

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: 140049 Period: From 05/01/2011 To 04/30/2012 Worksheet 5 Parts I-III Date/Time Prepared: 9/28/2012 7:31 am

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 9/28/2012 Time: 7:31 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WEST SUBURBAN HOSP MED CTR for the cost reporting period beginning 05/01/2011 and ending 04/30/2012 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.

Encryption Information

ECR: Date: 9/28/2012 Time: 7:31 am
 x2RA4Mp7794CbPzfxys.Ey5gIFUnf0
 xBB0A08M6ofPbtvxyt26lJ2kKIUE1a
 dfij1AL.xj0U7yhx
 PI: Date: 9/28/2012 Time: 7:31 am
 c56YRYNDJcio63kOP7f4sq.TYDNkv0
 DAYAZ0ayxgKaA3T0hwcNPyP:y2DBpi
 Nk5NTkkov20Vxmfw

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,331,587	51,361	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	1	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	1,331,588	51,361	0	0	200.00

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 140049

Period: From 05/01/2011 To 04/30/2012

Worksheet 5
Parts I-III
Date/Time Prepared: 9/28/2012 7:31 am

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 9/28/2012 Time: 7:31 am

2. Manually submitted cost report

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4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status

(1) As Submitted

(2) Settled without Audit

(3) Settled with Audit

(4) Reopened

(5) Amended

6. Date Received:

7. Contractor No.

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

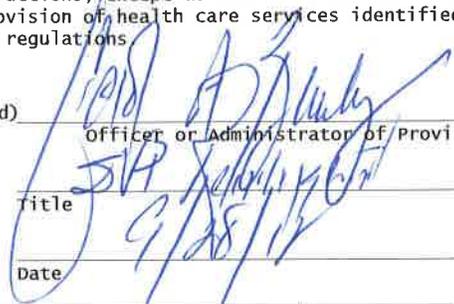
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(Signed)



Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,331,587	51,361	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	1	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	1,331,588	51,361	0	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 140049

Period: From 05/01/2011 To 04/30/2012

Worksheet 5 Parts I-III Date/Time Prepared: 9/28/2012 7:31 am

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ECR: Date: 9/28/2012 Time: 7:31 am

x2RA4Mp7794CbPzfxys.Ey5gIFUnf0

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dfij1AL.xj0U7yhX

PI: Date: 9/28/2012 Time: 7:31 am

c56YRyNDJcio63kOP7f4sQ.TYDNkv0

DAYAZ0ayxgKaA3T0hwcNpyp:y2DBpi

Nk5NTKkov20Vxmfw

(Signed) _____

Officer or Administrator of Provider(s)

Title _____

Date 9/28/12

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,331,587	51,361	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
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7.00 SKILLED NURSING FACILITY	0	1	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
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140049		Period: From 05/01/2011 To 04/30/2012		Worksheet S-2 Part I Date/Time Prepared: 9/27/2012 2:55 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3 ERIE COURT	PO Box:	Zip Code: 60302		County: COOK				1.00	
2.00	City: OAK PARK	State: IL							2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	WEST SUBURBAN HOSP MED CTR	140049	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N	N	N	8.00
9.00	Hospital-Based SNF	WEST SUBURBAN SNF	145743	16974		12/28/1992	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					05/01/2011	04/30/2012		20.00	
21.00	Type of Control (see instructions)					6			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.	14,350	0	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 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.	0	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1			26.00	
27.00	For the Standard Geographic Classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.					0			37.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part I Date/Time Prepared: 9/27/2012 2:55 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.					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)	Y	Y	Y	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 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)	Y			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 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
9/27/2012 2:55 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)	FAMILY MEDICINE	1350	26.00	26.00	0.500000	65.00
65.01		INTERNAL MEDICINE	1400	24.00	24.00	0.500000	65.01
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5004 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010			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	

	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
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.	FAMILY MEDICINE	1350	28.00	28.00	0.500000	67.00
67.01		INTERNAL MEDICINE	1400	24.00	24.00	0.500000	67.01
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part I Date/Time Prepared: 9/27/2012 2:55 pm	
		V	XIX		
		1.00	2.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0		118.00
		Premiums 1.00	Losses 2.00	Insurance 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.	0	0	0	118.01
				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			118.02
119.00	DO NOT USE THIS LINE				119.00
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	N		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part I Date/Time Prepared: 9/27/2012 2:55 pm				
			1.00	2.00				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00			
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	44H108	140.00			
		1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: Vanguard Health Systems	Contractor's Name: Cahaba GBA	Contractor's Number: 10101		141.00			
142.00	Street: 20 Burton Hill Blvd, suite 100	PO Box:			142.00			
143.00	City: Nashville	State: AL	Zip Code:	35242	143.00			
				1.00				
144.00	Are provider based physicians' costs included in worksheet A?		Y		144.00			
145.00	If costs for renal services are claimed on worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00			
			1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00			
147.00	was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00			
148.00	was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00			
149.00	was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00			
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	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	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
					1.00			
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00169.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140049		Period: From 05/01/2011 To 04/30/2012		Worksheet S-2 Part II Date/Time Prepared: 9/27/2012 2:55 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C				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.	Y					9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		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	08/06/2012				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: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part II Date/Time Prepared: 9/27/2012 2:55 pm
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	Description	Part A		
		Y/N	Date	
	0	1.00	2.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	Y		21.00
				1.00

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

Capital Related Cost

22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00

Interest Expense

28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00

Purchased Services

32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	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.	N		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.	Y	06/30/2011	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
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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.			41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	08/06/2012	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.	Y		21.00
		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.			41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
9/27/2012 2:55 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	129	47,214	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)		129	47,214	0.00	7.00
8.00 Intensive Care Unit	31.00	24	8,784	0.00	8.00
9.00 Coronary Care Unit					9.00
10.00 Burn Intensive Care Unit					10.00
11.00 Surgical Intensive Care Unit					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 Nursery	43.00				13.00
14.00 Total (see instructions)		153	55,998	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY	44.00	50	18,300		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)		203			27.00
28.00 Observation Bed Days					28.00
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	10,135	14,350	29,959		1.00
2.00 HMO		1,803	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	10,135	14,350	29,959		7.00
8.00 Intensive Care Unit	0	1,649	0	4,722		8.00
9.00 Coronary Care Unit						9.00
10.00 Burn Intensive Care Unit						10.00
11.00 Surgical Intensive Care Unit						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 Nursery	0		0	1,565		13.00
14.00 Total (see instructions)	0	11,784	14,350	36,246		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	8,327	0	11,228		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		0	886		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
9/27/2012 2:55 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	2,711	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 Intensive Care Unit						8.00
9.00 Coronary Care Unit						9.00
10.00 Burn Intensive Care Unit						10.00
11.00 Surgical Intensive Care Unit						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 Nursery						13.00
14.00 Total (see instructions)	52.26	1,023.21	0.00	0	2,711	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	42.63	0.00			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)	52.26	1,065.84	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
9/27/2012 2:55 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)	3,596	10,094		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)	3,596	10,094		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
9/27/2012 2:55 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	68,166,269	0	68,166,269	2,216,967.00 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		1,370,822	0	1,370,822	18,044.00 4.01
5.00	Physician-Part B		0	0	0	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	3,957,946	0	3,957,946	128,098.00 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	2,275,439	0	2,275,439	88,680.00 9.00
10.00	Excluded area salaries (see instructions)		956,215	0	956,215	19,113.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		23,466	0	23,466	394.00 11.00
12.00	Contract management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		73,651	0	73,651	516.00 13.00
14.00	Home office salaries & wage-related costs		2,604,515	0	2,604,515	44,729.00 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		11,736,456	0	11,736,456	
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	
19.00	Excluded areas		266,550	0	266,550	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A - Administrative		0	0	0	
22.01	Physician Part A - Teaching		0	0	0	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		318,644	0	318,644	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	0	0	0	0.00 26.00
27.00	Administrative & General	5.00	11,863,464	0	11,863,464	338,358.00 27.00
28.00	Administrative & General under contract (see inst.)		25,347	0	25,347	204.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	1,986,749	0	1,986,749	77,379.00 30.00
31.00	Laundry & Linen Service	8.00	93,479	0	93,479	7,474.00 31.00
32.00	Housekeeping	9.00	1,495,588	0	1,495,588	113,665.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	1,507,545	0	1,507,545	96,386.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	0	0	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	922,146	0	922,146	18,616.00 38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00 39.00
40.00	Pharmacy	15.00	1,632,425	0	1,632,425	49,339.00 40.00
41.00	Medical Records & Medical Records Library	16.00	633,062	0	633,062	31,739.00 41.00
42.00	Social Service	17.00	0	0	0	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	30.75	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	75.97	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	30.90	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	25.66	9.00
10.00	Excluded area salaries (see instructions)	50.03	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	59.56	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	142.73	13.00
14.00	Home office salaries & wage-related costs	58.23	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	0.00	26.00
27.00	Administrative & General	35.06	27.00
28.00	Administrative & General under contract (see inst.)	124.25	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	25.68	30.00
31.00	Laundry & Linen Service	12.51	31.00
32.00	Housekeeping	13.16	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.64	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	49.54	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	33.09	40.00
41.00	Medical Records & Medical Records Library	19.95	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
9/27/2012 2:55 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	62,862,848	0	62,862,848	2,071,029.00	1.00
2.00	Excluded area salaries (see instructions)	3,231,654	0	3,231,654	107,793.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	59,631,194	0	59,631,194	1,963,236.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,701,632	0	2,701,632	45,639.00	4.00
5.00	Subtotal wage-related costs (see inst.)	11,736,456	0	11,736,456	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	74,069,282	0	74,069,282	2,008,875.00	6.00
7.00	Total overhead cost (see instructions)	20,159,805	0	20,159,805	733,160.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
9/27/2012 2:55 pm

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

PART III - HOSPITAL WAGE INDEX SUMMARY

1.00	Net salaries (see instructions)	30.35	1.00
2.00	Excluded area salaries (see instructions)	29.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30.37	3.00
4.00	Subtotal other wages & related costs (see inst.)	59.20	4.00
5.00	Subtotal wage-related costs (see inst.)	19.68	5.00
6.00	Total (sum of lines 3 thru 5)	36.87	6.00
7.00	Total overhead cost (see instructions)	27.50	7.00

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part IV
Date/Time Prepared:
9/27/2012 2:55 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost (see instructions)	0	3.00
4.00	Pension Service Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,331,669	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	140,458	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-85,121	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	209,302	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	180,816	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	633,514	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	4,204,712	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	889,615	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	95,558	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,600,523	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	135,934	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
9/27/2012 2:55 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	48,814	12,321,651	1.00
2.00	Hospital	45,171	12,126,821	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	3,643	194,830	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-7

Date/Time Prepared:
9/27/2012 2:55 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
	1.00	2.00	3.00	4.00
3.00	RUX	18	0	18
4.00	RUL	159	0	159
5.00	RVX	20	0	20
6.00	RVL	94	0	94
7.00	RHX	14	0	14
8.00	RHL	14	0	14
9.00	RMX	15	0	15
10.00	RML	78	0	78
11.00	RLX	0	0	0
12.00	RUC	753	0	753
13.00	RUB	912	0	912
14.00	RUA	2,580	0	2,580
15.00	RVC	592	0	592
16.00	RVB	539	0	539
17.00	RVA	1,766	0	1,766
18.00	RHC	53	0	53
19.00	RHB	74	0	74
20.00	RHA	116	0	116
21.00	RMC	34	0	34
22.00	RMB	43	0	43
23.00	RMA	301	0	301
24.00	RLB	0	0	0
25.00	RLA	0	0	0
26.00	ES3	0	0	0
27.00	ES2	0	0	0
28.00	ES1	5	0	5
29.00	HE2	0	0	0
30.00	HE1	10	0	10
31.00	HD2	0	0	0
32.00	HD1	0	0	0
33.00	HC2	0	0	0
34.00	HC1	15	0	15
35.00	HB2	0	0	0
36.00	HB1	6	0	6
37.00	LE2	5	0	5
38.00	LE1	1	0	1
39.00	LD2	0	0	0
40.00	LD1	0	0	0
41.00	LC2	0	0	0
42.00	LC1	11	0	11
43.00	LB2	0	0	0
44.00	LB1	2	0	2
45.00	CE2	0	0	0
46.00	CE1	0	0	0
47.00	CD2	0	0	0
48.00	CD1	0	0	0
49.00	CC2	0	0	0
50.00	CC1	1	0	1
51.00	CB2	0	0	0
52.00	CB1	4	0	4
53.00	CA2	0	0	0
54.00	CA1	69	0	69
55.00	SE3	0	0	0
56.00	SE2	0	0	0
57.00	SE1	0	0	0
58.00	SSC	0	0	0
59.00	SSB	0	0	0
60.00	SSA	0	0	0
61.00	IB2	0	0	0
62.00	IB1	0	0	0
63.00	IA2	0	0	0
64.00	IA1	0	0	0
65.00	BB2	0	0	0
66.00	BB1	3	0	3
67.00	BA2	0	0	0
68.00	BA1	0	0	0

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-7

Date/Time Prepared:
9/27/2012 2:55 pm

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
69.00	PE2	0	0	0	69.00
70.00	PE1	0	0	0	70.00
71.00	PD2	0	0	0	71.00
72.00	PD1	0	0	0	72.00
73.00	PC2	0	0	0	73.00
74.00	PC1	0	0	0	74.00
75.00	PB2	0	0	0	75.00
76.00	PB1	4	0	4	76.00
77.00	PA2	0	0	0	77.00
78.00	PA1	16	0	16	78.00
199.00	AAA	0	0	0	199.00
200.00	TOTAL	8,327	0	8,327	200.00

CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
1.00	2.00

SNF SERVICES

201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974		201.00
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Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (worksheet G-2, Part I, line 7, column 3)	9,495,696		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet S-10 Date/Time Prepared: 9/27/2012 2:55 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)		0.194203	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		19,226,418	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		5,255,488	5.00
6.00	Medicaid charges		159,115,480	6.00
7.00	Medicaid cost (line 1 times line 6)		30,900,704	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)		6,418,798	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,418,798	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	34,305,201	8,400	34,313,601
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,662,173	1,631	6,663,804
22.00	Partial payment by patients approved for charity care	2,956	0	2,956
23.00	Cost of charity care (line 21 minus line 22)	6,659,217	1,631	6,660,848
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		21,796,776	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,233,120	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		20,563,656	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,993,524	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		10,654,372	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,073,170	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A

Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt		0	0	3,941,912	3,941,912	1.00
2.00	00200	Cap Rel Costs-Mvble Equip		0	0	1,699,894	1,699,894	2.00
4.00	00400	Employee Benefits	0	6,884,350	6,884,350	-8,726	6,875,624	4.00
5.00	00500	Administrative & General	11,863,464	29,291,785	41,155,249	-5,554,963	35,600,286	5.00
7.00	00700	Operation of Plant	1,986,749	5,283,723	7,270,472	-1,754	7,268,718	7.00
8.00	00800	Laundry & Linen Service	93,479	988,018	1,081,497	90,773	1,172,270	8.00
9.00	00900	Housekeeping	1,495,588	605,205	2,100,793	-16,143	2,084,650	9.00
10.00	01000	Dietary	1,507,545	1,205,535	2,713,080	-23,237	2,689,843	10.00
11.00	01101	Cafeteria	0	0	0	0	0	11.00
13.00	01300	Nursing Administration	922,146	157,099	1,079,245	-6,455	1,072,790	13.00
14.00	01400	Central Services & Supply	0	262,126	262,126	-1,627	260,499	14.00
15.00	01500	Pharmacy	1,632,425	4,370,157	6,002,582	-1,604,429	4,398,153	15.00
16.00	01600	Medical Records & Library	633,062	716,360	1,349,422	53,159	1,402,581	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	3,957,946	0	3,957,946	0	3,957,946	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	1,203,184	1,203,184	-10,461	1,192,723	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	11,120,910	3,336,163	14,457,073	-483,356	13,973,717	30.00
31.00	03100	Intensive Care Unit	3,141,707	984,629	4,126,336	-245,432	3,880,904	31.00
43.00	04300	Nursery	882,604	151,407	1,034,011	-46,505	987,506	43.00
44.00	04400	SKILLED NURSING FACILITY	2,275,439	492,332	2,767,771	-83,678	2,684,093	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	4,600,411	7,424,722	12,025,133	-4,254,433	7,770,700	50.00
51.00	05100	Recovery Room	472,850	157,114	629,964	-89,485	540,479	51.00
52.00	05200	Labor Room & Delivery Room	2,138,516	481,289	2,619,805	-173,443	2,446,362	52.00
53.00	05300	Anesthesiology	104,766	816,430	921,196	-128,734	792,462	53.00
54.00	05400	Radiology - Diagnostic	1,804,221	1,432,904	3,237,125	-228,676	3,008,449	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	687,141	416,295	1,103,436	-189,435	914,001	55.01
55.02	03630	Ultra sound	666,441	161,133	827,574	-12,816	814,758	55.02
56.00	05600	Radioisotope	207,872	583,362	791,234	-480,381	310,853	56.00
57.00	05700	CT Scan	594,281	788,086	1,382,367	-22,196	1,360,171	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	243,477	240,218	483,695	-6,480	477,215	58.00
59.00	05900	Cardiac Catheterization	488,022	1,449,106	1,937,128	-384,997	1,552,131	59.00
60.00	06000	Laboratory	1,593,872	3,467,925	5,061,797	-80,943	4,980,854	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	897,093	897,093	-13,832	883,261	63.00
65.00	06500	Respiratory Therapy	1,130,963	257,257	1,388,220	-69,504	1,318,716	65.00
66.00	06600	Physical Therapy	2,205,129	283,254	2,488,383	-47,955	2,440,428	66.00
67.00	06700	Occupational Therapy	141,030	11,666	152,696	0	152,696	67.00
68.00	06800	Speech Pathology	262,603	101,998	364,601	-80,707	283,894	68.00
69.00	06900	Electro cardiology	511,171	473,603	984,774	-8,699	976,075	69.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	2,571,095	2,571,095	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	3,755,223	3,755,223	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	5,894,401	5,894,401	73.00
74.00	07400	RENAL DIALYSIS	0	543,076	543,076	-10,386	532,690	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	2,992,883	3,622,077	6,614,960	-289,952	6,325,008	90.00
90.01	04950	Diabetology	123,277	20,501	143,778	-2,305	141,473	90.01
90.02	04951	Cancer Center	610,991	4,330,571	4,941,562	-2,637,721	2,303,841	90.02
91.00	09100	Emergency	4,117,073	2,583,578	6,700,651	-431,956	6,268,695	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	67,210,054	86,475,331	153,685,385	274,655	153,960,040	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	50,362	54,274	104,636	0	104,636	190.00
192.00	19200	Physicians' Private Offices	0	1,652	1,652	258,375	260,027	192.00
194.00	07950	Marketing	297,703	857,599	1,155,302	0	1,155,302	194.00
194.01	07951	Hospitalist	0	3,747	3,747	-3,747	0	194.01
194.02	07952	Retail Pharmacy	241,279	551,319	792,598	-527,929	264,669	194.02
194.03	07953	Community Relations	178,674	51,689	230,363	-736	229,627	194.03
194.04	07954	Physician Clinics	188,197	58,448	246,645	-618	246,027	194.04
194.05	07955	Guest Meals	0	0	0	0	0	194.05
194.06	07956	Catering Meals	0	0	0	0	0	194.06
194.07	07957	Other Nonreimbursable Cost Centers	0	0	0	0	0	194.07
200.00		TOTAL (sum of lines 118-199)	68,166,269	88,054,059	156,220,328	0	156,220,328	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A

Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	Cap Rel Costs-Bldg & Fixt	5,200,472	9,142,384	1.00
2.00	00200	Cap Rel Costs-Mvble Equip	4,389,115	6,089,009	2.00
4.00	00400	Employee Benefits	-1,858,459	5,017,165	4.00
5.00	00500	Administrative & General	-11,701,901	23,898,385	5.00
7.00	00700	Operation of Plant	-52,850	7,215,868	7.00
8.00	00800	Laundry & Linen Service	0	1,172,270	8.00
9.00	00900	Housekeeping	0	2,084,650	9.00
10.00	01000	Dietary	-706,302	1,983,541	10.00
11.00	01101	Cafeteria	0	0	11.00
13.00	01300	Nursing Administration	0	1,072,790	13.00
14.00	01400	Central Services & Supply	0	260,499	14.00
15.00	01500	Pharmacy	-247,143	4,151,010	15.00
16.00	01600	Medical Records & Library	-16,539	1,386,042	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	3,957,946	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	-13,126	1,179,597	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	Adults & Pediatrics	-1,463,484	12,510,233	30.00
31.00	03100	Intensive Care Unit	-103,744	3,777,160	31.00
43.00	04300	Nursery	0	987,506	43.00
44.00	04400	SKILLED NURSING FACILITY	-45,370	2,638,723	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	-116,400	7,654,300	50.00
51.00	05100	Recovery Room	0	540,479	51.00
52.00	05200	Labor Room & Delivery Room	0	2,446,362	52.00
53.00	05300	Anesthesiology	-600,000	192,462	53.00
54.00	05400	Radiology - Diagnostic	-4,344	3,004,105	54.00
55.00	05500	Radiology - Therapeutic	0	0	55.00
55.01	03340	Gastro Intestinal Services	-20,844	893,157	55.01
55.02	03630	Ultra sound	0	814,758	55.02
56.00	05600	Radioisotope	0	310,853	56.00
57.00	05700	CT Scan	0	1,360,171	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	477,215	58.00
59.00	05900	Cardiac Catheterization	0	1,552,131	59.00
60.00	06000	Laboratory	-4,830	4,976,024	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	883,261	63.00
65.00	06500	Respiratory Therapy	-24,374	1,294,342	65.00
66.00	06600	Physical Therapy	0	2,440,428	66.00
67.00	06700	Occupational Therapy	0	152,696	67.00
68.00	06800	Speech Pathology	-303	283,591	68.00
69.00	06900	Electro cardiology	-306,767	669,308	69.00
71.00	07100	Medical Supplies Charged to Patients	0	2,571,095	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	3,755,223	72.00
73.00	07300	Drugs Charged to Patients	0	5,894,401	73.00
74.00	07400	RENAL DIALYSIS	0	532,690	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	-2,642,955	3,682,053	90.00
90.01	04950	Diabetology	0	141,473	90.01
90.02	04951	Cancer Center	-12,026	2,291,815	90.02
91.00	09100	Emergency	-1,516,174	4,752,521	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (sum of lines 1-117)	-11,868,348	142,091,692	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	104,636	190.00
192.00	19200	Physicians' Private Offices	0	260,027	192.00
194.00	07950	Marketing	0	1,155,302	194.00
194.01	07951	Hospitalist	0	0	194.01
194.02	07952	Retail Pharmacy	0	264,669	194.02
194.03	07953	Community Relations	0	229,627	194.03
194.04	07954	Physician Clinics	0	246,027	194.04
194.05	07955	Guest Meals	0	0	194.05
194.06	07956	Catering Meals	0	0	194.06
194.07	07957	Other Nonreimbursable Cost Centers	0	0	194.07
200.00		TOTAL (sum of lines 118-199)	-11,868,348	144,351,980	200.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - DEPRECIATION					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	1,033,192	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	1,305,912	2.00
	TOTALS		0	2,339,104	
B - RENTS AND LEASES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	155,853	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	393,982	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	549,835	
C - PROPERTY TAXES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	2,752,867	1.00
	TOTALS		0	2,752,867	
D - DRUGS CHARGEABLE TO PATIENTS					
1.00	Drugs Charged to Patients	73.00	0	5,894,401	1.00
2.00	Operation of Plant	7.00	0	33	2.00
3.00	Central Services & Supply	14.00	0	34	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	5,894,468	
E - LAUNDRY					
1.00	Laundry & Linen Service	8.00	0	90,773	1.00
2.00	Central Services & supply	14.00	0	115	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
TOTALS					0	90,888
F - SUPPLIES CHARGEABLE TO PATIENTS						
1.00	Medical Supplies Charged to Patients	71.00	0	2,571,095		1.00
2.00	Physician Clinics	194.04	0	707		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
TOTALS					0	2,571,802
G - IMPLANTABLE DEVICE						
1.00	Implantable Devices Chrgd to Patient	72.00	0	3,755,223		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
TOTALS					0	3,755,223
H - TRANSCRIPTION COSTS						
1.00	Medical Records & Library	16.00	0	55,252		1.00
2.00		0.00	0	0		2.00
TOTALS					0	55,252
I - MOB						
1.00	Physicians' Private Offices	192.00	0	260,027		1.00
TOTALS					0	260,027
500.00	Grand Total: Increases		0	18,269,466		500.00

		Decreases					
Cost Center		Line #	Salary	Other	wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	Administrative & General	5.00	0	2,339,104	9		1.00
2.00		0.00	0	0	9		2.00
TOTALS			0	2,339,104			
B - RENTS AND LEASES							
1.00	Administrative & General	5.00	0	193,262	10		1.00
2.00	Operation of Plant	7.00	0	1,652	10		2.00
3.00	Housekeeping	9.00	0	1,697	0		3.00
4.00	Dietary	10.00	0	22,101	0		4.00
5.00	Nursing Administration	13.00	0	6,455	0		5.00
6.00	Pharmacy	15.00	0	762	0		6.00
7.00	Medical Records & Library	16.00	0	2,093	0		7.00
8.00	I&R Services-Other Prgrm	22.00	0	10,457	0		8.00
Costs Apprvd							
9.00	Adults & Pediatrics	30.00	0	13,424	0		9.00
10.00	Intensive Care Unit	31.00	0	2,265	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	810	0		11.00
12.00	Operating Room	50.00	0	155,854	0		12.00
13.00	Radiology - Diagnostic	54.00	0	41,298	0		13.00
14.00	Gastro Intestinal Services	55.01	0	1,885	0		14.00
15.00	Laboratory	60.00	0	1,404	0		15.00
16.00	Blood Storing, Processing, & Trans.	63.00	0	8,493	0		16.00
17.00	Respiratory Therapy	65.00	0	25,354	0		17.00
18.00	Physical Therapy	66.00	0	1,725	0		18.00
19.00	Speech Pathology	68.00	0	870	0		19.00
20.00	Electro cardiology	69.00	0	2,053	0		20.00
21.00	Clinic	90.00	0	24,398	0		21.00
22.00	Diabetology	90.01	0	2,305	0		22.00
23.00	Emergency	91.00	0	23,087	0		23.00
24.00	Physicians' Private Offices	192.00	0	1,652	0		24.00
25.00	Hospitalist	194.01	0	3,747	0		25.00
26.00	Community Relations	194.03	0	732	0		26.00
TOTALS			0	549,835			
C - PROPERTY TAXES							
1.00	Administrative & General	5.00	0	2,752,867	13		1.00
TOTALS			0	2,752,867			
D - DRUGS CHARGEABLE TO PATIENTS							
1.00	Employee Benefits	4.00	0	7,420	0		1.00
2.00		5.00	0	2,393	0		2.00
3.00	Dietary	10.00	0	6	0		3.00
4.00	Pharmacy	15.00	0	1,581,953	0		4.00
5.00		30.00	0	102,865	0		5.00
6.00		31.00	0	46,381	0		6.00
7.00		43.00	0	2,358	0		7.00
8.00		44.00	0	4,847	0		8.00
9.00		50.00	0	76,043	0		9.00
10.00		51.00	0	8,423	0		10.00
11.00		52.00	0	30,391	0		11.00
12.00		53.00	0	64,884	0		12.00
13.00		54.00	0	4,539	0		13.00
14.00		55.01	0	18,523	0		14.00
15.00		55.02	0	717	0		15.00
16.00		56.00	0	479,474	0		16.00
17.00		57.00	0	2,780	0		17.00
18.00		58.00	0	474	0		18.00
19.00		59.00	0	2,777	0		19.00
20.00		60.00	0	1,405	0		20.00
21.00		63.00	0	1,931	0		21.00
22.00		65.00	0	4,534	0		22.00
23.00		66.00	0	226	0		23.00
24.00		69.00	0	44	0		24.00
25.00		74.00	0	4,113	0		25.00
26.00		90.00	0	181,975	0		26.00
27.00		90.02	0	2,595,396	0		27.00
28.00		91.00	0	138,465	0		28.00
29.00		194.02	0	527,918	0		29.00
30.00		194.04	0	1,213	0		30.00
TOTALS			0	5,894,468			
E - LAUNDRY							
1.00	Administrative & General	5.00	0	686	0		1.00
2.00		7.00	0	7	0		2.00
3.00	Adults & Pediatrics	30.00	0	11,650	0		3.00
4.00		31.00	0	5,090	0		4.00

		Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
5.00	SKILLED NURSING FACILITY	44.00	0	959	0		5.00
6.00		50.00	0	11,484	0		6.00
7.00		51.00	0	12	0		7.00
8.00		52.00	0	151	0		8.00
9.00		54.00	0	614	0		9.00
10.00	CT Scan	57.00	0	6	0		10.00
11.00		59.00	0	213	0		11.00
12.00		60.00	0	1,384	0		12.00
13.00	Physical Therapy	66.00	0	27,547	0		13.00
14.00		69.00	0	1,226	0		14.00
15.00		74.00	0	1	0		15.00
16.00		90.00	0	9,155	0		16.00
17.00		90.02	0	20,509	0		17.00
18.00		91.00	0	82	0		18.00
19.00		194.04	0	112	0		19.00
TOTALS			0	90,888			
F - SUPPLIES CHARGEABLE TO PATIENTS							
1.00	Employee Benefits	4.00	0	1,306	0		1.00
2.00		5.00	0	6,624	0		2.00
3.00		7.00	0	128	0		3.00
4.00	Housekeeping	9.00	0	14,446	0		4.00
5.00		10.00	0	1,130	0		5.00
6.00		14.00	0	1,776	0		6.00
7.00		15.00	0	21,714	0		7.00
8.00		22.00	0	4	0		8.00
9.00		30.00	0	355,414	0		9.00
10.00		31.00	0	191,696	0		10.00
11.00		43.00	0	44,147	0		11.00
12.00		44.00	0	77,062	0		12.00
13.00		50.00	0	692,076	0		13.00
14.00		51.00	0	81,050	0		14.00
15.00		52.00	0	142,901	0		15.00
16.00		53.00	0	63,850	0		16.00
17.00		54.00	0	86,093	0		17.00
18.00		55.01	0	164,144	0		18.00
19.00		55.02	0	12,099	0		19.00
20.00		56.00	0	907	0		20.00
21.00		57.00	0	19,410	0		21.00
22.00		58.00	0	6,006	0		22.00
23.00		59.00	0	27,941	0		23.00
24.00		60.00	0	76,750	0		24.00
25.00		63.00	0	3,408	0		25.00
26.00		65.00	0	39,616	0		26.00
27.00		66.00	0	18,457	0		27.00
28.00		68.00	0	79,837	0		28.00
29.00		69.00	0	5,376	0		29.00
30.00		74.00	0	6,272	0		30.00
31.00		90.00	0	38,009	0		31.00
32.00	Cancer Center	90.02	0	21,816	0		32.00
33.00		91.00	0	270,322	0		33.00
34.00		194.02	0	11	0		34.00
35.00		194.03	0	4	0		35.00
TOTALS			0	2,571,802			
G - IMPLANTABLE DEVICE							
1.00	Adults & Pediatrics	30.00	0	3	0		1.00
2.00		50.00	0	3,317,675	0		2.00
3.00		54.00	0	42,181	0		3.00
4.00		55.01	0	4,883	0		4.00
5.00		59.00	0	354,066	0		5.00
6.00		90.00	0	36,415	0		6.00
TOTALS			0	3,755,223			
H - TRANSCRIPTION COSTS							
1.00	Operating Room	50.00	0	1,301	0		1.00
2.00	Radiology - Diagnostic	54.00	0	53,951	0		2.00
TOTALS			0	55,252			
I - MOB							
1.00	Administrative & General	5.00	0	260,027	0		1.00
TOTALS			0	260,027			
500.00	Grand Total: Decreases		0	18,269,466			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
9/27/2012 2:55 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	1,930,352	0	0	0	1.00
2.00	Land Improvements	2,360,389	0	0	0	2.00
3.00	Buildings and Fixtures	151,648,591	370,251	0	370,251	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	19,939,657	700,402	0	700,402	5.00
6.00	Movable Equipment	84,556,085	4,783,191	0	4,783,191	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	260,435,074	5,853,844	0	5,853,844	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	260,435,074	5,853,844	0	5,853,844	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	0	0	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	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	154,379,232	0	154,379,232	0.583977	1.00
2.00	Cap Rel Costs-Mvble Equip	109,979,335	0	109,979,335	0.416023	2.00
3.00	Total (sum of lines 1-2)	264,358,567	0	264,358,567	1.000000	3.00

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,930,352	0			1.00	
2.00	Land Improvements	2,360,389	0			2.00	
3.00	Buildings and Fixtures	152,018,842	0			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	20,640,059	0			5.00	
6.00	Movable Equipment	89,339,276	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	266,288,918	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	266,288,918	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	0			1.00	
2.00	Cap Rel Costs-Mvble Equip	0	0			2.00	
3.00	Total (sum of lines 1-2)	0	0			3.00	
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	5,508,704	155,853	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	5,420,777	393,982	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,929,481	549,835	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
9/27/2012 2:55 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	894,019	6,647	2,577,161	0	9,142,384	1.00	
2.00	Cap Rel Costs-Mvble Equip	274,250	0	0	0	6,089,009	2.00	
3.00	Total (sum of lines 1-2)	1,168,269	6,647	2,577,161	0	15,231,393	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8

Date/Time Prepared:
9/27/2012 2:55 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		1.00	2.00	3.00	4.00
1.00	Investment income - Cap Rel Costs-Bldg & Fixt (chapter 2)			0	Cap Rel Costs-Bldg & Fixt 1.00 1.00
2.00	Investment income - Cap Rel Costs-Mvble Equip (chapter 2)			0	Cap Rel Costs-Mvble Equip 2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00	Television and radio service (chapter 21)		0		0.00 8.00
9.00	Parking lot (chapter 21)		0		0.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-6,770,670		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	-4,249,520		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-706,302	Dietary	10.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts		0		0.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines		0		0.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	Respiratory Therapy	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	Physical Therapy	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - Cap Rel Costs-Bldg & Fixt	A	3,489,300	Cap Rel Costs-Bldg & Fixt	1.00 26.00
27.00	Depreciation - Cap Rel Costs-Mvble Equip	A	4,128,474	Cap Rel Costs-Mvble Equip	2.00 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00 28.00
29.00	Physicians' assistant		0		0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	Occupational Therapy	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Speech Pathology	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	DIRECT PHONE COSTS	A	-122,784	Administrative & General	5.00 33.00
33.01	PBX SALARY	A	-62,397	Administrative & General	5.00 33.01
33.02	PBX BENEFITS	A	-14,480	Employee Benefits	4.00 33.02
33.03	TELEPHONE DEPRECIATION	A	-8,060	Cap Rel Costs-Mvble Equip	2.00 33.03
33.04	TELEVISION DEPRECIATION	A	-5,549	Cap Rel Costs-Mvble Equip	2.00 33.04
33.05	TELEVISION CABLE & SATELITE	A	-133,587	Administrative & General	5.00 33.05
33.06	BADGE REPLACEMENT	B	-3,666	Employee Benefits	4.00 33.06
33.07	RENTAL INCOME	B	-320,385	Administrative & General	5.00 33.07
33.08	MEDICAL STIPEND FEES	B	-14,250	Administrative & General	5.00 33.08
33.09	POSTAGE REIMBURSEMENT	B	-386	Administrative & General	5.00 33.09
33.10	CHAPEL FUNDS	B	-2,454	Administrative & General	5.00 33.10
33.11	OTHER OPERATING REVENUE	B	-6,009	Administrative & General	5.00 33.11
33.12	EQUIPMENT REFUNDS	B	-8,224	Operation of Plant	7.00 33.12
33.13	DRUG REFUNDS	B	-222,418	Pharmacy	15.00 33.13
33.14	TRIAL SUBPEONA	B	-16,539	Medical Records & Library	16.00 33.14
33.15	RESIDENT STIPENDS	B	-12,200	I&R Services-Other Prgm Costs Apprvd	22.00 33.15
33.16	COPY OF X-RAYS	B	-4,344	Radiology - Diagnostic	54.00 33.16
33.17	RENTAL INCOME	B	-20,844	Gastro Intestinal Services	55.01 33.17
33.18	CLINIC LAB FEES	B	-4,830	Laboratory	60.00 33.18
33.19	RENTAL INCOME	B	-11,618	Respiratory Therapy	65.00 33.19
33.20	OTHER OPERATING REVENUE	B	-303	Speech Pathology	68.00 33.20

