,208	87,464,629	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	13,274,269		13,274,269		30.00
31.00	INTENSIVE CARE UNIT	3,109,306		3,109,306		31.00
41.00	SUBPROVIDER - IRF	11,242,264		11,242,264		41.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	16,066,078	24,456,568	40,522,646	0.220012	50.00
51.00	RECOVERY ROOM	1,420,159	1,132,569	2,552,728	0.200163	51.00
53.00	ANESTHESIOLOGY	2,210,074	2,207,654	4,417,728	0.098525	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,464,699	17,243,730	20,708,429	0.280025	54.00
56.00	RADIOISOTOPE	1,565,719	11,115,056	12,680,775	0.156554	56.00
57.00	CT SCAN	8,087,762	28,760,740	36,848,502	0.061022	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	976,549	10,504,018	11,480,567	0.125719	58.00
60.00	LABORATORY	17,960,510	29,291,149	47,251,659	0.124987	60.00
65.00	RESPIRATORY THERAPY	5,069,993	1,492,459	6,562,452	0.387415	65.00
66.00	PHYSICAL THERAPY	7,385,527	6,610,378	13,995,905	0.335305	66.00
69.00	ELECTROCARDIOLOGY	4,133,413	9,039,366	13,172,779	0.117561	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,800,193	9,767,032	19,567,225	0.216757	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,974,693	2,005,746	7,980,439	0.323469	72.00
73.00	DRUGS CHARGED TO PATIENTS	17,970,168	5,418,267	23,388,435	0.328960	73.00
76.97	CARDIAC REHABILITATION	1,241	1,182,996	1,184,237	0.610991	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	2,681	999,758	1,002,439	0.655178	90.00
91.00	EMERGENCY	4,122,611	15,249,388	19,371,999	0.416460	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	120,767	3,776,565	3,897,332	0.624628	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	133,958,676	180,253,439	314,212,115		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	133,958,676	180,253,439	314,212,115		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet C
Part I
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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
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.220887			50.00
51.00	RECOVERY ROOM	0.200163			51.00
53.00	ANESTHESIOLOGY	0.098525			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.280025			54.00
56.00	RADIOISOTOPE	0.156554			56.00
57.00	CT SCAN	0.061022			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.125719			58.00
60.00	LABORATORY	0.125268			60.00
65.00	RESPIRATORY THERAPY	0.388241			65.00
66.00	PHYSICAL THERAPY	0.335305			66.00
69.00	ELECTROCARDIOLOGY	0.117632			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216757			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.323469			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.328960			73.00
76.97	CARDIAC REHABILITATION	0.612065			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.655178			90.00
91.00	EMERGENCY	0.416539			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.624628			92.00
SPECIAL PURPOSE COST CENTERS					
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: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	16,438,414		16,438,414	0	0 30.00
31.00	INTENSIVE CARE UNIT	3,855,227		3,855,227	0	0 31.00
41.00	SUBPROVIDER - IRF	7,114,780		7,114,780	0	0 41.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	8,915,449		8,915,449	0	0 50.00
51.00	RECOVERY ROOM	510,962		510,962	0	0 51.00
53.00	ANESTHESIOLOGY	435,258		435,258	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,798,870		5,798,870	0	0 54.00
56.00	RADIOISOTOPE	1,985,228		1,985,228	0	0 56.00
57.00	CT SCAN	2,248,579		2,248,579	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,443,320		1,443,320	0	0 58.00
60.00	LABORATORY	5,905,826		5,905,826	0	0 60.00
65.00	RESPIRATORY THERAPY	2,542,393	0	2,542,393	0	0 65.00
66.00	PHYSICAL THERAPY	4,692,900	0	4,692,900	0	0 66.00