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	
			Cost Center			
			1.00	2.00		
33.21 OTHER OPERATING REVENUE	B	-187	Electro cardiology		69.00	33.21
33.22 OTHER OPERATING REVENUE	B	-3,751	Clinic		90.00	33.22
33.23 ADVERTISING	A	-34	Employee Benefits		4.00	33.23
33.24 ADVERTISING	A	-20,891	Administrative & General		5.00	33.24
33.25 ADVERTISING	A	-864	Operation of Plant		7.00	33.25
33.26 ADVERTISING	A	-926	I&R Services-Other Prgrm Costs Apprvd		22.00	33.26
33.27 OTHER EXPENSE	A	-97,002	Administrative & General		5.00	33.27
33.28 OTHER EXPENSE	A	-632	Operation of Plant		7.00	33.28
33.29 OTHER EXPENSE	A	-2,027	Clinic		90.00	33.29
33.30 PURCHASED SVCS	A	-383,951	Administrative & General		5.00	33.30
33.31 PURCHASED SVCS	A	-43,125	Operation of Plant		7.00	33.31
33.32 PHYSICIAN RECRUITMENT	A	-2,351	Administrative & General		5.00	33.32
33.33 PHYSICIAN INCENTIVES	A	-3,395	Administrative & General		5.00	33.33
33.34 PHYSICIAN INCENTIVES	A	-100,038	Clinic		90.00	33.34
33.35 PHYSICIAN INTERVIEW	A	-81	Administrative & General		5.00	33.35
33.36 PHYSICIAN RELOCATION	A	-169,637	Administrative & General		5.00	33.36
33.37 TRAVEL	A	-20,454	Administrative & General		5.00	33.37
33.38 TRAVEL	A	-5	Operation of Plant		7.00	33.38
33.39 TRAVEL	A	-496	Intensive Care Unit		31.00	33.39
33.40 TRAVEL	A	-952	Electro cardiology		69.00	33.40
33.41 TRAVEL	A	-3,476	Clinic		90.00	33.41
33.42 TRAVEL	A	-478	Cancer Center		90.02	33.42
33.43 ALCOHOL	A	-3,216	Administrative & General		5.00	33.43
33.44 MEALS	A	-5,755	Administrative & General		5.00	33.44
33.45 MEALS	A	-66	Adults & Pediatrics		30.00	33.45
33.46 MEALS	A	-99	Clinic		90.00	33.46
33.47 PROPERTY TAXES	A	-175,706	Cap Rel Costs-Bldg & Fixt		1.00	33.47
33.48 DONATIONS/CONTRIBUTIONS	A	-15,513	Administrative & General		5.00	33.48
33.49 DUES & SUBSCRIPTION	A	-1,322	Administrative & General		5.00	33.49
33.50 DUES & SUBSCRIPTION	A	-2,111	Clinic		90.00	33.50
33.51 LOBBYING	A	-36,353	Administrative & General		5.00	33.51
33.52 LEGAL	A	-89,649	Administrative & General		5.00	33.52
33.53 IDPA TAX ASSESSMENT	A	-5,560,392	Administrative & General		5.00	33.53
33.54 PENALTIES & FINES	A	-19,368	Administrative & General		5.00	33.54
33.55		0			0.00	33.55
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,868,348			50.00	

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8

Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description	5.00	wkst. A-7 Ref.	
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		9	26.00
27.00 Depreciation - Cap Rel Costs-Mvble Equip		9	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 DIRECT PHONE COSTS		0	33.00
33.01 PBX SALARY		0	33.01
33.02 PBX BENEFITS		0	33.02
33.03 TELEPHONE DEPRECIATION		9	33.03
33.04 TELEVISION DEPRECIATION		9	33.04
33.05 TELEVISION CABLE & SATELITE		0	33.05
33.06 BADGE REPLACEMENT		0	33.06
33.07 RENTAL INCOME		0	33.07
33.08 MEDICAL STIPEND FEES		0	33.08
33.09 POSTAGE REIMBURSEMENT		0	33.09
33.10 CHAPEL FUNDS		0	33.10
33.11 OTHER OPERATING REVENUE		0	33.11
33.12 EQUIPMENT REFUNDS		0	33.12
33.13 DRUG REFUNDS		0	33.13
33.14 TRIAL SUBPEONA		0	33.14
33.15 RESIDENT STIPENDS		0	33.15
33.16 COPY OF X-RAYS		0	33.16
33.17 RENTAL INCOME		0	33.17
33.18 CLINIC LAB FEES		0	33.18
33.19 RENTAL INCOME		0	33.19
33.20 OTHER OPERATING REVENUE		0	33.20
33.21 OTHER OPERATING REVENUE		0	33.21
33.22 OTHER OPERATING REVENUE		0	33.22
33.23 ADVERTISING		0	33.23
33.24 ADVERTISING		0	33.24
33.25 ADVERTISING		0	33.25
33.26 ADVERTISING		0	33.26
33.27 OTHER EXPENSE		0	33.27

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8

Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Wkst. A-7	Ref.	
		5.00		
33.28	OTHER EXPENSE		0	33.28
33.29	OTHER EXPENSE		0	33.29
33.30	PURCHASED SVCS		0	33.30
33.31	PURCHASED SVCS		0	33.31
33.32	PHYSICIAN RECRUITMENT		0	33.32
33.33	PHYSICIAN INCENTIVES		0	33.33
33.34	PHYSICIAN INCENTIVES		0	33.34
33.35	PHYSICIAN INTERVIEW		0	33.35
33.36	PHYSICIAN RELOCATION		0	33.36
33.37	TRAVEL		0	33.37
33.38	TRAVEL		0	33.38
33.39	TRAVEL		0	33.39
33.40	TRAVEL		0	33.40
33.41	TRAVEL		0	33.41
33.42	TRAVEL		0	33.42
33.43	ALCOHOL		0	33.43
33.44	MEALS		0	33.44
33.45	MEALS		0	33.45
33.46	MEALS		0	33.46
33.47	PROPERTY TAXES		13	33.47
33.48	DONATIONS/CONTRIBUTIONS		0	33.48
33.49	DUES & SUBSCRIPTION		0	33.49
33.50	DUES & SUBSCRIPTION		0	33.50
33.51	LOBBYING		0	33.51
33.52	LEGAL		0	33.52
33.53	IDPA TAX ASSESSMENT		0	33.53
33.54	PENALTIES & FINES		0	33.54
33.55			0	33.55
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: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8-1

Date/Time Prepared:
9/27/2012 2:55 pm

	Line No. 1.00	Cost Center 2.00	Expense Items 3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		5.00	Administrative & General	PROPERTY INSURANCE 1.00
2.00		5.00	Administrative & General	PROPERTY INSURANCE 2.00
3.00		5.00	Administrative & General	AUTO INSURANCE 3.00
4.00		5.00	Administrative & General	MALPRACTICE INSURANCE 4.00
4.01		4.00	Employee Benefits	WORKERS COMP 4.01
4.02		5.00	Administrative & General	WORKERS COMP 4.02
4.03		5.00	Administrative & General	INTEREST EXPENSE 4.03
4.04		5.00	Administrative & General	INTEREST EXPENSE 4.04
4.05		4.00	Employee Benefits	MANAGEMENT FEE 4.05
4.06		5.00	Administrative & General	MANAGEMENT FEE 4.06
4.07		1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INSURANCE 4.07
4.08		5.00	Administrative & General	DIRECT ALLOC.-PROF. LIABILITY 4.08
4.09		4.00	Employee Benefits	DIRECT ALLOC.-WORKERS COMP 4.09
4.10		1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INTEREST EXP. 4.10
4.11		2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INTEREST EXP. 4.11
4.12		5.00	Administrative & General	FUNCTIONAL ALLOCATION 4.12
4.13		1.00	Cap Rel Costs-Bldg & Fixt	POOLED ALLOC.-CAPITAL 4.13
4.14		5.00	Administrative & General	POOLED ALLOC.-MGMT FEES 4.14
4.15		60.00	Laboratory	GENESIS LAB 4.15
4.16		0.00		4.16
4.17		0.00		4.17
4.18		0.00		4.18
4.19		0.00		4.19
4.20		0.00		4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

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

Provider CCN: 140049

Period: From 05/01/2011 To 04/30/2012

Worksheet A-8-1

Date/Time Prepared: 9/27/2012 2:55 pm

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0	43,039	-43,039	0	1.00
2.00	0	7,505	-7,505	0	2.00
3.00	0	1,684	-1,684	0	3.00
4.00	0	350,373	-350,373	0	4.00
4.01	0	633,392	-633,392	0	4.01
4.02	0	121	-121	0	4.02
4.03	0	1,838,325	-1,838,325	0	4.03
4.04	0	375,543	-375,543	0	4.04
4.05	0	1,530,180	-1,530,180	0	4.05
4.06	0	3,671,897	-3,671,897	0	4.06
4.07	6,647	0	6,647	12	4.07
4.08	380,253	0	380,253	0	4.08
4.09	323,293	0	323,293	0	4.09
4.10	894,019	0	894,019	11	4.10
4.11	274,250	0	274,250	11	4.11
4.12	193,517	0	193,517	0	4.12
4.13	986,212	0	986,212	9	4.13
4.14	1,144,348	0	1,144,348	0	4.14
4.15	2,838,217	2,838,217	0	0	4.15
4.16	0	0	0	0	4.16
4.17	0	0	0	0	4.17
4.18	0	0	0	0	4.18
4.19	0	0	0	0	4.19
4.20	0	0	0	0	4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	7,040,756	11,290,276	-4,249,520	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	VANGUARD HLTH S	100.00	HLTHCARE	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: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8-2

Date/Time Prepared:
9/27/2012 2:55 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	Administrative & General	39,950	39,950	1.00
2.00	15.00	Pharmacy	26,258	22,178	2.00
3.00	30.00	Adults & Pediatrics	1,483,530	1,445,168	3.00
4.00	31.00	Intensive Care Unit	103,248	103,248	4.00
5.00	44.00	SKILLED NURSING FACILITY	54,549	45,370	5.00
6.00	50.00	Operating Room	116,400	116,400	6.00
7.00	53.00	Anesthesiology	600,000	600,000	7.00
8.00	65.00	Respiratory Therapy	12,756	12,756	8.00
9.00	69.00	Electro cardiology	307,673	302,033	9.00
10.00	90.00	Clinic	2,541,421	2,525,031	10.00
11.00	90.02	Cancer Center	11,548	11,548	11.00
12.00	91.00	Emergency	1,516,174	1,516,174	12.00
200.00			6,813,507	6,739,856	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8-2

Date/Time Prepared:
9/27/2012 2:55 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	0	0	0	0	0	1.00
2.00	4,080	177,200	18	1,533	77	2.00
3.00	38,362	196,400	213	20,112	1,006	3.00
4.00	0	0	0	0	0	4.00
5.00	9,179	177,200	144	12,268	613	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	5,640	177,200	24	2,045	102	9.00
10.00	16,390	177,200	117	9,968	498	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	73,651		516	45,926	2,296	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8-2

Date/Time Prepared:
9/27/2012 2:55 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	0	1.00
2.00	0	0	0	0	1,533	2.00
3.00	0	0	0	0	20,112	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	12,268	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	2,045	9.00
10.00	0	0	0	0	9,968	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	0	0	0	0	45,926	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8-2