69.00	ELECTROCARDIOLOGY	1,548,605		1,548,605	0	0 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,241,338		4,241,338	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,581,423		2,581,423	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	7,693,848		7,693,848	0	0 73.00
76.97	CARDIAC REHABILITATION	723,558		723,558	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	656,776		656,776	0	0 90.00
91.00	EMERGENCY	8,067,667		8,067,667	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,434,382		2,434,382	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	89,834,803	0	89,834,803	0	0 200.00
201.00	Less Observation Beds	2,434,382		2,434,382		0 201.00
202.00	Total (see instructions)	87,400,421	0	87,400,421	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,274,269		13,274,269			30.00
31.00	INTENSIVE CARE UNIT	3,109,306		3,109,306			31.00
41.00	SUBPROVIDER - IRF	11,242,264		11,242,264			41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	16,066,078	24,456,568	40,522,646	0.220012	0.000000	50.00
51.00	RECOVERY ROOM	1,420,159	1,132,569	2,552,728	0.200163	0.000000	51.00
53.00	ANESTHESIOLOGY	2,210,074	2,207,654	4,417,728	0.098525	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,464,699	17,243,730	20,708,429	0.280025	0.000000	54.00
56.00	RADIOISOTOPE	1,565,719	11,115,056	12,680,775	0.156554	0.000000	56.00
57.00	CT SCAN	8,087,762	28,760,740	36,848,502	0.061022	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	976,549	10,504,018	11,480,567	0.125719	0.000000	58.00
60.00	LABORATORY	17,960,510	29,291,149	47,251,659	0.124987	0.000000	60.00
65.00	RESPIRATORY THERAPY	5,069,993	1,492,459	6,562,452	0.387415	0.000000	65.00
66.00	PHYSICAL THERAPY	7,385,527	6,610,378	13,995,905	0.335305	0.000000	66.00
69.00	ELECTROCARDIOLOGY	4,133,413	9,039,366	13,172,779	0.117561	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,800,193	9,767,032	19,567,225	0.216757	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,974,693	2,005,746	7,980,439	0.323469	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	17,970,168	5,418,267	23,388,435	0.328960	0.000000	73.00
76.97	CARDIAC REHABILITATION	1,241	1,182,996	1,184,237	0.610991	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2,681	999,758	1,002,439	0.655178	0.000000	90.00
91.00	EMERGENCY	4,122,611	15,249,388	19,371,999	0.416460	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	120,767	3,776,565	3,897,332	0.624628	0.000000	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	133,958,676	180,253,439	314,212,115			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	133,958,676	180,253,439	314,212,115			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet C
Part I
Date/Time Prepared:
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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
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
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
60.00	LABORATORY	0.000000			60.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.97	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
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
SPECIAL PURPOSE COST CENTERS					
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet D
Part I
Date/Time Prepared:
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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	1,318,628	0	1,318,628	20,285	65.01	30.00
31.00	INTENSIVE CARE UNIT	258,825		258,825	2,443	105.95	31.00
41.00	SUBPROVIDER - IRF	648,975	0	648,975	7,703	84.25	41.00
200.00	Total (Lines 30-199)	2,226,428		2,226,428	30,431		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140011		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part I Date/Time Prepared: 8/22/2012 5:02 pm	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII	Hospital	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	12,008	780,640				30.00