Date/Time Prepared:
9/27/2012 2:55 pm

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	0	39,950	1.00
2.00	2,547	24,725	2.00
3.00	18,250	1,463,418	3.00
4.00	0	103,248	4.00
5.00	0	45,370	5.00
6.00	0	116,400	6.00
7.00	0	600,000	7.00
8.00	0	12,756	8.00
9.00	3,595	305,628	9.00
10.00	6,422	2,531,453	10.00
11.00	0	11,548	11.00
12.00	0	1,516,174	12.00
200.00	30,814	6,770,670	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		CAPITAL RELATED COSTS			Employee Benefits	Subtotal	
		Net Expenses for Cost Allocation (from wkst A col. 7)	Bldg & Fixt	Mvble Equip			
			0	1.00			
					4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt	9,142,384				1.00
2.00	00200	Cap Rel Costs-Mvble Equip	6,089,009	6,089,009			2.00
4.00	00400	Employee Benefits	5,017,165	0	5,017,165		4.00
5.00	00500	Administrative & General	23,898,385	593,193	395,079	873,167	5.00
7.00	00700	Operation of Plant	7,215,868	2,366,453	1,576,103	146,229	7.00
8.00	00800	Laundry & Linen Service	1,172,270	30,644	20,409	6,880	8.00
9.00	00900	Housekeeping	2,084,650	67,841	45,183	110,078	9.00
10.00	01000	Dietary	1,983,541	306,832	204,356	110,958	10.00
11.00	01101	Cafeteria	0	0	0	0	11.00
13.00	01300	Nursing Administration	1,072,790	26,503	17,651	67,872	13.00
14.00	01400	Central Services & Supply	260,499	111,070	73,975	0	14.00
15.00	01500	Pharmacy	4,151,010	66,419	44,236	120,150	15.00
16.00	01600	Medical Records & Library	1,386,042	12,999	8,658	46,595	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	3,957,946	0	0	291,313	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	1,179,597	146,466	97,550	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	12,510,233	1,158,336	771,475	818,521	30.00
31.00	03100	Intensive Care Unit	3,777,160	283,534	188,840	231,236	31.00
43.00	04300	Nursery	987,506	14,728	9,809	64,961	43.00
44.00	04400	SKILLED NURSING FACILITY	2,638,723	291,348	194,044	167,477	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	7,654,300	512,659	341,441	338,599	50.00
51.00	05100	Recovery Room	540,479	0	0	34,803	51.00
52.00	05200	Labor Room & Delivery Room	2,446,362	316,789	210,988	157,399	52.00
53.00	05300	Anesthesiology	192,462	12,801	8,526	7,711	53.00
54.00	05400	Radiology - Diagnostic	3,004,105	369,614	246,170	132,794	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	893,157	351,321	233,987	50,575	55.01
55.02	03630	Ultra Sound	814,758	0	0	49,051	55.02
56.00	05600	Radioisotope	310,853	51,817	34,511	15,300	56.00
57.00	05700	CT Scan	1,360,171	0	0	43,740	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	477,215	0	0	17,920	58.00
59.00	05900	Cardiac Catheterization	1,552,131	55,202	36,765	35,919	59.00
60.00	06000	Laboratory	4,976,024	264,504	176,165	117,312	60.00
63.00	06300	Blood Storing, Processing, & Trans.	883,261	12,189	8,118	0	63.00
65.00	06500	Respiratory Therapy	1,294,342	62,854	41,862	83,241	65.00
66.00	06600	Physical Therapy	2,440,428	44,291	29,499	162,302	66.00
67.00	06700	Occupational Therapy	152,696	0	0	10,380	67.00
68.00	06800	Speech Pathology	283,591	26,935	17,939	19,328	68.00
69.00	06900	Electro cardiology	669,308	50,827	33,852	37,623	69.00
71.00	07100	Medical Supplies Charged to Patients	2,571,095	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	3,755,223	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	5,894,401	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	532,690	9,632	6,415	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	3,682,053	112,600	74,994	220,282	90.00
90.01	04950	Diabetology	141,473	0	0	9,073	90.01
90.02	04951	Cancer Center	2,291,815	0	0	44,970	90.02
91.00	09100	Emergency	4,752,521	680,569	453,273	303,025	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	142,091,692	8,410,970	5,601,873	4,946,784	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	104,636	39,664	26,417	3,707	190.00
192.00	19200	Physicians' Private Offices	260,027	633,379	421,843	0	192.00
194.00	07950	Marketing	1,155,302	0	0	21,912	194.00
194.01	07951	Hospitalist	0	0	0	0	194.01
194.02	07952	Retail Pharmacy	264,669	0	0	17,759	194.02
194.03	07953	Community Relations	229,627	0	0	13,151	194.03
194.04	07954	Physician Clinics	246,027	58,371	38,876	13,852	194.04
194.05	07955	Guest Meals	0	0	0	0	194.05
194.06	07956	Catering Meals	0	0	0	0	194.06
194.07	07957	Other Nonreimbursable Cost Centers	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	144,351,980	9,142,384	6,089,009	5,017,165	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Administrative & General	Operation of Plant	Laundry & Linen Service	Housekeeping	Dietary		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
4.00	00400	Employee Benefits					4.00	
5.00	00500	Administrative & General	25,759,824				5.00	
7.00	00700	Operation of Plant	2,455,529	13,760,182			7.00	
8.00	00800	Laundry & Linen Service	267,217	68,200	1,565,620		8.00	
9.00	00900	Housekeeping	501,276	150,985	0	2,960,013	9.00	
10.00	01000	Dietary	565,992	682,880	0	149,275	10.00	
11.00	01101	Cafeteria	0	0	0	2,032,507	11.00	
13.00	01300	Nursing Administration	257,359	58,984	0	12,894	13.00	
14.00	01400	Central Services & Supply	96,778	247,194	1,272	54,036	14.00	
15.00	01500	Pharmacy	951,792	147,820	0	32,313	15.00	
16.00	01600	Medical Records & Library	315,893	28,931	0	6,324	16.00	
21.00	02100	I&R Services-Salary & Fringes Apprvd	922,999	0	0	0	21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	309,229	325,973	0	71,256	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	3,314,322	2,577,969	699,237	563,534	30.00	
31.00	03100	Intensive Care Unit	973,286	631,029	149,541	137,941	31.00	
43.00	04300	Nursery	233,940	32,778	0	7,165	43.00	
44.00	04400	SKILLED NURSING FACILITY	714,980	648,420	180,181	141,742	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	1,921,692	1,140,965	167,655	249,411	50.00	
51.00	05100	Recovery Room	124,959	0	0	0	51.00	
52.00	05200	Labor Room & Delivery Room	680,214	705,039	7,566	154,119	52.00	
53.00	05300	Anesthesiology	48,113	28,490	0	6,228	53.00	
54.00	05400	Radiology - Diagnostic	815,135	822,606	86,177	179,819	54.00	
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00	
55.01	03340	Gastro Intestinal Services	332,129	781,894	2,631	170,919	55.01	
55.02	03630	Ultra Sound	187,631	0	0	0	55.02	
56.00	05600	Radioisotope	89,597	115,323	0	25,209	56.00	
57.00	05700	CT Scan	304,949	0	0	0	57.00	
58.00	05800	Magnetic Resonance Imaging (MRI)	107,550	0	0	0	58.00	
59.00	05900	Cardiac Catheterization	364,923	122,856	6,826	26,856	59.00	
60.00	06000	Laboratory	1,202,063	588,675	0	128,682	60.00	
63.00	06300	Blood Storing, Processing, & Trans.	196,268	27,128	0	5,930	63.00	
65.00	06500	Respiratory Therapy	321,976	139,886	25,358	30,579	65.00	
66.00	06600	Physical Therapy	581,378	98,573	2,886	21,548	66.00	
67.00	06700	Occupational Therapy	35,422	0	0	0	67.00	
68.00	06800	Speech Pathology	75,546	59,945	0	13,104	68.00	
69.00	06900	Electro cardiology	171,949	113,119	2,655	24,727	69.00	
71.00	07100	Medical Supplies Charged to Patients	558,478	0	0	0	71.00	
72.00	07200	Implantable Devices Chrgd to Patient	815,687	0	0	0	72.00	
73.00	07300	Drugs Charged to Patients	1,280,346	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	119,193	21,438	8,085	4,686	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	888,390	250,600	1,254	54,780	90.00	
90.01	04950	Diabetology	32,701	0	0	0	90.01	
90.02	04951	Cancer Center	507,582	0	0	0	90.02	
91.00	09100	Emergency	1,344,422	1,514,662	224,296	331,100	91.00	
92.00	09200	Observation Beds (Non-Distinct Part)					92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	24,988,885	12,132,362	1,565,620	2,604,177	3,533,372	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	37,887	88,275	0	19,297	0	190.00
192.00	19200	Physicians' Private Offices	285,690	1,409,637	0	308,142	470,462	192.00
194.00	07950	Marketing	255,707	0	0	0	0	194.00
194.01	07951	Hospitalist	0	0	0	0	0	194.01
194.02	07952	Retail Pharmacy	61,347	0	0	0	0	194.02
194.03	07953	Community Relations	52,735	0	0	0	0	194.03
194.04	07954	Physician Clinics	77,573	129,908	0	28,397	0	194.04
194.05	07955	Guest Meals	0	0	0	0	0	194.05
194.06	07956	Catering Meals	0	0	0	0	0	194.06
194.07	07957	Other Nonreimbursable Cost Centers	0	0	0	0	0	194.07
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)	25,759,824	13,760,182	1,565,620	2,960,013	4,003,834	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library		
		11.00	13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
4.00	00400	Employee Benefits					4.00	
5.00	00500	Administrative & General					5.00	
7.00	00700	Operation of Plant					7.00	
8.00	00800	Laundry & Linen Service					8.00	
9.00	00900	Housekeeping					9.00	
10.00	01000	Dietary					10.00	
11.00	01101	Cafeteria	2,032,507				11.00	
13.00	01300	Nursing Administration	36,593	1,550,646			13.00	
14.00	01400	Central Services & Supply	0	0	844,824		14.00	
15.00	01500	Pharmacy	64,778	0	0	5,578,518	15.00	
16.00	01600	Medical Records & Library	25,121	0	0	0	16.00	
21.00	02100	I&R Services-Salary & Fringes Apprvd	157,059	0	0	0	21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	441,317	556,849	0	0	219,306	30.00
31.00	03100	Intensive Care Unit	124,669	140,520	0	0	37,262	31.00
43.00	04300	Nursery	35,023	33,246	0	0	20,250	43.00
44.00	04400	SKILLED NURSING FACILITY	90,294	139,935	0	0	25,809	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	182,554	234,422	0	0	244,748	50.00
51.00	05100	Recovery Room	18,764	19,756	0	0	30,909	51.00
52.00	05200	Labor Room & Delivery Room	84,861	94,985	0	0	22,245	52.00
53.00	05300	Anesthesiology	4,157	6,923	0	0	30,351	53.00
54.00	05400	Radiology - Diagnostic	71,595	0	0	0	66,349	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	27,267	35,916	0	0	36,835	55.01
55.02	03630	Ultra Sound	26,446	0	0	0	30,455	55.02
56.00	05600	Radioisotope	8,249	0	0	0	14,514	56.00
57.00	05700	CT Scan	23,582	0	0	0	84,249	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	9,662	0	0	0	18,794	58.00
59.00	05900	Cardiac Catheterization	19,366	16,197	0	0	45,237	59.00
60.00	06000	Laboratory	63,248	0	0	0	202,825	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	19,389	63.00
65.00	06500	Respiratory Therapy	44,879	60,091	0	0	47,310	65.00
66.00	06600	Physical Therapy	87,504	0	0	0	39,312	66.00
67.00	06700	Occupational Therapy	5,596	0	0	0	3,433	67.00
68.00	06800	Speech Pathology	10,421	0	0	0	3,940	68.00
69.00	06900	Electro cardiology	20,284	0	0	0	39,889	69.00
71.00	07100	Medical Supplies Charged to Patients	0	0	343,347	0	23,383	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	501,477	0	39,064	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	5,578,518	184,765	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	7,928	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	118,764	0	0	0	25,127	90.00
90.01	04950	Diabetology	4,892	0	0	0	824	90.01
90.02	04951	Cancer Center	24,245	0	0	0	57,817	90.02
91.00	09100	Emergency	163,374	211,806	0	0	208,244	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	1,994,564	1,550,646	844,824	5,578,518	1,830,563	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	1,998	0	0	0	0	190.00
192.00	19200	Physicians' Private Offices	0	0	0	0	0	192.00
194.00	07950	Marketing	11,813	0	0	0	0	194.00
194.01	07951	Hospitalist	0	0	0	0	0	194.01
194.02	07952	Retail Pharmacy	9,574	0	0	0	0	194.02
194.03	07953	Community Relations	7,090	0	0	0	0	194.03
194.04	07954	Physician Clinics	7,468	0	0	0	0	194.04
194.05	07955	Guest Meals	0	0	0	0	0	194.05
194.06	07956	Catering Meals	0	0	0	0	0	194.06
194.07	07957	Other Nonreimbursable Cost Centers	0	0	0	0	0	194.07
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)	2,032,507	1,550,646	844,824	5,578,518	1,830,563	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		Services-Salary & Fringes	Services-Other Prgrm Costs				
		21.00	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits					4.00
5.00	00500	Administrative & General					5.00
7.00	00700	Operation of Plant					7.00
8.00	00800	Laundry & Linen Service					8.00
9.00	00900	Housekeeping					9.00
10.00	01000	Dietary					10.00
11.00	01101	Cafeteria					11.00
13.00	01300	Nursing Administration					13.00
14.00	01400	Central Services & Supply					14.00
15.00	01500	Pharmacy					15.00
16.00	01600	Medical Records & Library					16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	5,329,317				21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	2,130,071			22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	5,329,317	2,130,071	32,069,913	-7,459,388	30.00
31.00	03100	Intensive Care Unit	0	0	6,829,389	0	31.00
43.00	04300	Nursery	0	0	1,439,406	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	5,600,021	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	12,988,446	0	50.00
51.00	05100	Recovery Room	0	0	769,670	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	4,880,567	0	52.00
53.00	05300	Anesthesiology	0	0	345,762	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	5,794,364	0	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	0	0	2,916,631	0	55.01
55.02	03630	Ultra Sound	0	0	1,108,341	0	55.02
56.00	05600	Radioisotope	0	0	665,373	0	56.00
57.00	05700	CT Scan	0	0	1,816,691	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	631,141	0	58.00
59.00	05900	Cardiac Catheterization	0	0	2,282,278	0	59.00
60.00	06000	Laboratory	0	0	7,719,498	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	1,152,283	0	63.00
65.00	06500	Respiratory Therapy	0	0	2,152,378	0	65.00
66.00	06600	Physical Therapy	0	0	3,507,721	0	66.00
67.00	06700	Occupational Therapy	0	0	207,527	0	67.00
68.00	06800	Speech Pathology	0	0	510,749	0	68.00
69.00	06900	Electro cardiology	0	0	1,164,233	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	0	3,496,303	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	5,111,451	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	12,938,030	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	710,067	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	5,428,844	0	90.00
90.01	04950	Diabetology	0	0	188,963	0	90.01
90.02	04951	Cancer Center	0	0	2,926,429	0	90.02
91.00	09100	Emergency	0	0	10,187,292	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	5,329,317	2,130,071	137,539,761	-7,459,388	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	321,881	0	190.00
192.00	19200	Physicians' Private Offices	0	0	3,789,180	0	192.00
194.00	07950	Marketing	0	0	1,444,734	0	194.00
194.01	07951	Hospitalist	0	0	0	0	194.01
194.02	07952	Retail Pharmacy	0	0	353,349	0	194.02
194.03	07953	Community Relations	0	0	302,603	0	194.03
194.04	07954	Physician Clinics	0	0	600,472	0	194.04
194.05	07955	Guest Meals	0	0	0	0	194.05
194.06	07956	Catering Meals	0	0	0	0	194.06
194.07	07957	Other Nonreimbursable Cost Centers	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,329,317	2,130,071	144,351,980	-7,459,388	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B
Part II
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description	CAPITAL RELATED COSTS			Subtotal	Employee Benefits	
	Directly Assigned New Capital Related Costs	Bldg & Fixt	Mvble Equip			
		0	1.00			2.00
GENERAL SERVICE COST CENTERS						
1.00	00100	Cap Rel Costs-Bldg & Fixt				1.00
2.00	00200	Cap Rel Costs-Mvble Equip				2.00
4.00	00400	Employee Benefits	0	0	0	4.00
5.00	00500	Administrative & General	0	593,193	395,079	988,272
7.00	00700	Operation of Plant	0	2,366,453	1,576,103	3,942,556
8.00	00800	Laundry & Linen Service	0	30,644	20,409	51,053
9.00	00900	Housekeeping	0	67,841	45,183	113,024
10.00	01000	Dietary	0	306,832	204,356	511,188
11.00	01101	Cafeteria	0	0	0	0
13.00	01300	Nursing Administration	0	26,503	17,651	44,154
14.00	01400	Central Services & Supply	0	111,070	73,975	185,045
15.00	01500	Pharmacy	0	66,419	44,236	110,655
16.00	01600	Medical Records & Library	0	12,999	8,658	21,657
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	146,466	97,550	244,016
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	Adults & Pediatrics	0	1,158,336	771,475	1,929,811
31.00	03100	Intensive Care Unit	0	283,534	188,840	472,374
43.00	04300	Nursery	0	14,728	9,809	24,537
44.00	04400	SKILLED NURSING FACILITY	0	291,348	194,044	485,392
ANCILLARY SERVICE COST CENTERS						
50.00	05000	Operating Room	0	512,659	341,441	854,100
51.00	05100	Recovery Room	0	0	0	0
52.00	05200	Labor Room & Delivery Room	0	316,789	210,988	527,777
53.00	05300	Anesthesiology	0	12,801	8,526	21,327
54.00	05400	Radiology - Diagnostic	0	369,614	246,170	615,784
55.00	05500	Radiology - Therapeutic	0	0	0	0
55.01	03340	Gastro Intestinal Services	0	351,321	233,987	585,308
55.02	03630	Ultra Sound	0	0	0	0
56.00	05600	Radioisotope	0	51,817	34,511	86,328
57.00	05700	CT Scan	0	0	0	0
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0
59.00	05900	Cardiac Catheterization	0	55,202	36,765	91,967
60.00	06000	Laboratory	0	264,504	176,165	440,669
63.00	06300	Blood Storing, Processing, & Trans.	0	12,189	8,118	20,307
65.00	06500	Respiratory Therapy	0	62,854	41,862	104,716
66.00	06600	Physical Therapy	0	44,291	29,499	73,790
67.00	06700	Occupational Therapy	0	0	0	0
68.00	06800	Speech Pathology	0	26,935	17,939	44,874
69.00	06900	Electro cardiology	0	50,827	33,852	84,679
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0
73.00	07300	Drugs Charged to Patients	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	9,632	6,415	16,047
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	Clinic	0	112,600	74,994	187,594
90.01	04950	Diabetology	0	0	0	0
90.02	04951	Cancer Center	0	0	0	0
91.00	09100	Emergency	0	680,569	453,273	1,133,842
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (sum of lines 1-117)	0	8,410,970	5,601,873	14,012,843
NONREIMBURSABLE COST CENTERS						
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	39,664	26,417	66,081
192.00	19200	Physicians' Private Offices	0	633,379	421,843	1,055,222
194.00	07950	Marketing	0	0	0	0
194.01	07951	Hospitalist	0	0	0	0
194.02	07952	Retail Pharmacy	0	0	0	0
194.03	07953	Community Relations	0	0	0	0
194.04	07954	Physician Clinics	0	58,371	38,876	97,247
194.05	07955	Guest Meals	0	0	0	0
194.06	07956	Catering Meals	0	0	0	0
194.07	07957	Other Nonreimbursable Cost Centers	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	9,142,384	6,089,009	15,231,393

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B
Part II
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Administrative & General	Operation of Plant	Laundry & Linen Service	Housekeeping	Dietary	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits					4.00
5.00	00500	Administrative & General	988,272				5.00
7.00	00700	Operation of Plant	94,202	4,036,758			7.00
8.00	00800	Laundry & Linen Service	10,251	20,007	81,311		8.00
9.00	00900	Housekeeping	19,230	44,294	0	176,548	9.00
10.00	01000	Dietary	21,713	200,333	0	8,903	10.00
11.00	01101	Cafeteria	0	0	0	376,739	11.00
13.00	01300	Nursing Administration	9,873	17,304	0	769	13.00
14.00	01400	Central Services & Supply	3,713	72,518	66	3,223	14.00
15.00	01500	Pharmacy	36,514	43,365	0	1,927	15.00
16.00	01600	Medical Records & Library	12,119	8,487	0	377	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	35,409	0	0	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	11,863	95,629	0	4,250	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	127,196	756,287	36,313	33,613	181,543
31.00	03100	Intensive Care Unit	37,338	185,122	7,767	8,227	28,614
43.00	04300	Nursery	8,975	9,616	0	427	0
44.00	04400	SKILLED NURSING FACILITY	27,429	190,224	9,358	8,454	68,038
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	73,722	334,719	8,707	14,876	0
51.00	05100	Recovery Room	4,794	0	0	0	0
52.00	05200	Labor Room & Delivery Room	26,095	206,834	393	9,192	0
53.00	05300	Anesthesiology	1,846	8,358	0	371	0
54.00	05400	Radiology - Diagnostic	31,271	241,324	4,476	10,725	0
55.00	05500	Radiology - Therapeutic	0	0	0	0	0
55.01	03340	Gastro Intestinal Services	12,741	229,380	137	10,194	0
55.02	03630	Ultra Sound	7,198	0	0	0	0
56.00	05600	Radioisotope	3,437	33,832	0	1,504	0
57.00	05700	CT Scan	11,699	0	0	0	0
58.00	05800	Magnetic Resonance Imaging (MRI)	4,126	0	0	0	0
59.00	05900	Cardiac Catheterization	14,000	36,042	355	1,602	0
60.00	06000	Laboratory	46,115	172,697	0	7,675	0
63.00	06300	Blood Storing, Processing, & Trans.	7,529	7,958	0	354	0
65.00	06500	Respiratory Therapy	12,352	41,038	1,317	1,824	0
66.00	06600	Physical Therapy	22,303	28,918	150	1,285	0
67.00	06700	Occupational Therapy	1,359	0	0	0	0
68.00	06800	Speech Pathology	2,898	17,586	0	782	0
69.00	06900	Electro cardiology	6,596	33,185	138	1,475	0
71.00	07100	Medical Supplies Charged to Patients	21,425	0	0	0	0
72.00	07200	Implantable Devices Chrgd to Patient	31,292	0	0	0	0
73.00	07300	Drugs Charged to Patients	49,118	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,573	6,289	420	280	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	34,081	73,517	65	3,267	0
90.01	04950	Diabetology	1,254	0	0	0	0
90.02	04951	Cancer Center	19,472	0	0	0	0
91.00	09100	Emergency	51,576	444,349	11,649	19,748	0
92.00	09200	Observation Beds (Non-Distinct Part)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	958,697	3,559,212	81,311	155,324	654,934
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	1,453	25,897	0	1,151	0
192.00	19200	Physicians' Private Offices	10,960	413,538	0	18,379	87,203
194.00	07950	Marketing	9,810	0	0	0	0
194.01	07951	Hospitalist	0	0	0	0	0
194.02	07952	Retail Pharmacy	2,353	0	0	0	0
194.03	07953	Community Relations	2,023	0	0	0	0
194.04	07954	Physician Clinics	2,976	38,111	0	1,694	0
194.05	07955	Guest Meals	0	0	0	0	0
194.06	07956	Catering Meals	0	0	0	0	0
194.07	07957	Other Nonreimbursable Cost Centers	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	988,272	4,036,758	81,311	176,548	742,137

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B
Part II
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01101	376,739					11.00
13.00	01300	6,782	78,882				13.00
14.00	01400	0	0	264,565			14.00
15.00	01500	12,006	0	0	204,467		15.00
16.00	01600	4,656	0	0	0	47,296	16.00
21.00	02100	29,111	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	81,813	28,327	0	0	5,648	30.00
31.00	03100	23,107	7,148	0	0	960	31.00
43.00	04300	6,492	1,691	0	0	522	43.00
44.00	04400	16,736	7,119	0	0	665	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	33,836	11,925	0	0	6,456	50.00
51.00	05100	3,478	1,005	0	0	796	51.00
52.00	05200	15,729	4,832	0	0	573	52.00
53.00	05300	771	352	0	0	782	53.00
54.00	05400	13,270	0	0	0	1,709	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	03340	5,054	1,827	0	0	949	55.01
55.02	03630	4,902	0	0	0	784	55.02
56.00	05600	1,529	0	0	0	374	56.00
57.00	05700	4,371	0	0	0	2,170	57.00
58.00	05800	1,791	0	0	0	484	58.00
59.00	05900	3,589	824	0	0	1,165	59.00
60.00	06000	11,723	0	0	0	5,224	60.00
63.00	06300	0	0	0	0	499	63.00
65.00	06500	8,318	3,057	0	0	1,218	65.00
66.00	06600	16,219	0	0	0	1,012	66.00
67.00	06700	1,037	0	0	0	88	67.00
68.00	06800	1,931	0	0	0	101	68.00
69.00	06900	3,760	0	0	0	1,027	69.00
71.00	07100	0	0	107,523	0	602	71.00
72.00	07200	0	0	157,042	0	1,006	72.00
73.00	07300	0	0	0	204,467	4,758	73.00
74.00	07400	0	0	0	0	204	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	22,013	0	0	0	647	90.00
90.01	04950	907	0	0	0	21	90.01
90.02	04951	4,494	0	0	0	1,489	90.02
91.00	09100	30,281	10,775	0	0	5,363	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		369,706	78,882	264,565	204,467	47,296	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	370	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	2,190	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	1,775	0	0	0	0	194.02
194.03	07953	1,314	0	0	0	0	194.03
194.04	07954	1,384	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		376,739	78,882	264,565	204,467	47,296	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B
Part II
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	Services-Salary & Fringes	Services-Other Prgrm Costs			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100	Cap Rel Costs-Bldg & Fixt				1.00
2.00 00200	Cap Rel Costs-Mvble Equip				2.00
4.00 00400	Employee Benefits				4.00
5.00 00500	Administrative & General				5.00
7.00 00700	Operation of Plant				7.00
8.00 00800	Laundry & Linen Service				8.00
9.00 00900	Housekeeping				9.00
10.00 01000	Dietary				10.00
11.00 01101	Cafeteria				11.00
13.00 01300	Nursing Administration				13.00
14.00 01400	Central Services & Supply				14.00
15.00 01500	Pharmacy				15.00
16.00 01600	Medical Records & Library				16.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	64,520			21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd		355,758		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	Adults & Pediatrics		3,180,551	0	30.00
31.00 03100	Intensive Care Unit		770,657	0	31.00
43.00 04300	Nursery		52,260	0	43.00
44.00 04400	SKILLED NURSING FACILITY		813,415	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	Operating Room		1,338,341	0	50.00
51.00 05100	Recovery Room		10,073	0	51.00
52.00 05200	Labor Room & Delivery Room		791,425	0	52.00
53.00 05300	Anesthesiology		33,807	0	53.00
54.00 05400	Radiology - Diagnostic		918,559	0	54.00
55.00 05500	Radiology - Therapeutic		0	0	55.00
55.01 03340	Gastro Intestinal Services		845,590	0	55.01
55.02 03630	Ultra Sound		12,884	0	55.02
56.00 05600	Radioisotope		127,004	0	56.00
57.00 05700	CT Scan		18,240	0	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)		6,401	0	58.00
59.00 05900	Cardiac Catheterization		149,544	0	59.00
60.00 06000	Laboratory		684,103	0	60.00
63.00 06300	Blood Storing, Processing, & Trans.		36,647	0	63.00
65.00 06500	Respiratory Therapy		173,840	0	65.00
66.00 06600	Physical Therapy		143,677	0	66.00
67.00 06700	Occupational Therapy		2,484	0	67.00
68.00 06800	Speech Pathology		68,172	0	68.00
69.00 06900	Electro cardiology		130,860	0	69.00
71.00 07100	Medical Supplies charged to Patients		129,550	0	71.00
72.00 07200	Implantable Devices Chrgd to Patient		189,340	0	72.00
73.00 07300	Drugs charged to Patients		258,343	0	73.00
74.00 07400	RENAL DIALYSIS		27,813	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	Clinic		321,184	0	90.00
90.01 04950	Diabetology		2,182	0	90.01
90.02 04951	Cancer Center		25,455	0	90.02
91.00 09100	Emergency		1,707,583	0	91.00
92.00 09200	Observation Beds (Non-Distinct Part)			0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (sum of lines 1-117)	0	0	12,969,984	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	Gift, Flower, Coffee Shop, & Canteen		94,952	0	190.00
192.00 19200	Physicians' Private Offices		1,585,302	0	192.00
194.00 07950	Marketing		12,000	0	194.00
194.01 07951	Hospitalist		0	0	194.01
194.02 07952	Retail Pharmacy		4,128	0	194.02
194.03 07953	Community Relations		3,337	0	194.03
194.04 07954	Physician Clinics		141,412	0	194.04
194.05 07955	Guest Meals		0	0	194.05
194.06 07956	Catering Meals		0	0	194.06
194.07 07957	Other Nonreimbursable Cost Centers		0	0	194.07
200.00	Cross Foot Adjustments	64,520	355,758	420,278	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	64,520	355,758	15,231,393	202.00

Cost Center Description		CAPITAL RELATED COSTS		Employee Benefits (GROSS SALARIES)	Reconciliation	Administrative & General (Accum. Cost)	
		Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt	507,784				1.00
2.00	00200	Cap Rel Costs-Mvble Equip		507,784			2.00
4.00	00400	Employee Benefits	0	0	68,166,269		4.00
5.00	00500	Administrative & General	32,947	32,947	11,863,464	-25,759,824	5.00
7.00	00700	Operation of Plant	131,437	131,437	1,986,749	0	7.00
8.00	00800	Laundry & Linen Service	1,702	1,702	93,479	0	8.00
9.00	00900	Housekeeping	3,768	3,768	1,495,588	0	9.00
10.00	01000	Dietary	17,042	17,042	1,507,545	0	10.00
11.00	01101	Cafeteria	0	0	0	0	11.00
13.00	01300	Nursing Administration	1,472	1,472	922,146	0	13.00
14.00	01400	Central Services & Supply	6,169	6,169	0	0	14.00
15.00	01500	Pharmacy	3,689	3,689	1,632,425	0	15.00
16.00	01600	Medical Records & Library	722	722	633,062	0	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	3,957,946	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	8,135	8,135	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	64,336	64,336	11,120,910	0	30.00
31.00	03100	Intensive Care Unit	15,748	15,748	3,141,707	0	31.00
43.00	04300	Nursery	818	818	882,604	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,182	16,182	2,275,439	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	28,474	28,474	4,600,411	0	50.00
51.00	05100	Recovery Room	0	0	472,850	0	51.00
52.00	05200	Labor Room & Delivery Room	17,595	17,595	2,138,516	0	52.00
53.00	05300	Anesthesiology	711	711	104,766	0	53.00
54.00	05400	Radiology - Diagnostic	20,529	20,529	1,804,221	0	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	19,513	19,513	687,141	0	55.01
55.02	03630	Ultra Sound	0	0	666,441	0	55.02
56.00	05600	Radioisotope	2,878	2,878	207,872	0	56.00
57.00	05700	CT Scan	0	0	594,281	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	243,477	0	58.00
59.00	05900	Cardiac Catheterization	3,066	3,066	488,022	0	59.00
60.00	06000	Laboratory	14,691	14,691	1,593,872	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	677	677	0	0	63.00
65.00	06500	Respiratory Therapy	3,491	3,491	1,130,963	0	65.00
66.00	06600	Physical Therapy	2,460	2,460	2,205,129	0	66.00
67.00	06700	Occupational Therapy	0	0	141,030	0	67.00
68.00	06800	Speech Pathology	1,496	1,496	262,603	0	68.00
69.00	06900	Electro cardiology	2,823	2,823	511,171	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	535	535	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	6,254	6,254	2,992,883	0	90.00
90.01	04950	Diabetology	0	0	123,277	0	90.01
90.02	04951	Cancer Center	0	0	610,991	0	90.02
91.00	09100	Emergency	37,800	37,800	4,117,073	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	467,160	467,160	67,210,054	-25,759,824	115,042,937
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	2,203	2,203	50,362	0	190.00
192.00	19200	Physicians' Private Offices	35,179	35,179	0	0	192.00
194.00	07950	Marketing	0	0	297,703	0	194.00
194.01	07951	Hospitalist	0	0	0	0	194.01
194.02	07952	Retail Pharmacy	0	0	241,279	0	194.02
194.03	07953	Community Relations	0	0	178,674	0	194.03
194.04	07954	Physician Clinics	3,242	3,242	188,197	0	194.04
194.05	07955	Guest Meals	0	0	0	0	194.05
194.06	07956	Catering Meals	0	0	0	0	194.06
194.07	07957	Other Nonreimbursable Cost Centers	0	0	0	0	194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	9,142,384	6,089,009	5,017,165		25,759,824
203.00		Unit cost multiplier (wkst. B, Part I)	18.004474	11.991337	0.073602		0.217214

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B-1

Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description	CAPITAL RELATED COSTS			Reconciliation	Administrative & General (Accum. Cost)	
	Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)	Employee Benefits (GROSS SALARIES)			
	1.00	2.00	4.00			
204.00	Cost to be allocated (per wkst. B, Part II)			5A	988,272	204.00
205.00	Unit cost multiplier (wkst. B, Part II)		0.000000		0.008333	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B-1

Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Operation of Plant (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (Square Feet)	Dietary (Meals Served)	Cafeteria (GROSS SALARIES)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
4.00	00400	Employee Benefits					4.00	
5.00	00500	Administrative & General					5.00	
7.00	00700	Operation of Plant	343,400				7.00	
8.00	00800	Laundry & Linen Service	1,702	1,282,553			8.00	
9.00	00900	Housekeeping	3,768	0	337,930		9.00	
10.00	01000	Dietary	17,042	0	17,042	642,240	10.00	
11.00	01101	Cafeteria	0	0	0	326,027	51,219,444	11.00
13.00	01300	Nursing Administration	1,472	0	1,472	0	922,146	13.00
14.00	01400	Central Services & Supply	6,169	1,042	6,169	0	0	14.00
15.00	01500	Pharmacy	3,689	0	3,689	0	1,632,425	15.00
16.00	01600	Medical Records & Library	722	0	722	0	633,062	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0	3,957,946	21.00
22.00	02200	I&R Services-Other Prgm Costs Apprvd	8,135	0	8,135	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	64,336	572,814	64,336	157,106	11,120,910	30.00
31.00	03100	Intensive Care Unit	15,748	122,504	15,748	24,762	3,141,707	31.00
43.00	04300	Nursery	818	0	818	0	882,604	43.00
44.00	04400	SKILLED NURSING FACILITY	16,182	147,604	16,182	58,880	2,275,439	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	28,474	137,343	28,474	0	4,600,411	50.00
51.00	05100	Recovery Room	0	0	0	0	472,850	51.00
52.00	05200	Labor Room & Delivery Room	17,595	6,198	17,595	0	2,138,516	52.00
53.00	05300	Anesthesiology	711	0	711	0	104,766	53.00
54.00	05400	Radiology - Diagnostic	20,529	70,596	20,529	0	1,804,221	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	19,513	2,155	19,513	0	687,141	55.01
55.02	03630	Ultra Sound	0	0	0	0	666,441	55.02
56.00	05600	Radioisotope	2,878	0	2,878	0	207,872	56.00
57.00	05700	CT Scan	0	0	0	0	594,281	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	243,477	58.00
59.00	05900	Cardiac Catheterization	3,066	5,592	3,066	0	488,022	59.00
60.00	06000	Laboratory	14,691	0	14,691	0	1,593,872	60.00
63.00	06300	Blood Storing, Processing, & Trans.	677	0	677	0	0	63.00
65.00	06500	Respiratory Therapy	3,491	20,773	3,491	0	1,130,963	65.00
66.00	06600	Physical Therapy	2,460	2,364	2,460	0	2,205,129	66.00
67.00	06700	Occupational Therapy	0	0	0	0	141,030	67.00
68.00	06800	Speech Pathology	1,496	0	1,496	0	262,603	68.00
69.00	06900	Electro cardiology	2,823	2,175	2,823	0	511,171	69.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	535	6,623	535	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	6,254	1,027	6,254	0	2,992,883	90.00
90.01	04950	Diabetology	0	0	0	0	123,277	90.01
90.02	04951	Cancer Center	0	0	0	0	610,991	90.02
91.00	09100	Emergency	37,800	183,743	37,800	0	4,117,073	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	302,776	1,282,553	297,306	566,775	50,263,229	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	2,203	0	2,203	0	50,362	190.00
192.00	19200	Physicians' Private Offices	35,179	0	35,179	75,465	0	192.00
194.00	07950	Marketing	0	0	0	0	297,703	194.00
194.01	07951	Hospitalist	0	0	0	0	0	194.01
194.02	07952	Retail Pharmacy	0	0	0	0	241,279	194.02
194.03	07953	Community Relations	0	0	0	0	178,674	194.03
194.04	07954	Physician Clinics	3,242	0	3,242	0	188,197	194.04
194.05	07955	Guest Meals	0	0	0	0	0	194.05
194.06	07956	Catering Meals	0	0	0	0	0	194.06
194.07	07957	Other Nonreimbursable Cost Centers	0	0	0	0	0	194.07
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)	13,760,182	1,565,620	2,960,013	4,003,834	2,032,507	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	40.070419	1.220706	8.759249	6.234171	0.039682	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	4,036,758	81,311	176,548	742,137	376,739	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B-1

Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Operation of Plant (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (Square Feet)	Dietary (Meals Served)	Cafeteria (GROSS SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
205.00	Unit cost multiplier (wkst. B, Part II)	11.755265	0.063398	0.522440	1.155545	0.007355	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B-1

Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Nursing Administration (Direct Nurs. Hrs.)	Central Services & Supply (Costed Requis.)	Pharmacy (Costed Requis.)	Medical Records & Library (Gross Charges)	
		13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	Cap Rel Costs-Bldg & Fixt				1.00
2.00	00200	Cap Rel Costs-Mvble Equip				2.00
4.00	00400	Employee Benefits				4.00
5.00	00500	Administrative & General				5.00
7.00	00700	Operation of Plant				7.00
8.00	00800	Laundry & Linen Service				8.00
9.00	00900	Housekeeping				9.00
10.00	01000	Dietary				10.00
11.00	01101	Cafeteria				11.00
13.00	01300	Nursing Administration	983,299			13.00
14.00	01400	Central Services & Supply	0	6,326,318		14.00
15.00	01500	Pharmacy	0	0	5,894,401	15.00
16.00	01600	Medical Records & Library	0	0	0	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	Adults & Pediatrics	353,110	0	0	30.00
31.00	03100	Intensive Care Unit	89,107	0	0	31.00
43.00	04300	Nursery	21,082	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	88,736	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	Operating Room	148,652	0	0	50.00
51.00	05100	Recovery Room	12,528	0	0	51.00
52.00	05200	Labor Room & Delivery Room	60,232	0	0	52.00
53.00	05300	Anesthesiology	4,390	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	22,775	0	0	55.01
55.02	03630	Ultra Sound	0	0	0	55.02
56.00	05600	Radioisotope	0	0	0	56.00
57.00	05700	CT Scan	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	58.00
59.00	05900	Cardiac Catheterization	10,271	0	0	59.00
60.00	06000	Laboratory	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	63.00
65.00	06500	Respiratory Therapy	38,105	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	66.00
67.00	06700	Occupational Therapy	0	0	0	67.00
68.00	06800	Speech Pathology	0	0	0	68.00
69.00	06900	Electro cardiology	0	0	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	2,571,095	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	3,755,223	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	5,894,401	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	Clinic	0	0	0	90.00
90.01	04950	Diabetology	0	0	0	90.01
90.02	04951	Cancer Center	0	0	0	90.02
91.00	09100	Emergency	134,311	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (sum of lines 1-117)	983,299	6,326,318	5,894,401	673,460,846
NONREIMBURSABLE COST CENTERS						
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	190.00
192.00	19200	Physicians' Private Offices	0	0	0	192.00
194.00	07950	Marketing	0	0	0	194.00
194.01	07951	Hospitalist	0	0	0	194.01
194.02	07952	Retail Pharmacy	0	0	0	194.02
194.03	07953	Community Relations	0	0	0	194.03
194.04	07954	Physician Clinics	0	0	0	194.04
194.05	07955	Guest Meals	0	0	0	194.05
194.06	07956	Catering Meals	0	0	0	194.06
194.07	07957	Other Nonreimbursable Cost Centers	0	0	0	194.07
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per wkst. B, Part I)	1,550,646	844,824	5,578,518	1,830,563
203.00		Unit cost multiplier (wkst. B, Part I)	1.576983	0.133541	0.946410	0.002718
204.00		Cost to be allocated (per wkst. B, Part II)	78,882	264,565	204,467	47,296

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet B-1

Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Nursing Administration (Direct Nurs. Hrs.)	Central Services & Supply (Costed Requis.)	Pharmacy (Costed Requis.)	Medical Records & Library (Gross Charges)	
		13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (wkst. B, Part II)	0.080222	0.041820	0.034688	0.000070	205.00

Cost Center Description		INTERNS & RESIDENTS			
		Services-Salary & Fringes (Assigned Time)	Services-Other Prgrm Costs (Assigned Time)		
		21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	Cap Rel Costs-Bldg & Fixt			1.00
2.00	00200	Cap Rel Costs-Mvble Equip			2.00
4.00	00400	Employee Benefits			4.00
5.00	00500	Administrative & General			5.00
7.00	00700	Operation of Plant			7.00
8.00	00800	Laundry & Linen Service			8.00
9.00	00900	Housekeeping			9.00
10.00	01000	Dietary			10.00
11.00	01101	Cafeteria			11.00
13.00	01300	Nursing Administration			13.00
14.00	01400	Central Services & Supply			14.00
15.00	01500	Pharmacy			15.00
16.00	01600	Medical Records & Library			16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	5,226		21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd		5,226	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	Adults & Pediatrics	5,226	5,226	30.00
31.00	03100	Intensive Care Unit	0	0	31.00
43.00	04300	Nursery	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0	0	50.00
51.00	05100	Recovery Room	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	52.00
53.00	05300	Anesthesiology	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	54.00
55.00	05500	Radiology - Therapeutic	0	0	55.00
55.01	03340	Gastro Intestinal Services	0	0	55.01
55.02	03630	Ultra Sound	0	0	55.02
56.00	05600	Radioisotope	0	0	56.00
57.00	05700	CT Scan	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	59.00
60.00	06000	Laboratory	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	65.00
66.00	06600	Physical Therapy	0	0	66.00
67.00	06700	Occupational Therapy	0	0	67.00
68.00	06800	Speech Pathology	0	0	68.00
69.00	06900	Electro cardiology	0	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	0	0	90.00
90.01	04950	Diabetology	0	0	90.01
90.02	04951	Cancer Center	0	0	90.02
91.00	09100	Emergency	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (sum of lines 1-117)	5,226	5,226	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	190.00
192.00	19200	Physicians' Private Offices	0	0	192.00
194.00	07950	Marketing	0	0	194.00
194.01	07951	Hospitalist	0	0	194.01
194.02	07952	Retail Pharmacy	0	0	194.02
194.03	07953	Community Relations	0	0	194.03
194.04	07954	Physician Clinics	0	0	194.04
194.05	07955	Guest Meals	0	0	194.05
194.06	07956	Catering Meals	0	0	194.06
194.07	07957	Other Nonreimbursable Cost Centers	0	0	194.07
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per wkst. B, Part I)	5,329,317	2,130,071	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	1,019.769805	407.591083	203.00

Cost Center Description		INTERNS & RESIDENTS		
		Services-Salary & Fringes (Assigned Time)	Services-Other Prgrm Costs (Assigned Time)	
		21.00	22.00	
204.00	Cost to be allocated (per wkst. B, Part II)	64,520	355,758	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	12.345962	68.074627	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet C
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