31.00	INTENSIVE CARE UNIT	1,439	152,462				31.00
41.00	SUBPROVIDER - IRF	5,908	497,749				41.00
200.00	Total (Lines 30-199)	19,355	1,430,851				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet D Part II Date/Time Prepared: 8/22/2012 5:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,376,365	40,522,646	0.033965	7,859,277	266,940	50.00
51.00	RECOVERY ROOM	40,493	2,552,728	0.015863	669,854	10,626	51.00
53.00	ANESTHESIOLOGY	74,234	4,417,728	0.016804	1,032,889	17,357	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,274,173	20,708,429	0.061529	2,371,499	145,916	54.00
56.00	RADIOISOTOPE	288,863	12,680,775	0.022780	1,331,466	30,331	56.00
57.00	CT SCAN	361,829	36,848,502	0.009819	5,400,041	53,023	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	579,132	11,480,567	0.050445	550,160	27,753	58.00
60.00	LABORATORY	402,128	47,251,659	0.008510	11,923,778	101,471	60.00
65.00	RESPIRATORY THERAPY	203,215	6,562,452	0.030966	3,556,372	110,127	65.00
66.00	PHYSICAL THERAPY	289,779	13,995,905	0.020705	955,014	19,774	66.00
69.00	ELECTROCARDIOLOGY	261,543	13,172,779	0.019855	3,256,181	64,651	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	49,203	19,567,225	0.002515	3,743,236	9,414	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	26,769	7,980,439	0.003354	3,585,912	12,027	72.00
73.00	DRUGS CHARGED TO PATIENTS	160,223	23,388,435	0.006851	10,820,216	74,129	73.00
76.97	CARDIAC REHABILITATION	68,766	1,184,237	0.058068	216	13	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	17,273	1,002,439	0.017231	2,164	37	90.00
91.00	EMERGENCY	676,111	19,371,999	0.034901	2,613,103	91,200	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	195,274	3,897,332	0.050105	112,365	5,630	92.00
200.00	Total (lines 50-199)	6,345,373	286,586,276		59,783,743	1,040,419	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140011		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part III Date/Time Prepared: 8/22/2012 5:02 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140011		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part III Date/Time Prepared: 8/22/2012 5:02 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	20,285	0.00	12,008	0	0	30.00
31.00	INTENSIVE CARE UNIT	2,443	0.00	1,439	0	0	31.00
41.00	SUBPROVIDER - IRF	7,703	0.00	5,908	0	0	41.00
200.00	Total (Lines 30-199)	30,431		19,355	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140011		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part III Date/Time Prepared: 8/22/2012 5:02 pm	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII		Hospital PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0			30.00	
31.00	INTENSIVE CARE UNIT	0	0			31.00	
41.00	SUBPROVIDER - IRF	0	0			41.00	
200.00	Total (lines 30-199)	0	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet D
Part IV
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	LABORATORY	0	0	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet D
Part IV
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	40,522,646	0.000000	0.000000	7,859,277	50.00
51.00	RECOVERY ROOM	0	2,552,728	0.000000	0.000000	669,854	51.00
53.00	ANESTHESIOLOGY	0	4,417,728	0.000000	0.000000	1,032,889	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	20,708,429	0.000000	0.000000	2,371,499	54.00
56.00	RADIOISOTOPE	0	12,680,775	0.000000	0.000000	1,331,466	56.00
57.00	CT SCAN	0	36,848,502	0.000000	0.000000	5,400,041	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	11,480,567	0.000000	0.000000	550,160	58.00
60.00	LABORATORY	0	47,251,659	0.000000	0.000000	11,923,778	60.00
65.00	RESPIRATORY THERAPY	0	6,562,452	0.000000	0.000000	3,556,372	65.00
66.00	PHYSICAL THERAPY	0	13,995,905	0.000000	0.000000	955,014	66.00
69.00	ELECTROCARDIOLOGY	0	13,172,779	0.000000	0.000000	3,256,181	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,567,225	0.000000	0.000000	3,743,236	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	7,980,439	0.000000	0.000000	3,585,912	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	23,388,435	0.000000	0.000000	10,820,216	73.00
76.97	CARDIAC REHABILITATION	0	1,184,237	0.000000	0.000000	216	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	1,002,439	0.000000	0.000000	2,164	90.00
91.00	EMERGENCY	0	19,371,999	0.000000	0.000000	2,613,103	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,897,332	0.000000	0.000000	112,365	92.00
200.00	Total (Lines 50-199)	0	286,586,276			59,783,743	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet D
Part IV
Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	7,909,756	0	0	0	50.00
51.00	RECOVERY ROOM	0	380,177	0	0	0	51.00
53.00	ANESTHESIOLOGY	0	758,039	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,062,966	0	0	0	54.00
56.00	RADIOISOTOPE	0	6,705,764	0	0	0	56.00
57.00	CT SCAN	0	9,686,011	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,889,903	0	0	0	58.00
60.00	LABORATORY	0	1,252,214	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	553,876	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	4,227,483	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,479,951	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	847,341	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,484,459	0	0	0	73.00
76.97	CARDIAC REHABILITATION	0	522,694	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	545,307	0	0	0	90.00
91.00	EMERGENCY	0	3,990,419	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,695,804	0	0	0	92.00
200.00	Total (Lines 50-199)	0	50,992,164	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet D Part IV Date/Time Prepared: 8/22/2012 5:02 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 LABORATORY	0	0		60.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
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: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet D Part V Date/Time Prepared: 8/22/2012 5:02 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Reimbursed Services (see instructions)	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.220012	7,909,756	0	0		50.00
51.00 RECOVERY ROOM	0.200163	380,177	0	0		51.00
53.00 ANESTHESIOLOGY	0.098525	758,039	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.280025	5,062,966	0	0		54.00
56.00 RADIOISOTOPE	0.156554	6,705,764	0	0		56.00
57.00 CT SCAN	0.061022	9,686,011	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.125719	2,889,903	0	0		58.00
60.00 LABORATORY	0.124987	1,252,214	0	0		60.00
65.00 RESPIRATORY THERAPY	0.387415	553,876	0	0		65.00
66.00 PHYSICAL THERAPY	0.335305	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	0.117561	4,227,483	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216757	1,479,951	2,435	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.323469	847,341	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.328960	2,484,459	0	75,114		73.00
76.97 CARDIAC REHABILITATION	0.610991	522,694	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.655178	545,307	0	0		90.00
91.00 EMERGENCY	0.416460	3,990,419	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.624628	1,695,804	0	0		92.00
200.00 Subtotal (see instructions)		50,992,164	2,435	75,114		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		50,992,164	2,435	75,114		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet D
Part V
Date/Time Prepared:
8/22/2012 5:02 pm