		Title XVIII		Hospital		PPS
Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 Adults & Pediatrics	24,610,525		24,610,525	18,250	24,628,775
31.00	03100 Intensive Care Unit	6,829,389		6,829,389	0	6,829,389
43.00	04300 Nursery	1,439,406		1,439,406	0	1,439,406
44.00	04400 SKILLED NURSING FACILITY	5,600,021		5,600,021	0	5,600,021
ANCILLARY SERVICE COST CENTERS						
50.00	05000 Operating Room	12,988,446		12,988,446	0	12,988,446
51.00	05100 Recovery Room	769,670		769,670	0	769,670
52.00	05200 Labor Room & Delivery Room	4,880,567		4,880,567	0	4,880,567
53.00	05300 Anesthesiology	345,762		345,762	0	345,762
54.00	05400 Radiology - Diagnostic	5,794,364		5,794,364	0	5,794,364
55.00	05500 Radiology - Therapeutic	0		0	0	0
55.01	03340 Gastro Intestinal Services	2,916,631		2,916,631	0	2,916,631
55.02	03630 Ultra sound	1,108,341		1,108,341	0	1,108,341
56.00	05600 Radioisotope	665,373		665,373	0	665,373
57.00	05700 CT Scan	1,816,691		1,816,691	0	1,816,691
58.00	05800 Magnetic Resonance Imaging (MRI)	631,141		631,141	0	631,141
59.00	05900 Cardiac Catheterization	2,282,278		2,282,278	0	2,282,278
60.00	06000 Laboratory	7,719,498		7,719,498	0	7,719,498
63.00	06300 Blood Storing, Processing, & Trans.	1,152,283		1,152,283	0	1,152,283
65.00	06500 Respiratory Therapy	2,152,378	0	2,152,378	0	2,152,378
66.00	06600 Physical Therapy	3,507,721	0	3,507,721	0	3,507,721
67.00	06700 Occupational Therapy	207,527	0	207,527	0	207,527
68.00	06800 Speech Pathology	510,749	0	510,749	0	510,749
69.00	06900 Electro cardiology	1,164,233		1,164,233	3,595	1,167,828
71.00	07100 Medical Supplies Charged to Patients	3,496,303		3,496,303	0	3,496,303
72.00	07200 Implantable Devices Chrgd to Patient	5,111,451		5,111,451	0	5,111,451
73.00	07300 Drugs Charged to Patients	12,938,030		12,938,030	0	12,938,030
74.00	07400 RENAL DIALYSIS	710,067		710,067	0	710,067
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 Clinic	5,428,844		5,428,844	6,422	5,435,266
90.01	04950 Diabetology	188,963		188,963	0	188,963
90.02	04951 Cancer Center	2,926,429		2,926,429	0	2,926,429
91.00	09100 Emergency	10,187,292		10,187,292	0	10,187,292
92.00	09200 Observation Beds (Non-Distinct Part)	707,444		707,444	0	707,444
200.00	Subtotal (see instructions)	130,787,817	0	130,787,817	28,267	130,816,084
201.00	Less Observation Beds	707,444		707,444	0	707,444
202.00	Total (see instructions)	130,080,373	0	130,080,373	28,267	130,108,640

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet C
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	77,019,619		77,019,619		30.00
31.00	03100	Intensive Care Unit	13,709,406		13,709,406		31.00
43.00	04300	Nursery	7,450,179		7,450,179		43.00
44.00	04400	SKILLED NURSING FACILITY	9,495,696		9,495,696		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	50,199,234	39,812,636	90,011,870	0.144297	50.00
51.00	05100	Recovery Room	6,227,624	5,144,466	11,372,090	0.067681	51.00
52.00	05200	Labor Room & Delivery Room	7,845,253	339,196	8,184,449	0.596322	52.00
53.00	05300	Anesthesiology	6,726,992	4,439,495	11,166,487	0.030964	53.00
54.00	05400	Radiology - Diagnostic	6,313,868	18,096,941	24,410,809	0.237369	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0.000000	55.00
55.01	03340	Gastro Intestinal Services	3,300,621	10,251,562	13,552,183	0.215215	55.01
55.02	03630	Ultra Sound	2,429,936	8,775,047	11,204,983	0.098915	55.02
56.00	05600	Radioisotope	1,554,899	3,784,962	5,339,861	0.124605	56.00
57.00	05700	CT Scan	11,147,581	19,849,202	30,996,783	0.058609	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	2,144,212	4,770,441	6,914,653	0.091276	58.00
59.00	05900	Cardiac Catheterization	9,282,363	7,361,206	16,643,569	0.137127	59.00
60.00	06000	Laboratory	44,830,765	29,792,190	74,622,955	0.103447	60.00
63.00	06300	Blood Storing, Processing, & Trans.	6,093,831	1,039,879	7,133,710	0.161526	63.00
65.00	06500	Respiratory Therapy	14,198,589	3,207,500	17,406,089	0.123657	65.00
66.00	06600	Physical Therapy	8,756,060	5,707,559	14,463,619	0.242520	66.00
67.00	06700	Occupational Therapy	1,231,837	31,170	1,263,007	0.164312	67.00
68.00	06800	Speech Pathology	933,906	515,615	1,449,521	0.352357	68.00
69.00	06900	Electro cardiology	7,113,941	7,561,746	14,675,687	0.079331	69.00
71.00	07100	Medical Supplies Charged to Patients	5,985,608	2,617,423	8,603,031	0.406404	71.00
72.00	07200	Implantable Devices Chrgd to Patient	10,383,587	3,988,645	14,372,232	0.355648	72.00
73.00	07300	Drugs Charged to Patients	52,072,390	15,906,025	67,978,415	0.190326	73.00
74.00	07400	RENAL DIALYSIS	2,843,153	73,537	2,916,690	0.243450	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	9,244,714	9,244,714	0.587238	90.00
90.01	04950	Diabetology	0	303,091	303,091	0.623453	90.01
90.02	04951	Cancer Center	167,624	21,104,395	21,272,019	0.137572	90.02
91.00	09100	Emergency	19,514,104	57,102,436	76,616,540	0.132965	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	3,666,889	3,666,889	0.192928	92.00
200.00		Subtotal (see instructions)	388,972,878	284,487,968	673,460,846		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	388,972,878	284,487,968	673,460,846		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet C
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	Adults & Pediatrics			30.00
31.00	03100	Intensive Care Unit			31.00
43.00	04300	Nursery			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0.144297		50.00
51.00	05100	Recovery Room	0.067681		51.00
52.00	05200	Labor Room & Delivery Room	0.596322		52.00
53.00	05300	Anesthesiology	0.030964		53.00
54.00	05400	Radiology - Diagnostic	0.237369		54.00
55.00	05500	Radiology - Therapeutic	0.000000		55.00
55.01	03340	Gastro Intestinal Services	0.215215		55.01
55.02	03630	Ultra Sound	0.098915		55.02
56.00	05600	Radioisotope	0.124605		56.00
57.00	05700	CT Scan	0.058609		57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.091276		58.00
59.00	05900	Cardiac Catheterization	0.137127		59.00
60.00	06000	Laboratory	0.103447		60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.161526		63.00
65.00	06500	Respiratory Therapy	0.123657		65.00
66.00	06600	Physical Therapy	0.242520		66.00
67.00	06700	Occupational Therapy	0.164312		67.00
68.00	06800	Speech Pathology	0.352357		68.00
69.00	06900	Electro cardiology	0.079576		69.00
71.00	07100	Medical Supplies Charged to Patients	0.406404		71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.355648		72.00
73.00	07300	Drugs Charged to Patients	0.190326		73.00
74.00	07400	RENAL DIALYSIS	0.243450		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	0.587932		90.00
90.01	04950	Diabetology	0.623453		90.01
90.02	04951	Cancer Center	0.137572		90.02
91.00	09100	Emergency	0.132965		91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.192928		92.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet C
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

		Title XIX		Hospital		Cost
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 Adults & Pediatrics	24,610,525		24,610,525	0	0
31.00	03100 Intensive Care Unit	6,829,389		6,829,389	0	0
43.00	04300 Nursery	1,439,406		1,439,406	0	0
44.00	04400 SKILLED NURSING FACILITY	5,600,021		5,600,021	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000 Operating Room	12,988,446		12,988,446	0	0
51.00	05100 Recovery Room	769,670		769,670	0	0
52.00	05200 Labor Room & Delivery Room	4,880,567		4,880,567	0	0
53.00	05300 Anesthesiology	345,762		345,762	0	0
54.00	05400 Radiology - Diagnostic	5,794,364		5,794,364	0	0
55.00	05500 Radiology - Therapeutic	0		0	0	0
55.01	03340 Gastro Intestinal Services	2,916,631		2,916,631	0	0
55.02	03630 Ultra sound	1,108,341		1,108,341	0	0
56.00	05600 Radioisotope	665,373		665,373	0	0
57.00	05700 CT Scan	1,816,691		1,816,691	0	0
58.00	05800 Magnetic Resonance Imaging (MRI)	631,141		631,141	0	0
59.00	05900 Cardiac Catheterization	2,282,278		2,282,278	0	0
60.00	06000 Laboratory	7,719,498		7,719,498	0	0
63.00	06300 Blood Storing, Processing, & Trans.	1,152,283		1,152,283	0	0
65.00	06500 Respiratory Therapy	2,152,378	0	2,152,378	0	0
66.00	06600 Physical Therapy	3,507,721	0	3,507,721	0	0
67.00	06700 Occupational Therapy	207,527	0	207,527	0	0
68.00	06800 Speech Pathology	510,749	0	510,749	0	0
69.00	06900 Electro cardiology	1,164,233		1,164,233	0	0
71.00	07100 Medical Supplies Charged to Patients	3,496,303		3,496,303	0	0
72.00	07200 Implantable Devices Chrgd to Patient	5,111,451		5,111,451	0	0
73.00	07300 Drugs Charged to Patients	12,938,030		12,938,030	0	0
74.00	07400 RENAL DIALYSIS	710,067		710,067	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 Clinic	5,428,844		5,428,844	0	0
90.01	04950 Diabetology	188,963		188,963	0	0
90.02	04951 Cancer Center	2,926,429		2,926,429	0	0
91.00	09100 Emergency	10,187,292		10,187,292	0	0
92.00	09200 Observation Beds (Non-Distinct Part)	707,444		707,444	0	0
200.00	Subtotal (see instructions)	130,787,817	0	130,787,817	0	0
201.00	Less Observation Beds	707,444		707,444	0	0
202.00	Total (see instructions)	130,080,373	0	130,080,373	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet C
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	77,019,619		77,019,619		30.00
31.00	03100	Intensive Care Unit	13,709,406		13,709,406		31.00
43.00	04300	Nursery	7,450,179		7,450,179		43.00
44.00	04400	SKILLED NURSING FACILITY	9,495,696		9,495,696		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	50,199,234	39,812,636	90,011,870	0.144297	50.00
51.00	05100	Recovery Room	6,227,624	5,144,466	11,372,090	0.067681	51.00
52.00	05200	Labor Room & Delivery Room	7,845,253	339,196	8,184,449	0.596322	52.00
53.00	05300	Anesthesiology	6,726,992	4,439,495	11,166,487	0.030964	53.00
54.00	05400	Radiology - Diagnostic	6,313,868	18,096,941	24,410,809	0.237369	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0.000000	55.00
55.01	03340	Gastro Intestinal Services	3,300,621	10,251,562	13,552,183	0.215215	55.01
55.02	03630	Ultra Sound	2,429,936	8,775,047	11,204,983	0.098915	55.02
56.00	05600	Radioisotope	1,554,899	3,784,962	5,339,861	0.124605	56.00
57.00	05700	CT Scan	11,147,581	19,849,202	30,996,783	0.058609	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	2,144,212	4,770,441	6,914,653	0.091276	58.00
59.00	05900	Cardiac Catheterization	9,282,363	7,361,206	16,643,569	0.137127	59.00
60.00	06000	Laboratory	44,830,765	29,792,190	74,622,955	0.103447	60.00
63.00	06300	Blood Storing, Processing, & Trans.	6,093,831	1,039,879	7,133,710	0.161526	63.00
65.00	06500	Respiratory Therapy	14,198,589	3,207,500	17,406,089	0.123657	65.00
66.00	06600	Physical Therapy	8,756,060	5,707,559	14,463,619	0.242520	66.00
67.00	06700	Occupational Therapy	1,231,837	31,170	1,263,007	0.164312	67.00
68.00	06800	Speech Pathology	933,906	515,615	1,449,521	0.352357	68.00
69.00	06900	Electro cardiology	7,113,941	7,561,746	14,675,687	0.079331	69.00
71.00	07100	Medical Supplies Charged to Patients	5,985,608	2,617,423	8,603,031	0.406404	71.00
72.00	07200	Implantable Devices Chrgd to Patient	10,383,587	3,988,645	14,372,232	0.355648	72.00
73.00	07300	Drugs Charged to Patients	52,072,390	15,906,025	67,978,415	0.190326	73.00
74.00	07400	RENAL DIALYSIS	2,843,153	73,537	2,916,690	0.243450	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	9,244,714	9,244,714	0.587238	90.00
90.01	04950	Diabetology	0	303,091	303,091	0.623453	90.01
90.02	04951	Cancer Center	167,624	21,104,395	21,272,019	0.137572	90.02
91.00	09100	Emergency	19,514,104	57,102,436	76,616,540	0.132965	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	3,666,889	3,666,889	0.192928	92.00
200.00		Subtotal (see instructions)	388,972,878	284,487,968	673,460,846		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	388,972,878	284,487,968	673,460,846		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet C
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics				30.00
31.00	03100 Intensive Care Unit				31.00
43.00	04300 Nursery				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.000000			50.00
51.00	05100 Recovery Room	0.000000			51.00
52.00	05200 Labor Room & Delivery Room	0.000000			52.00
53.00	05300 Anesthesiology	0.000000			53.00
54.00	05400 Radiology - Diagnostic	0.000000			54.00
55.00	05500 Radiology - Therapeutic	0.000000			55.00
55.01	03340 Gastro Intestinal Services	0.000000			55.01
55.02	03630 Ultra Sound	0.000000			55.02
56.00	05600 Radioisotope	0.000000			56.00
57.00	05700 CT Scan	0.000000			57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.000000			58.00
59.00	05900 Cardiac Catheterization	0.000000			59.00
60.00	06000 Laboratory	0.000000			60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.000000			63.00
65.00	06500 Respiratory Therapy	0.000000			65.00
66.00	06600 Physical Therapy	0.000000			66.00
67.00	06700 Occupational Therapy	0.000000			67.00
68.00	06800 Speech Pathology	0.000000			68.00
69.00	06900 Electro cardiology	0.000000			69.00
71.00	07100 Medical Supplies Charged to Patients	0.000000			71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.000000			72.00
73.00	07300 Drugs Charged to Patients	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 Clinic	0.000000			90.00
90.01	04950 Diabetology	0.000000			90.01
90.02	04951 Cancer Center	0.000000			90.02
91.00	09100 Emergency	0.000000			91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.000000			92.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Title XVIII			Hospital		Per Diem (col. 3 / col. 4)	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			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	3,180,551	0	3,180,551	30,845	103.11	30.00
31.00	03100	Intensive Care Unit	770,657		770,657	4,722	163.21	31.00
43.00	04300	Nursery	52,260		52,260	1,565	33.39	43.00
44.00	04400	SKILLED NURSING FACILITY	813,415		813,415	11,228	72.45	44.00
200.00		Total (lines 30-199)	4,816,883		4,816,883	48,360		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part I
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics	10,135	1,045,020	30.00
31.00	03100 Intensive Care Unit	1,649	269,133	31.00
43.00	04300 Nursery	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	8,327	603,291	44.00
200.00	Total (lines 30-199)	20,111	1,917,444	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part II
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	1,338,341	90,011,870	0.014868	15,112,954	224,699	50.00
51.00	05100	Recovery Room	10,073	11,372,090	0.000886	1,914,948	1,697	51.00
52.00	05200	Labor Room & Delivery Room	791,425	8,184,449	0.096699	125,961	12,180	52.00
53.00	05300	Anesthesiology	33,807	11,166,487	0.003028	1,729,846	5,238	53.00
54.00	05400	Radiology - Diagnostic	918,559	24,410,809	0.037629	2,514,065	94,602	54.00
55.00	05500	Radiology - Therapeutic	0	0	0.000000	0	0	55.00
55.01	03340	Gastro Intestinal Services	845,590	13,552,183	0.062395	1,189,190	74,200	55.01
55.02	03630	ultra Sound	12,884	11,204,983	0.001150	353,788	407	55.02
56.00	05600	Radioisotope	127,004	5,339,861	0.023784	548,797	13,053	56.00
57.00	05700	CT Scan	18,240	30,996,783	0.000588	4,070,199	2,393	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	6,401	6,914,653	0.000926	720,029	667	58.00
59.00	05900	Cardiac Catheterization	149,544	16,643,569	0.008985	2,609,977	23,451	59.00
60.00	06000	Laboratory	684,103	74,622,955	0.009167	16,558,492	151,792	60.00
63.00	06300	Blood Storing, Processing, & Trans.	36,647	7,133,710	0.005137	1,446,483	7,431	63.00
65.00	06500	Respiratory Therapy	173,840	17,406,089	0.009987	3,213,183	32,090	65.00
66.00	06600	Physical Therapy	143,677	14,463,619	0.009934	937,256	9,311	66.00
67.00	06700	Occupational Therapy	2,484	1,263,007	0.001967	568,581	1,118	67.00
68.00	06800	Speech Pathology	68,172	1,449,521	0.047031	207,790	9,773	68.00
69.00	06900	Electro cardiology	130,860	14,675,687	0.008917	2,940,763	26,223	69.00
71.00	07100	Medical Supplies Charged to Patients	129,550	8,603,031	0.015059	4,591,070	69,137	71.00
72.00	07200	Implantable Devices Chrgd to Patient	189,340	14,372,232	0.013174	6,645,154	87,543	72.00
73.00	07300	Drugs Charged to Patients	258,343	67,978,415	0.003800	18,577,195	70,593	73.00
74.00	07400	RENAL DIALYSIS	27,813	2,916,690	0.009536	1,640,220	15,641	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	321,184	9,244,714	0.034742	0	0	90.00
90.01	04950	Diabetology	2,182	303,091	0.007199	0	0	90.01
90.02	04951	Cancer Center	25,455	21,272,019	0.001197	236	0	90.02
91.00	09100	Emergency	1,707,583	76,616,540	0.022287	4,665,375	103,977	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	91,359	3,666,889	0.024915	0	0	92.00
200.00		Total (lines 50-199)	8,244,460	565,785,946		92,881,552	1,037,216	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part III
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 Adults & Pediatrics	0	0	0	0	0 30.00
31.00	03100 Intensive Care Unit	0	0	0	0	0 31.00
43.00	04300 Nursery	0	0	0	0	0 43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
200.00	Total (lines 30-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part III
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Title XVIII			Hospital		PSA Adj. Nursing School	PPS
		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
		6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	30,845	0.00	10,135	0	0	30.00
31.00	03100	Intensive Care Unit	4,722	0.00	1,649	0	0	31.00
43.00	04300	Nursery	1,565	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	11,228	0.00	8,327	0	0	44.00
200.00		Total (lines 30-199)	48,360		20,111	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part III
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description			PSA Adj. Allied Health Cost 12.00	PSA Adj. All Other Medical Education Cost 13.00		Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	0	0				30.00
31.00	03100	Intensive Care Unit	0	0				31.00
43.00	04300	Nursery	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
200.00		Total (lines 30-199)	0	0				200.00

APPORIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part IV
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 Operating Room	0	0	0	0	0	0	50.00
51.00 05100 Recovery Room	0	0	0	0	0	0	51.00
52.00 05200 Labor Room & Delivery Room	0	0	0	0	0	0	52.00
53.00 05300 Anesthesiology	0	0	0	0	0	0	53.00
54.00 05400 Radiology - Diagnostic	0	0	0	0	0	0	54.00
55.00 05500 Radiology - Therapeutic	0	0	0	0	0	0	55.00
55.01 03340 Gastro Intestinal Services	0	0	0	0	0	0	55.01
55.02 03630 Ultra Sound	0	0	0	0	0	0	55.02
56.00 05600 Radioisotope	0	0	0	0	0	0	56.00
57.00 05700 CT scan	0	0	0	0	0	0	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	58.00
59.00 05900 Cardiac Catheterization	0	0	0	0	0	0	59.00
60.00 06000 Laboratory	0	0	0	0	0	0	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	0	0	0	0	0	63.00
65.00 06500 Respiratory Therapy	0	0	0	0	0	0	65.00
66.00 06600 Physical Therapy	0	0	0	0	0	0	66.00
67.00 06700 Occupational Therapy	0	0	0	0	0	0	67.00
68.00 06800 Speech Pathology	0	0	0	0	0	0	68.00
69.00 06900 Electro cardiology	0	0	0	0	0	0	69.00
71.00 07100 Medical Supplies Charged to Patients	0	0	0	0	0	0	71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	0	0	0	0	0	72.00
73.00 07300 Drugs Charged to Patients	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 Clinic	0	0	0	0	0	0	90.00
90.01 04950 Diabetology	0	0	0	0	0	0	90.01
90.02 04951 Cancer Center	0	0	0	0	0	0	90.02
91.00 09100 Emergency	0	0	0	0	0	0	91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part IV
Date/Time Prepared:
9/27/2012 2:55 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	05000	Operating Room	0	90,011,870	0.000000	0.000000	15,112,954	50.00
51.00	05100	Recovery Room	0	11,372,090	0.000000	0.000000	1,914,948	51.00
52.00	05200	Labor Room & Delivery Room	0	8,184,449	0.000000	0.000000	125,961	52.00
53.00	05300	Anesthesiology	0	11,166,487	0.000000	0.000000	1,729,846	53.00
54.00	05400	Radiology - Diagnostic	0	24,410,809	0.000000	0.000000	2,514,065	54.00
55.00	05500	Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
55.01	03340	Gastro Intestinal Services	0	13,552,183	0.000000	0.000000	1,189,190	55.01
55.02	03630	Ultra Sound	0	11,204,983	0.000000	0.000000	353,788	55.02
56.00	05600	Radioisotope	0	5,339,861	0.000000	0.000000	548,797	56.00
57.00	05700	CT Scan	0	30,996,783	0.000000	0.000000	4,070,199	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	6,914,653	0.000000	0.000000	720,029	58.00
59.00	05900	Cardiac Catheterization	0	16,643,569	0.000000	0.000000	2,609,977	59.00
60.00	06000	Laboratory	0	74,622,955	0.000000	0.000000	16,558,492	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	7,133,710	0.000000	0.000000	1,446,483	63.00
65.00	06500	Respiratory Therapy	0	17,406,089	0.000000	0.000000	3,213,183	65.00
66.00	06600	Physical Therapy	0	14,463,619	0.000000	0.000000	937,256	66.00
67.00	06700	Occupational Therapy	0	1,263,007	0.000000	0.000000	568,581	67.00
68.00	06800	Speech Pathology	0	1,449,521	0.000000	0.000000	207,790	68.00
69.00	06900	Electro cardiology	0	14,675,687	0.000000	0.000000	2,940,763	69.00
71.00	07100	Medical Supplies Charged to Patients	0	8,603,031	0.000000	0.000000	4,591,070	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	14,372,232	0.000000	0.000000	6,645,154	72.00
73.00	07300	Drugs Charged to Patients	0	67,978,415	0.000000	0.000000	18,577,195	73.00
74.00	07400	RENAL DIALYSIS	0	2,916,690	0.000000	0.000000	1,640,220	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	9,244,714	0.000000	0.000000	0	90.00
90.01	04950	Diabetology	0	303,091	0.000000	0.000000	0	90.01
90.02	04951	Cancer Center	0	21,272,019	0.000000	0.000000	236	90.02
91.00	09100	Emergency	0	76,616,540	0.000000	0.000000	4,665,375	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	3,666,889	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	565,785,946			92,881,552	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part IV
Date/Time Prepared:
9/27/2012 2:55 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	05000	Operating Room	0	11,278,986	0	0	0	50.00
51.00	05100	Recovery Room	0	1,980,957	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	4,062	0	0	0	52.00
53.00	05300	Anesthesiology	0	1,183,694	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	3,186,511	0	0	0	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	0	2,224,504	0	0	0	55.01
55.02	03630	Ultra Sound	0	412,399	0	0	0	55.02
56.00	05600	Radioisotope	0	1,398,895	0	0	0	56.00
57.00	05700	CT Scan	0	3,986,218	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	886,300	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	882,958	0	0	0	59.00
60.00	06000	Laboratory	0	10,962,399	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	79,171	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	282,887	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0	850	0	0	0	67.00
68.00	06800	Speech Pathology	0	60,389	0	0	0	68.00
69.00	06900	Electro cardiology	0	2,117,616	0	0	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	2,501,116	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	1,585,976	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	3,523,123	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	27,183	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	392,985	0	0	0	90.00
90.01	04950	Diabetology	0	0	0	0	0	90.01
90.02	04951	Cancer Center	0	17,176	0	0	0	90.02
91.00	09100	Emergency	0	5,036,924	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	927,847	0	0	0	92.00
200.00		Total (lines 50-199)	0	54,941,126	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part IV
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0	0	50.00
51.00	05100	Recovery Room	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	52.00
53.00	05300	Anesthesiology	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	54.00
55.00	05500	Radiology - Therapeutic	0	0	55.00
55.01	03340	Gastro Intestinal Services	0	0	55.01
55.02	03630	Ultra Sound	0	0	55.02
56.00	05600	Radioisotope	0	0	56.00
57.00	05700	CT Scan	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	59.00
60.00	06000	Laboratory	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	65.00
66.00	06600	Physical Therapy	0	0	66.00
67.00	06700	Occupational Therapy	0	0	67.00
68.00	06800	Speech Pathology	0	0	68.00
69.00	06900	Electro cardiology	0	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	0	0	90.00
90.01	04950	Diabetology	0	0	90.01
90.02	04951	Cancer Center	0	0	90.02
91.00	09100	Emergency	0	0	91.00
92.00	09200	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: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part V
Date/Time Prepared:
9/27/2012 2:55 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services 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	05000	Operating Room	0.144297	11,278,986	0	0	50.00
51.00	05100	Recovery Room	0.067681	1,980,957	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0.596322	4,062	0	0	52.00
53.00	05300	Anesthesiology	0.030964	1,183,694	0	0	53.00
54.00	05400	Radiology - Diagnostic	0.237369	3,186,511	0	0	54.00
55.00	05500	Radiology - Therapeutic	0.000000	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	0.215215	2,224,504	0	0	55.01
55.02	03630	Ultra Sound	0.098915	412,399	0	0	55.02
56.00	05600	Radioisotope	0.124605	1,398,895	0	0	56.00
57.00	05700	CT Scan	0.058609	3,986,218	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.091276	886,300	0	0	58.00
59.00	05900	Cardiac Catheterization	0.137127	882,958	0	0	59.00
60.00	06000	Laboratory	0.103447	10,962,399	0	110,102	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.161526	79,171	0	0	63.00
65.00	06500	Respiratory Therapy	0.123657	282,887	0	0	65.00
66.00	06600	Physical Therapy	0.242520	0	0	0	66.00
67.00	06700	Occupational Therapy	0.164312	850	0	0	67.00
68.00	06800	Speech Pathology	0.352357	60,389	0	0	68.00
69.00	06900	Electro cardiology	0.079331	2,117,616	0	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0.406404	2,501,116	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.355648	1,585,976	0	0	72.00
73.00	07300	Drugs Charged to Patients	0.190326	3,523,123	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.243450	27,183	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0.587238	392,985	0	0	90.00
90.01	04950	Diabetology	0.623453	0	0	0	90.01
90.02	04951	Cancer Center	0.137572	17,176	0	0	90.02
91.00	09100	Emergency	0.132965	5,036,924	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.192928	927,847	0	0	92.00
200.00		Subtotal (see instructions)		54,941,126	0	110,102	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net charges (line 200 +/- line 201)		54,941,126	0	110,102	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part V
Date/Time Prepared:
9/27/2012 2:55 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	05000	Operating Room	1,627,524	0	0	50.00
51.00	05100	Recovery Room	134,073	0	0	51.00
52.00	05200	Labor Room & Delivery Room	2,422	0	0	52.00
53.00	05300	Anesthesiology	36,652	0	0	53.00
54.00	05400	Radiology - Diagnostic	756,379	0	0	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	478,747	0	0	55.01
55.02	03630	Ultra Sound	40,792	0	0	55.02
56.00	05600	Radioisotope	174,309	0	0	56.00
57.00	05700	CT Scan	233,628	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	80,898	0	0	58.00
59.00	05900	Cardiac Catheterization	121,077	0	0	59.00
60.00	06000	Laboratory	1,134,027	0	11,390	60.00
63.00	06300	Blood Storing, Processing, & Trans.	12,788	0	0	63.00
65.00	06500	Respiratory Therapy	34,981	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	66.00
67.00	06700	Occupational Therapy	140	0	0	67.00
68.00	06800	Speech Pathology	21,278	0	0	68.00
69.00	06900	Electro cardiology	167,993	0	0	69.00
71.00	07100	Medical Supplies Charged to Patients	1,016,464	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	564,049	0	0	72.00
73.00	07300	Drugs Charged to Patients	670,542	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,618	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	Clinic	230,776	0	0	90.00
90.01	04950	Diabetology	0	0	0	90.01
90.02	04951	Cancer Center	2,363	0	0	90.02
91.00	09100	Emergency	669,735	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	179,008	0	0	92.00
200.00		Subtotal (see instructions)	8,397,263	0	11,390	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00		Net Charges (line 200 +/- line 201)	8,397,263	0	11,390	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049
Component CCN: 145743

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part IV
Date/Time Prepared:
9/27/2012 2:55 pm

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)	5.00
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
51.00	05100	Recovery Room	0	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	0	0	52.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	0	0	0	0	55.01
55.02	03630	Ultra Sound	0	0	0	0	55.02
56.00	05600	Radioisotope	0	0	0	0	56.00
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0	0	0	0	67.00
68.00	06800	Speech Pathology	0	0	0	0	68.00
69.00	06900	Electro cardiology	0	0	0	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	90.00
90.01	04950	Diabetology	0	0	0	0	90.01
90.02	04951	Cancer Center	0	0	0	0	90.02
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049
Component CCN: 145743

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part IV
Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	90,011,870	0.000000	0.000000	6,530	50.00
51.00	05100	Recovery Room	0	11,372,090	0.000000	0.000000	0	51.00
52.00	05200	Labor Room & Delivery Room	0	8,184,449	0.000000	0.000000	0	52.00
53.00	05300	Anesthesiology	0	11,166,487	0.000000	0.000000	85	53.00
54.00	05400	Radiology - Diagnostic	0	24,410,809	0.000000	0.000000	125,676	54.00
55.00	05500	Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
55.01	03340	Gastro Intestinal Services	0	13,552,183	0.000000	0.000000	6,102	55.01
55.02	03630	Ultra sound	0	11,204,983	0.000000	0.000000	432	55.02
56.00	05600	Radioisotope	0	5,339,861	0.000000	0.000000	0	56.00
57.00	05700	CT Scan	0	30,996,783	0.000000	0.000000	3,979	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	6,914,653	0.000000	0.000000	2,652	58.00
59.00	05900	Cardiac Catheterization	0	16,643,569	0.000000	0.000000	10,630	59.00
60.00	06000	Laboratory	0	74,622,955	0.000000	0.000000	1,906,671	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	7,133,710	0.000000	0.000000	12,899	63.00
65.00	06500	Respiratory Therapy	0	17,406,089	0.000000	0.000000	171,900	65.00
66.00	06600	Physical Therapy	0	14,463,619	0.000000	0.000000	5,413,112	66.00
67.00	06700	Occupational Therapy	0	1,263,007	0.000000	0.000000	0	67.00
68.00	06800	Speech Pathology	0	1,449,521	0.000000	0.000000	391,456	68.00
69.00	06900	Electro cardiology	0	14,675,687	0.000000	0.000000	65,644	69.00
71.00	07100	Medical Supplies Charged to Patients	0	8,603,031	0.000000	0.000000	905,536	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	14,372,232	0.000000	0.000000	0	72.00
73.00	07300	Drugs Charged to Patients	0	67,978,415	0.000000	0.000000	4,428,776	73.00
74.00	07400	RENAL DIALYSIS	0	2,916,690	0.000000	0.000000	3,594	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	9,244,714	0.000000	0.000000	0	90.00
90.01	04950	Diabetology	0	303,091	0.000000	0.000000	0	90.01
90.02	04951	Cancer Center	0	21,272,019	0.000000	0.000000	0	90.02
91.00	09100	Emergency	0	76,616,540	0.000000	0.000000	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	3,666,889	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	565,785,946			13,455,674	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140049 Component CCN: 145743	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part IV Date/Time Prepared: 9/27/2012 2:55 pm
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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	05000	Operating Room	0	0	0	0	50.00
51.00	05100	Recovery Room	0	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	0	0	52.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	0	0	0	0	55.01
55.02	03630	Ultra Sound	0	0	0	0	55.02
56.00	05600	Radioisotope	0	0	0	0	56.00
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0	0	0	0	67.00
68.00	06800	Speech Pathology	0	0	0	0	68.00
69.00	06900	Electro cardiology	0	0	0	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	90.00
90.01	04950	Diabetology	0	0	0	0	90.01
90.02	04951	Cancer Center	0	0	0	0	90.02
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part IV
Date/Time Prepared:
9/27/2012 2:55 pm

Component CCN: 145743

Title XVIII

Skilled Nursing
Facility

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	05000 Operating Room	0	0	50.00
51.00	05100 Recovery Room	0	0	51.00
52.00	05200 Labor Room & Delivery Room	0	0	52.00
53.00	05300 Anesthesiology	0	0	53.00
54.00	05400 Radiology - Diagnostic	0	0	54.00
55.00	05500 Radiology - Therapeutic	0	0	55.00
55.01	03340 Gastro Intestinal Services	0	0	55.01
55.02	03630 Ultra Sound	0	0	55.02
56.00	05600 Radioisotope	0	0	56.00
57.00	05700 CT Scan	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	59.00
60.00	06000 Laboratory	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
67.00	06700 Occupational Therapy	0	0	67.00
68.00	06800 Speech Pathology	0	0	68.00
69.00	06900 Electro cardiology	0	0	69.00
71.00	07100 Medical Supplies Charged to Patients	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0	0	90.00
90.01	04950 Diabetology	0	0	90.01
90.02	04951 Cancer Center	0	0	90.02
91.00	09100 Emergency	0	0	91.00
92.00	09200 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: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet D-1 Date/Time Prepared: 9/27/2012 2:55 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			30,845 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			30,845 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)			29,959 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)			10,135 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)			24,628,775 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)			24,628,775 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			84,469,798 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			84,469,798 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.291569 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)			2,819.51 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)			24,628,775 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)			798.47 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,092,493 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			8,092,493 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D-1

Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 Nursery (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 Intensive Care Unit	6,829,389	4,722	1,446.29	1,649	2,384,932	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)					15,813,702	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,291,127	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)					1,314,153	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,037,216	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,351,369	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,939,758	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)					886	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					798.47	88.00
89.00 observation bed cost (line 87 x line 88) (see instructions)					707,444	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet D-1

Date/Time Prepared:
9/27/2012 2:55 pm

Cost Center Description	Cost	Title XVIII		Hospital		
		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	3,180,551	24,628,775	0.129140	707,444	91,359	90.00
91.00 Nursing School cost	0	24,628,775	0.000000	707,444	0	91.00
92.00 Allied health cost	0	24,628,775	0.000000	707,444	0	92.00
93.00 All other Medical Education	0	24,628,775	0.000000	707,444	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet D-1
		Component CCN: 145743		Date/Time Prepared: 9/27/2012 2:55 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,228	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,228	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)		11,228	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)		8,327	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)		5,600,021	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)		5,600,021	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		9,495,696	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		9,495,696	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.589743	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)		845.72	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)		5,600,021	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet D-1	
		Component CCN: 145743		Date/Time Prepared: 9/27/2012 2:55 pm	
		Title XVIII	Skilled Nursing Facility	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)
42.00 Nursery (title V & XIX only)	1.00	2.00	3.00	4.00	5.00
Intensive Care Type Inpatient Hospital Units					
43.00 Intensive Care Unit					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)					48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					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)					50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					54.00
55.00 Target amount per discharge					55.00
56.00 Target amount (line 54 x line 55)					56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00 Bonus payment (see instructions)					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					59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					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)					61.00
62.00 Relief payment (see instructions)					62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					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)					64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					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)					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)					68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					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)				5,600,021	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				498.75	71.00
72.00 Program routine service cost (line 9 x line 71)				4,153,091	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)				4,153,091	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)				0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)				0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00 Inpatient routine service cost per diem limitation				0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)				4,153,091	83.00
84.00 Program inpatient ancillary services (see instructions)				2,922,373	84.00
85.00 Utilization review - physician compensation (see instructions)				0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)				7,075,464	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: 140049
Component CCN: 145743