		Title XVIII		Hospital	PPS
Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	1,740,241	0	0	50.00
51.00	RECOVERY ROOM	76,097	0	0	51.00
53.00	ANESTHESIOLOGY	74,686	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,417,757	0	0	54.00
56.00	RADIOISOTOPE	1,049,814	0	0	56.00
57.00	CT SCAN	591,060	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	363,316	0	0	58.00
60.00	LABORATORY	156,510	0	0	60.00
65.00	RESPIRATORY THERAPY	214,580	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	496,987	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	320,790	528	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	274,089	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	817,288	0	24,710	73.00
76.97	CARDIAC REHABILITATION	319,361	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	357,273	0	0	90.00
91.00	EMERGENCY	1,661,850	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,059,247	0	0	92.00
200.00	Subtotal (see instructions)	10,990,946	528	24,710	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	10,990,946	528	24,710	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140011 Component CCN: 14T011		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part II Date/Time Prepared: 8/22/2012 5:02 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,376,365	40,522,646	0.033965	29,318	996	50.00
51.00	RECOVERY ROOM	40,493	2,552,728	0.015863	2,162	34	51.00
53.00	ANESTHESIOLOGY	74,234	4,417,728	0.016804	3,052	51	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,274,173	20,708,429	0.061529	154,398	9,500	54.00
56.00	RADIOISOTOPE	288,863	12,680,775	0.022780	7,633	174	56.00
57.00	CT SCAN	361,829	36,848,502	0.009819	163,498	1,605	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	579,132	11,480,567	0.050445	18,354	926	58.00
60.00	LABORATORY	402,128	47,251,659	0.008510	1,085,610	9,239	60.00
65.00	RESPIRATORY THERAPY	203,215	6,562,452	0.030966	253,876	7,862	65.00
66.00	PHYSICAL THERAPY	289,779	13,995,905	0.020705	4,659,454	96,474	66.00
69.00	ELECTROCARDIOLOGY	261,543	13,172,779	0.019855	39,911	792	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	49,203	19,567,225	0.002515	28,578	72	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	26,769	7,980,439	0.003354	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	160,223	23,388,435	0.006851	1,688,723	11,569	73.00
76.97	CARDIAC REHABILITATION	68,766	1,184,237	0.058068	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	17,273	1,002,439	0.017231	517	9	90.00
91.00	EMERGENCY	676,111	19,371,999	0.034901	1,028	36	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	195,274	3,897,332	0.050105	0	0	92.00
200.00	Total (lines 50-199)	6,345,373	286,586,276		8,136,112	139,339	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140011 Component CCN: 14T011	Period: From 04/01/2011 To 03/31/2012	Worksheet D Part IV Date/Time Prepared: 8/22/2012 5:02 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 LABORATORY	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140011 Component CCN: 14T011	Period: From 04/01/2011 To 03/31/2012	Worksheet D Part IV Date/Time Prepared: 8/22/2012 5:02 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	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	40,522,646	0.000000	0.000000	29,318	50.00
51.00 RECOVERY ROOM	0	2,552,728	0.000000	0.000000	2,162	51.00
53.00 ANESTHESIOLOGY	0	4,417,728	0.000000	0.000000	3,052	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	20,708,429	0.000000	0.000000	154,398	54.00
56.00 RADIOISOTOPE	0	12,680,775	0.000000	0.000000	7,633	56.00
57.00 CT SCAN	0	36,848,502	0.000000	0.000000	163,498	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	11,480,567	0.000000	0.000000	18,354	58.00
60.00 LABORATORY	0	47,251,659	0.000000	0.000000	1,085,610	60.00
65.00 RESPIRATORY THERAPY	0	6,562,452	0.000000	0.000000	253,876	65.00
66.00 PHYSICAL THERAPY	0	13,995,905	0.000000	0.000000	4,659,454	66.00
69.00 ELECTROCARDIOLOGY	0	13,172,779	0.000000	0.000000	39,911	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,567,225	0.000000	0.000000	28,578	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	7,980,439	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	23,388,435	0.000000	0.000000	1,688,723	73.00
76.97 CARDIAC REHABILITATION	0	1,184,237	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	1,002,439	0.000000	0.000000	517	90.00
91.00 EMERGENCY	0	19,371,999	0.000000	0.000000	1,028	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,897,332	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	286,586,276			8,136,112	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140011 Component CCN: 14T011		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part IV Date/Time Prepared: 8/22/2012 5:02 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	LABORATORY	0	0	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140011 Component CCN: 14T011	Period: From 04/01/2011 To 03/31/2012	Worksheet D Part IV Date/Time Prepared: 8/22/2012 5:02 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 LABORATORY	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 8/22/2012 5:02 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,285	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,285	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		17,281	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)		12,008	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)		16,438,624	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)		16,438,624	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		11,648,166	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		11,648,166	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.411263	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)		674.04	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)		16,438,624	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)		810.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,731,043	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)		9,731,043	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140011		Period: From 04/01/2011 To 03/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 8/22/2012 5:02 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	3,861,310	2,443	1,580.56	1,439	2,274,426		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)					13,511,635		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,517,104		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)					933,102		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,040,419		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,973,521		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,543,583		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)					3,004		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					810.38		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,434,382		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140011		Period: From 04/01/2011 To 03/31/2012		Worksheet D-1 Date/Time Prepared: 8/22/2012 5:02 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,318,628	16,438,624	0.080215	2,434,382	195,274	90.00
91.00	Nursing School cost	0	16,438,624	0.000000	2,434,382	0	91.00
92.00	Allied health cost	0	16,438,624	0.000000	2,434,382	0	92.00
93.00	All other Medical Education	0	16,438,624	0.000000	2,434,382	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet D-1
		Component CCN: 14T011		Date/Time Prepared: 8/22/2012 5:02 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,703	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,703	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,703	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)		5,908	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)		7,114,780	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)		7,114,780	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		11,242,264	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		11,242,264	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.632860	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)		1,459.47	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)		7,114,780	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)		923.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,456,865	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,456,865	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet D-1			
		Component CCN: 14T011		Date/Time Prepared: 8/22/2012 5:02 pm			
		Title XVIII	Subprovider - IRF	PPS			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)					42.00	
	Intensive Care Type Inpatient Hospital Units						
43.00	0	0	0.00	0	0	43.00	
44.00	INTENSIVE CARE UNIT					44.00	
45.00	CORONARY CARE UNIT					45.00	
46.00	BURN INTENSIVE CARE UNIT					46.00	
47.00	SURGICAL INTENSIVE CARE UNIT					47.00	
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)					2,427,997	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,884,862	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)					497,749	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					139,339	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					637,088	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,247,774	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140011 Component CCN: 14T011		Period: From 04/01/2011 To 03/31/2012		Worksheet D-1 Date/Time Prepared: 8/22/2012 5:02 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	648,975	7,114,780	0.091215	0	0	90.00
91.00	Nursing School cost	0	7,114,780	0.000000	0	0	91.00
92.00	Allied health cost	0	7,114,780	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,114,780	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet D-3 Date/Time Prepared: 8/22/2012 5:02 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		8,511,960		30.00
31.00	INTENSIVE CARE UNIT		1,968,552		31.00
41.00	SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.220887	7,859,277	1,736,012	50.00
51.00	RECOVERY ROOM	0.200163	669,854	134,080	51.00
53.00	ANESTHESIOLOGY	0.098525	1,032,889	101,765	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.280025	2,371,499	664,079	54.00
56.00	RADIOISOTOPE	0.156554	1,331,466	208,446	56.00
57.00	CT SCAN	0.061022	5,400,041	329,521	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.125719	550,160	69,166	58.00
60.00	LABORATORY	0.125268	11,923,778	1,493,668	60.00
65.00	RESPIRATORY THERAPY	0.388241	3,556,372	1,380,729	65.00
66.00	PHYSICAL THERAPY	0.335305	955,014	320,221	66.00
69.00	ELECTROCARDIOLOGY	0.117632	3,256,181	383,031	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216757	3,743,236	811,373	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.323469	3,585,912	1,159,931	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.328960	10,820,216	3,559,418	73.00
76.97	CARDIAC REHABILITATION	0.612065	216	132	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.655178	2,164	1,418	90.00
91.00	EMERGENCY	0.416539	2,613,103	1,088,459	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.624628	112,365	70,186	92.00
200.00	Total (sum of lines 50-94 and 96-98)		59,783,743	13,511,635	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)		59,783,743		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140011 Component CCN: 14T011	Period: From 04/01/2011 To 03/31/2012	Worksheet D-3 Date/Time Prepared: 8/22/2012 5:02 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
41.00	SUBPROVIDER - IRF		8,598,923	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.220887	29,318	50.00