Period:
From 05/01/2011
To 04/30/2012

Worksheet D-1
Date/Time Prepared:
9/27/2012 2:55 pm

Title XVIII

Skilled Nursing
Facility

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	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet D-3	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	Adults & Pediatrics		21,133,346	30.00
31.00	03100	Intensive Care Unit		5,423,223	31.00
43.00	04300	Nursery			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0.144297	15,112,954	50.00
51.00	05100	Recovery Room	0.067681	1,914,948	51.00
52.00	05200	Labor Room & Delivery Room	0.596322	125,961	52.00
53.00	05300	Anesthesiology	0.030964	1,729,846	53.00
54.00	05400	Radiology - Diagnostic	0.237369	2,514,065	54.00
55.00	05500	Radiology - Therapeutic	0.000000	0	55.00
55.01	03340	Gastro Intestinal Services	0.215215	1,189,190	55.01
55.02	03630	Ultra Sound	0.098915	353,788	55.02
56.00	05600	Radioisotope	0.124605	548,797	56.00
57.00	05700	CT Scan	0.058609	4,070,199	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.091276	720,029	58.00
59.00	05900	Cardiac Catheterization	0.137127	2,609,977	59.00
60.00	06000	Laboratory	0.103447	16,558,492	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.161526	1,446,483	63.00
65.00	06500	Respiratory Therapy	0.123657	3,213,183	65.00
66.00	06600	Physical Therapy	0.242520	937,256	66.00
67.00	06700	Occupational Therapy	0.164312	568,581	67.00
68.00	06800	Speech Pathology	0.352357	207,790	68.00
69.00	06900	Electro cardiology	0.079576	2,940,763	69.00
71.00	07100	Medical Supplies Charged to Patients	0.406404	4,591,070	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.355648	6,645,154	72.00
73.00	07300	Drugs Charged to Patients	0.190326	18,577,195	73.00
74.00	07400	RENAL DIALYSIS	0.243450	1,640,220	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	0.587932	0	90.00
90.01	04950	Diabetology	0.623453	0	90.01
90.02	04951	Cancer Center	0.137572	236	90.02
91.00	09100	Emergency	0.132965	4,665,375	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.192928	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		92,881,552	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)		92,881,552	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140049	Period: From 05/01/2011	Worksheet D-3	
		Component CCN: 145743	To 04/30/2012	Date/Time Prepared: 9/27/2012 2:55 pm	
		Title XVIII	Skilled Nursing Facility	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	03000	Adults & Pediatrics		0	30.00
31.00	03100	Intensive Care Unit		0	31.00
43.00	04300	Nursery			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0.144297	6,530	942 50.00
51.00	05100	Recovery Room	0.067681	0	0 51.00
52.00	05200	Labor Room & Delivery Room	0.596322	0	0 52.00
53.00	05300	Anesthesiology	0.030964	85	3 53.00
54.00	05400	Radiology - Diagnostic	0.237369	125,676	29,832 54.00
55.00	05500	Radiology - Therapeutic	0.000000	0	0 55.00
55.01	03340	Gastro Intestinal Services	0.215215	6,102	1,313 55.01
55.02	03630	Ultra Sound	0.098915	432	43 55.02
56.00	05600	Radioisotope	0.124605	0	0 56.00
57.00	05700	CT scan	0.058609	3,979	233 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.091276	2,652	242 58.00
59.00	05900	Cardiac Catheterization	0.137127	10,630	1,458 59.00
60.00	06000	Laboratory	0.103447	1,906,671	197,239 60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.161526	12,899	2,084 63.00
65.00	06500	Respiratory Therapy	0.123657	171,900	21,257 65.00
66.00	06600	Physical Therapy	0.242520	5,413,112	1,312,788 66.00
67.00	06700	Occupational Therapy	0.164312	0	0 67.00
68.00	06800	Speech Pathology	0.352357	391,456	137,932 68.00
69.00	06900	Electro cardiology	0.079331	65,644	5,208 69.00
71.00	07100	Medical Supplies Charged to Patients	0.406404	905,536	368,013 71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.355648	0	0 72.00
73.00	07300	Drugs Charged to Patients	0.190326	4,428,776	842,911 73.00
74.00	07400	RENAL DIALYSIS	0.243450	3,594	875 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	0.587238	0	0 90.00
90.01	04950	Diabetology	0.623453	0	0 90.01
90.02	04951	Cancer Center	0.137572	0	0 90.02
91.00	09100	Emergency	0.132965	0	0 91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.192928	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		13,455,674	2,922,373 200.00
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)		13,455,674	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part A Date/Time Prepared: 9/27/2012 2:55 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		22,446,143	1.00
2.00	Outlier payments for discharges. (see instructions)		157,942	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		3,361,890	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		150.58	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)		58.78	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)		58.78	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		52.26	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)		52.26	12.00
13.00	Total allowable FTE count for the prior year.		48.40	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.		46.02	14.00
15.00	Sum of lines 12 through 14 divided by 3.		48.89	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		48.89	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.324678	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.340581	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.324678	21.00
22.00	IME payment adjustment (see instructions)		4,202,167	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)		4,202,167	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		11.42	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		39.59	31.00
32.00	Sum of lines 30 and 31		51.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		31.30	33.00
34.00	Disproportionate share adjustment (see instructions)		7,025,643	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)		33,831,895	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part A Date/Time Prepared: 9/27/2012 2:55 pm
		Title XVIII	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)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		33,831,895	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		2,318,889	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).		2,134,382	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)		38,285,166	59.00
60.00	Primary payer payments		93,353	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,191,813	61.00
62.00	Deductibles billed to program beneficiaries		2,109,612	62.00
63.00	Coinsurance billed to program beneficiaries		78,570	63.00
64.00	Allowable bad debts (see instructions)		1,007,919	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		705,543	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		658,332	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		36,709,174	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)		36,709,174	71.00
72.00	Interim payments		35,377,587	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		1,331,587	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		253,024	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: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part B Date/Time Prepared: 9/27/2012 2:55 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,390	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,397,263	2.00
3.00	PPS payments		10,194,940	3.00
4.00	Outlier payment (see instructions)		50,385	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)		11,390	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		110,102	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)		110,102	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)		110,102	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		98,712	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)		11,390	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		10,245,325	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,215,290	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)		8,041,425	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		518,632	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		8,560,057	30.00
31.00	Primary payer payments		2,433	31.00
32.00	Subtotal (line 30 minus line 31)		8,557,624	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)		753,682	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		527,577	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		485,478	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		9,085,201	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)		9,085,201	40.00
41.00	Interim payments		9,033,840	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)		51,361	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: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part B Date/Time Prepared: 9/27/2012 2:55 pm
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
112.00 Override of Ancillary service charges (line 12)			1.00 0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140049 Component CCN: 145743	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part B Date/Time Prepared: 9/27/2012 2:55 pm
		Title XVIII	Skilled Nursing Facility	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 OPPI (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)			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			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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140049 Component CCN: 145743	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part B Date/Time Prepared: 9/27/2012 2:55 pm	PPS
Title XVIII	Skilled Nursing Facility	Overrides	
WORKSHEET OVERRIDE VALUES		1.00	0
112.00 Override of Ancillary service charges (line 12)			112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
9/27/2012 2:55 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		35,139,849		9,228,888	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	04/27/2012	237,738		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		0	04/27/2012	195,048	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)		237,738		-195,048	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)		35,377,587		9,033,840	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,331,587		51,361	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		36,709,174		9,085,201	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: 140049

Period:

Worksheet E-1

Component CCN: 145743

From 05/01/2011

Part I

To 04/30/2012

Date/Time Prepared:

9/27/2012 2:55 pm

Title XVIII

Skilled Nursing Facility

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		3,916,162		0	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		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		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)		0		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)		3,916,162		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		1		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,916,163		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: 140049	Period: From 05/01/2011	Worksheet E-3
	Component CCN: 145743	To 04/30/2012	Part VI Date/Time Prepared: 9/27/2012 2:55 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES			
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)			
1.00	Resource Utilization Group Payment (RUGS)	4,244,185	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	4,244,185	4.00
COMPUTATION OF NET COST OF COVERED SERVICES			
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of w/s E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	328,022	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Allowable reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	3,916,163	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)	3,916,163	15.00
16.00	Interim payments	3,916,162	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)	1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet E-4 Date/Time Prepared: 9/27/2012 2:55 pm
	Title XVIII	Hospital	PPS

			1.00	
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COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			58.80	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			58.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			52.26	6.00
7.00	Enter the lesser of line 5 or line 6			52.26	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	51.32	0.49	51.81	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	51.32	0.49	51.81	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	51.32	0.49		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	48.76	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	53.18	0.96		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	51.09	0.48		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	51.09	0.48		17.00
18.00	Per resident amount	133,888.54	126,844.78		18.00
19.00	Approved amount for resident costs	6,840,366	60,885	6,901,251	19.00

				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			6,901,251	25.00

		Inpatient Part A	Managed care		
		1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	11,784	1,803		26.00
27.00	Total Inpatient Days	34,681	34,681		27.00
28.00	Ratio of inpatient days to total inpatient days	0.339783	0.051988		28.00
29.00	Program direct GME amount	2,344,928	358,782		29.00
30.00	Reduction for direct GME payments for Medicare managed care		50,696		30.00
31.00	Net Program direct GME amount			2,653,014	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet E-4 Date/Time Prepared: 9/27/2012 2:55 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)		2,916,690	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		34,688,403	37.00
38.00	Organ acquisition costs (worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		93,353	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		34,595,050	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		8,408,653	42.00
43.00	Primary payer payments (see instructions)		2,433	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,406,220	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		43,001,270	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.804512	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.195488	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,653,014	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)		2,134,382	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		518,632	50.00

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

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet G

Date/Time Prepared:
9/27/2012 2:55 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	-2,141,498	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	50,832,093	0	0	0	4.00
5.00 Other receivable	582,470	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-15,811,847	0	0	0	6.00
7.00 Inventory	2,720,413	0	0	0	7.00
8.00 Prepaid expenses	1,165,402	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	37,347,033	0	0	0	11.00
FIXED ASSETS					
12.00 Land	3,170,000	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	14,524,798	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	7,452,652	0	0	0	23.00
24.00 Accumulated depreciation	-3,462,415	0	0	0	24.00
25.00 Minor equipment depreciable	2,730,884	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	24,415,919	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	734,193	0	0	0	31.00
32.00 Deposits on leases	39,525	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	153,980	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	927,698	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	62,690,650	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	0	0	0	0	37.00
38.00 Salaries, wages, and fees payable	9,325,409	0	0	0	38.00
39.00 Payroll taxes payable	10,663,057	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	-1,968,256	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	18,020,210	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	38,143,445	0	0	0	46.00
47.00 Notes payable	1,586,356	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	-340,747	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	39,389,054	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	57,409,264	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	5,281,386				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)	5,281,386	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	62,690,650	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet G-1

Date/Time Prepared:
9/27/2012 2:55 pm

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
	1.00					
2.00					2.00	
3.00					3.00	
4.00					4.00	
5.00					5.00	
6.00					6.00	
7.00					7.00	
8.00					8.00	
9.00					9.00	
10.00					10.00	
11.00					11.00	
12.00					12.00	
13.00					13.00	
14.00					14.00	
15.00					15.00	
16.00					16.00	
17.00					17.00	
18.00					18.00	
19.00					19.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet G-1

Date/Time Prepared:
9/27/2012 2:55 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provider CCN: 140049		Period: From 05/01/2011 To 04/30/2012		Worksheet G-2 Parts Date/Time Prepared: 9/27/2012 2:55 pm	
Cost Center Description	Inpatient	Outpatient	Total				
	1.00	2.00	3.00				
PART I - PATIENT REVENUES							
General Inpatient Routine Services							
1.00 Hospital	84,469,798		84,469,798		1.00		
2.00 SUBPROVIDER - IPF					2.00		
3.00 SUBPROVIDER - IRF					3.00		
4.00 SUBPROVIDER					4.00		
5.00 Swing bed - SNF	0		0		5.00		
6.00 Swing bed - NF	0		0		6.00		
7.00 SKILLED NURSING FACILITY	9,495,696		9,495,696		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)	93,965,494		93,965,494		10.00		
Intensive Care Type Inpatient Hospital Services							
11.00 Intensive Care Unit	13,709,406		13,709,406		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)	13,709,406		13,709,406		16.00		
17.00 Total inpatient routine care services (sum of lines 10 and 16)	107,674,900		107,674,900		17.00		
18.00 Ancillary services	261,616,250	193,066,443	454,682,693		18.00		
19.00 Outpatient services	19,681,728	91,421,525	111,103,253		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 A&G (DEDUCTION FROM REV DEPT.)	0	25,338	25,338		27.00		
27.01 PHYSICIAN PRIVATE OFFICE	0	-434	-434		27.01		
27.02 PHYSICIAN CLINIC	0	63,248	63,248		27.02		
27.03	0	0	0		27.03		
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	388,972,878	284,576,120	673,548,998		28.00		
PART II - OPERATING EXPENSES							
29.00 Operating expenses (per wkst. A, column 3, line 200)		156,220,328			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)		156,220,328			43.00		

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140049

Period:
From 05/01/2011
To 04/30/2012

Worksheet G-3

Date/Time Prepared:
9/27/2012 2:55 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	673,548,998	1.00
2.00	Less contractual allowances and discounts on patients' accounts	524,577,052	2.00
3.00	Net patient revenues (line 1 minus line 2)	148,971,946	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	156,220,328	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,248,382	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	688,163	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,596,011	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	583,177	24.00
24.01	RETAIL PHARMACY REVENUE	1,269,569	24.01
25.00	Total other income (sum of lines 6-24)	4,136,920	25.00
26.00	Total (line 5 plus line 25)	-3,111,462	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,111,462	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140049	Period: From 05/01/2011 To 04/30/2012	Worksheet L Parts I-III Date/Time Prepared: 9/27/2012 2:55 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			1,819,451 1.00
2.00	Capital DRG outlier payments			16,374 2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)			94.76 3.00
4.00	Number of interns & residents (see instructions)			48.89 4.00
5.00	Indirect medical education percentage (see instructions)			15.67 5.00
6.00	Indirect medical education adjustment (line 1 times line 5)			285,108 6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)			11.42 7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)			39.59 8.00
9.00	Sum of lines 7 and 8			51.01 9.00
10.00	Allowable disproportionate share percentage (see instructions)			10.88 10.00
11.00	Disproportionate share adjustment (line 1 times line 10)			197,956 11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)			2,318,889 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

Worksheet	Program	Provider	Line	Column	Explanation	Error	CMS
Level I Edits							
S-2, Part II			1.00	2.00	The value entered is not valid for this field. Invalid date entered.	800	60150S
A-8-1			4.05	4 & 5	Line only partially completed. Columns 4 or 5 required if line # in column 1	18	10500A
A-8-1			4.10	4 & 5	Line only partially completed. Columns 4 or 5 required if line # in column 1	18	10500A
Level II Edits							
C, Part I	Title XVIII	Hospital	52.00	11.00	Should not be more than 100%, or less than .1%. C, Part I, line 52.00, column 11.00: 5.126212	894	20300
Serious Edits							
S-2, Part I			141.00	3.00	The Contractor (FI) number must be entered. "00011" is not consistent with MAC jurisdiction 10 for the state of AL.	74	60200S
S-2, Part I			145.00	1.00	Amount must equal zero. S-2, Part I, line 145.00, column 1.00 is "Y", C, Part I line 74, column 7 must be equal to zero: 150660.	804	
A-8-1			6.00	1, 4-6	If data in column 4, 5 or 6; data required in columns 1, 4, 5 & 6. A-8-1, Part B, line 6.00, column 1.00: C A-8-1, Part B, line 6.00, column 4.00: VANGUARD HEALTH A-8-1, Part B, line 6.00, column 5.00: 100.00 A-8-1, Part B, line 6.00, column 6.00:	136	
E, Part A	Title XVIII	Hospital	75.00	1.00	"Protested" Amount has been entered. E, Part A, Line 75 column 1 value: 37751.	707	
G-1			1.00	2.00	Amount must be greater than zero. Worksheet G-1, Line 1.00, Column 2.00 should be greater than zero: -88735036	803	
G-1			19.00	2.00	Amounts must equal. Worksheet G-1, Line 19.00, Column 2.00: " -80270187 " Worksheet G, Line 52.00, Column 1.00: " 8464845 "	806	
Warning Edits							
A-8			26.00	2.00	Amount should be negative. Wks A-8 line 26.00, column 2 amount is 2798839.	43	
A-8			27.00	2.00	Amount should be negative. Wks A-8 line 27.00, column 2 amount is 2492052.	43	
A-8			33.23	2.00	Amount should be negative. Wks A-8 line 33.23, column 2 amount is 29.	43	
G-2			7.00	1.00	Amounts must equal. G-2, Part I, line 7.00, column 1.00 equals "6891997" D-1, SKILLED NURSING FACILITY, line 28.00, column 1.00 equals "0"	806	

Level I Edits	3
Level II Edits	1
Serious Edits	6
Warning Edits	4
Informational Edits	0
Total Edits	14

Edit Descriptions

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Fiscal Year: 08/01/2010 To 04/30/2011

Provider Name: WEST SUBURBAN HOSP MED CTR

Health Financial Systems

Provider No: 140049

MCRIF32

Code	Description
60200S	CMS Edit: [60200S] Contractor number must be entered and valid. Contractor numbers must be entered as five digit numbers with leading zeros. Do not enter any dashes in the number.
60150S	CMS Edit: [60150S] S-2, Part II line 1 should be completed.
10500A	CMS Edit: [10500A] If there are any transactions with related organizations or home offices as defined in CMS Pub. 15-1, chapter 10 (Worksheet S-2, Part I, column 1, line 140 is "Y"), Worksheet A-8-1, Part A, columns 4 or 5 (amounts in columns 4 or 5 must have a parallel line number in column 1 and vice versa), sum of lines 1-4 must be greater than zero; and Part B, column 1, any one of lines 1-5 must contain any one of alpha characters A thru G. Conversely, if Worksheet S-2, Part I, column 1, line 140 is "N", Worksheet A-8-1 should not be present. [05/01/2010b]
20300	CMS Edit: [20300] The cost to charge ratio on Worksheet C, Part I column 11 should not be more than 100%, or less than .1%. [05/01/2010b]

HCRIS Edit Listing

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Fiscal Year: 08/01/2010 To 04/30/2011

Provider Name: WEST SUBURBAN HOSP MED CTR

Health Financial Systems

Provider No: 140049

MCRIF32

HCRIS Consistency Edits	0
HCRIS Relational Edits	0
HCRIS Serious Edits	0
HCRIS Warning Edits	0
HCRIS Informational Edits	0
Total Edits	0