51.00	RECOVERY ROOM	0.200163	2,162	51.00
53.00	ANESTHESIOLOGY	0.098525	3,052	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.280025	154,398	54.00
56.00	RADIOISOTOPE	0.156554	7,633	56.00
57.00	CT SCAN	0.061022	163,498	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.125719	18,354	58.00
60.00	LABORATORY	0.125268	1,085,610	60.00
65.00	RESPIRATORY THERAPY	0.388241	253,876	65.00
66.00	PHYSICAL THERAPY	0.335305	4,659,454	66.00
69.00	ELECTROCARDIOLOGY	0.117632	39,911	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216757	28,578	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.323469	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.328960	1,688,723	73.00
76.97	CARDIAC REHABILITATION	0.612065	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.655178	517	90.00
91.00	EMERGENCY	0.416539	1,028	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.624628	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		8,136,112	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		8,136,112	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part A Date/Time Prepared: 8/22/2012 5:02 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		18,757,421	1.00
2.00	Outlier payments for discharges. (see instructions)		276,062	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
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)		66.79	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)		5.34	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		12.41	31.00
32.00	Sum of lines 30 and 31		17.75	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.29	33.00
34.00	Disproportionate share adjustment (see instructions)		804,693	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		19,838,176	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part A Date/Time Prepared: 8/22/2012 5:02 pm
		Title XVII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		23,102,924	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		22,286,737	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,521,636	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,808,373	59.00
60.00	Primary payer payments		3,198	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,805,175	61.00
62.00	Deductibles billed to program beneficiaries		2,289,656	62.00
63.00	Coinurance billed to program beneficiaries		86,242	63.00
64.00	Allowable bad debts (see instructions)		499,321	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		349,525	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,778,802	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.		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)		21,778,802	71.00
72.00	Interim payments		21,883,402	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)		-104,600	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part B Date/Time Prepared: 8/22/2012 5:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		25,238	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,990,946	2.00
3.00	PPS payments		7,970,414	3.00
4.00	Outlier payment (see instructions)		54,657	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.804	5.00
6.00	Line 2 times line 5		8,836,721	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		90.82	7.00
8.00	Transitional corridor payment (see instructions)		689,903	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)		25,238	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		77,549	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)		77,549	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)		77,549	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		52,311	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)		25,238	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		8,714,974	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,018,545	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)		6,721,667	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)		6,721,667	30.00
31.00	Primary payer payments		35	31.00
32.00	Subtotal (line 30 minus line 31)		6,721,632	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)		394,430	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		276,101	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		6,997,733	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)		6,997,733	40.00
41.00	Interim payments		7,833,723	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)		-835,990	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		115,084	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part B Date/Time Prepared: 8/22/2012 5:02 pm
		Title XVIII	Hospital	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part B Date/Time Prepared: 8/22/2012 5:02 pm
		Component CCN: 14T011	Title VIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	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)		0	40.00
41.00	Interim payments		0	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)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140011 Component CCN: 14T011	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part B Date/Time Prepared: 8/22/2012 5:02 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
8/22/2012 5:02 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		20,887,893		7,833,723	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	09/30/2011	775,574		0	3.01	
3.02		03/16/2012	219,935		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)		995,509		0	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)		21,883,402		7,833,723	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		104,600		835,990	6.02	
7.00	Total Medicare program liability (see instructions)		21,778,802		6,997,733	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140011

Period: From 04/01/2011

Worksheet E-1

Component CCN: 14T011

To 03/31/2012

Part I
Date/Time Prepared:
8/22/2012 5:02 pm

Title XVIII

Subprovider -
IRF

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					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		8,238,584		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		0		0	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	09/30/2011	22,956		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)		-22,956		0	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)		8,215,628		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		46,390		0	6.02
7.00	Total Medicare program liability (see instructions)		8,169,238		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet E-3 Part III Date/Time Prepared: 8/22/2012 5:02 pm
		Component CCN: 14T011	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		7,634,011	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0309	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		381,983	3.00
4.00	Outlier Payments		296,777	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		21.046448	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		8,312,771	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		8,312,771	17.00
18.00	Primary payer payments		8,402	18.00
19.00	Subtotal (line 17 less line 18).		8,304,369	19.00
20.00	Deductibles		109,080	20.00
21.00	Subtotal (line 19 minus line 20)		8,195,289	21.00
22.00	Coinsurance		34,646	22.00
23.00	Subtotal (line 21 minus line 22)		8,160,643	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		12,278	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		8,595	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		8,169,238	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		8,169,238	32.00
33.00	Interim payments		8,215,628	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		-46,390	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet G

Date/Time Prepared:
8/22/2012 5:02 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	563,155	0	0	0	1.00
2.00	Temporary investments	9,913	0	0	0	2.00
3.00	Notes receivable	160,622	0	0	0	3.00
4.00	Accounts receivable	83,086,657	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-62,892,714	0	0	0	6.00
7.00	Inventory	1,171,863	0	0	0	7.00
8.00	Prepaid expenses	645,632	0	0	0	8.00
9.00	Other current assets	1,618,105	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)	24,363,233	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,613,594	0	0	0	12.00
13.00	Land improvements	4,058,341	0	0	0	13.00
14.00	Accumulated depreciation	-1,722,626	0	0	0	14.00
15.00	Buildings	63,110,496	0	0	0	15.00
16.00	Accumulated depreciation	-26,312,346	0	0	0	16.00
17.00	Leasehold improvements	4,220	0	0	0	17.00
18.00	Accumulated depreciation	-445	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	162,746	0	0	0	21.00
22.00	Accumulated depreciation	-108,127	0	0	0	22.00
23.00	Major movable equipment	23,934,940	0	0	0	23.00
24.00	Accumulated depreciation	-14,012,500	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	744,487	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	53,472,780	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	72,277,084	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	738,598	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	73,015,682	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	150,851,695	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,955,593	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,024,015	0	0	0	38.00
39.00	Payroll taxes payable	1,195,236	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,526,369	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	4,643,344	0	0	0	43.00
44.00	Other current liabilities	4,166,770	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,511,327	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	43,910,905	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,326,390	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	45,237,295	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	63,748,622	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	87,103,073				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	87,103,073	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	150,851,695	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet G-1

Date/Time Prepared:
8/22/2012 5:02 pm

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
		1.00	Fund balances at beginning of period		91,749,164		
2.00	Net income (loss) (From Wkst. G-3, line 29)		-4,646,112			2.00	
3.00	Total (sum of line 1 and line 2)		87,103,052		0	3.00	
4.00	Additions (credit adjustments) (specify)	0		0		4.00	
5.00		0		0		5.00	
6.00	ROUNDING	21		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)		21		0	10.00	
11.00	Subtotal (line 3 plus line 10)		87,103,073		0	11.00	
12.00	Deductions (debit adjustments) (specify)	0		0		12.00	
13.00	RETURNED FUNDS	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)		87,103,073		0	19.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet G-1

Date/Time Prepared:
8/22/2012 5:02 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		111,959			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)		111,959			0	3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00	0		0			5.00
6.00 ROUNDING	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)		111,959			0	11.00
12.00 Deductions (debit adjustments) (specify)	0		0			12.00
13.00 RETURNED FUNDS	111,959		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)		111,959			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: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet G-2 Parts

Date/Time Prepared:
8/22/2012 5:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	16,408,621		16,408,621	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	11,545,855		11,545,855	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,954,476		27,954,476	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,116,620		3,116,620	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)	3,116,620		3,116,620	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	31,071,096		31,071,096	17.00
18.00	Ancillary services	107,247,530	181,352,078	288,599,608	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	138,318,626	181,352,078	319,670,704	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		86,354,579		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)		86,354,579		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140011

Period:
From 04/01/2011
To 03/31/2012

Worksheet G-3

Date/Time Prepared:
8/22/2012 5:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	319,670,704	1.00
2.00	Less contractual allowances and discounts on patients' accounts	218,871,627	2.00
3.00	Net patient revenues (line 1 minus line 2)	100,799,077	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	86,354,579	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,444,498	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	108,895	6.00
7.00	Income from investments	-1,235,259	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	14,753	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	288,044	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	3,184	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	52,804	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	117,391	22.00
23.00	Governmental appropriations	6,389	23.00
24.00	MISCELLANEOUS	755	24.00
25.00	Total other income (sum of lines 6-24)	-643,044	25.00
26.00	Total (line 5 plus line 25)	13,801,454	26.00
27.00	LOSS ON DISPOSAL OF EQUIPMENT	79,928	27.00
27.01	CORPORATE ALLOCATION	18,367,636	27.01
27.02	ROUNDING	2	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	18,447,566	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,646,112	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140011	Period: From 04/01/2011 To 03/31/2012	Worksheet L Parts I-III Date/Time Prepared: 8/22/2012 5:02 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,498,058	1.00
2.00	Capital DRG outlier payments		23,578	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		53.89	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,521,636	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