

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: 140068 Period: From 04/01/2011 To 03/31/2012 Worksheet S Parts I-III Date/Time Prepared: 8/30/2012 12:09 pm

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report Date: Time:
 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 (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended
 6. Date Received: Contractor No.
 7. Initial Report for this Provider CCN
 8. Final 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.

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 ROSELAND COMMUNITY HOSPITAL for the cost reporting period beginning 04/01/2011 and ending 03/31/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

	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	282,899	-58,706	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	282,899	-58,706	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140068		Period: From 04/01/2011 To 03/31/2012		Worksheet S-2 Part I Date/Time Prepared: 8/30/2012 12:09 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60628- County: COOK				
1.00 Street: 45 W. 111TH STREET		2.00 City: CHICAGO								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ROSELAND COMMUNITY HOSPITAL	140068	16974	1	06/01/1966	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			8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					04/01/2011	03/31/2012		20.00	
21.00	Type of Control (see instructions)					2				21.00
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					1	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.	9,287	1,402	0	0	599	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid eligible days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	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: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part I Date/Time Prepared: 8/30/2012 12:09 pm		
		Beginning:	Ending:			
		1.00	2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140068

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

Worksheet S-2
Part I
Date/Time Prepared:
8/30/2012 12:09 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part I Date/Time Prepared: 8/30/2012 12:09 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
			Physical	Occupational	
			1.00	2.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	109.00
			Speech	Respiratory	
			3.00	4.00	
			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.		1		118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	0	0	1,176,899	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
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)		N		140.00
		1.00	2.00	3.00	
141.00	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.	Name: ROSELAND COMMUNITY HOSPITAL		Contractor's Name: NGS GOVERNMENT SERVICES	Contractor's Number: 06001
142.00	Street: 45 W 111TH STREET	PO Box:			
143.00	City: CHICAGO	State: IL		Zip Code: 60628	
				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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140068		Period: From 04/01/2011 To 03/31/2012		Worksheet S-2 Part I Date/Time Prepared: 8/30/2012 12:09 pm	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
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	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part II Date/Time Prepared: 8/30/2012 12:09 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.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N	08/24/2012	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)	Y	08/24/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		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: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part II Date/Time Prepared: 8/30/2012 12:09 pm
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		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		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?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00	3.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY LEONE, CPA	CONSULTANT		41.00
42.00	Enter the employer/company name of the cost report preparer.	LEONE REIMBURSEMENT& CONSULTING			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM		43.00

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N	08/24/2012	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)	Y	08/24/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140068

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

Worksheet S-3
Part I
Date/Time Prepared:
8/30/2012 12:09 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	135	49,410	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)		135	49,410	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,660	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)		145	53,070	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		145				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: 140068

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

Worksheet S-3
Part I
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	5,270	8,386	18,229		1.00
2.00 HMO		0	1,853			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	5,270	8,386	18,229		7.00
8.00 INTENSIVE CARE UNIT	0	1,337	600	2,991		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		449	805		13.00
14.00 Total (see instructions)	0	6,607	9,435	22,025		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	0		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: 140068

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

Worksheet S-3
Part I
Date/Time Prepared:
8/30/2012 12:09 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	1,199	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	441.77	0.00	0	1,199	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	441.77	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: 140068

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

Worksheet S-3
Part I
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,598	5,288		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,598	5,288		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140068

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

Worksheet S-3
Part II
Date/Time Prepared:
8/30/2012 12:09 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	24,015,157	0	24,015,157	883,984.00	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		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		8,898	0	8,898	893.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor (see instructions)		181,322	0	181,322	2,950.00	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	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		4,239,463	0	4,239,463		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		1,573	0	1,573		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		0	0	0		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	0	0	0	0.00	26.00
27.00	Administrative & General	5.00	4,943,355	-363,817	4,579,538	158,259.00	27.00
28.00	Administrative & General under contract (see inst.)		74,303	0	74,303	2,972.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	639,258	0	639,258	22,044.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	712,283	0	712,283	55,731.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	571,699	-167,524	404,175	31,295.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	167,524	167,524	12,969.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	749,158	0	749,158	33,902.00	38.00
39.00	Central Services and Supply	14.00	111,109	0	111,109	6,364.00	39.00
40.00	Pharmacy	15.00	476,190	0	476,190	14,549.00	40.00
41.00	Medical Records & Medical Records Library	16.00	596,257	0	596,257	30,420.00	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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140068

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

Worksheet S-3
Part II
Date/Time Prepared:
8/30/2012 12:09 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	27.17	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	9.96	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	61.47	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	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	28.94	27.00
28.00	Administrative & General under contract (see inst.)	25.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	29.00	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	12.78	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	12.92	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	12.92	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	22.10	38.00
39.00	Central Services and Supply	17.46	39.00
40.00	Pharmacy	32.73	40.00
41.00	Medical Records & Medical Records Library	19.60	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: 140068

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

Worksheet S-3
Part III
Date/Time Prepared:
8/30/2012 12:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	24,089,460	0	24,089,460	886,956.00	1.00
2.00	Excluded area salaries (see instructions)	8,898	0	8,898	893.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24,080,562	0	24,080,562	886,063.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	181,322	0	181,322	2,950.00	4.00
5.00	Subtotal wage-related costs (see inst.)	4,239,463	0	4,239,463	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	28,501,347	0	28,501,347	889,013.00	6.00
7.00	Total overhead cost (see instructions)	8,873,612	-363,817	8,509,795	368,505.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140068

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

Worksheet S-3
Part III
Date/Time Prepared:
8/30/2012 12:09 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	27.16	1.00
2.00	Excluded area salaries (see instructions)	9.96	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27.18	3.00
4.00	Subtotal other wages & related costs (see inst.)	61.47	4.00
5.00	Subtotal wage-related costs (see inst.)	17.61	5.00
6.00	Total (sum of lines 3 thru 5)	32.06	6.00
7.00	Total overhead cost (see instructions)	23.09	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 8/30/2012 12:09 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	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)	215,505	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)	1,331,911	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	49,858	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	17,507	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	136,271	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	431,000	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	1,826,559	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	214,754	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (see instructions)	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	17,671	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	4,241,036	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140068

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

Worksheet S-3
Part V
Date/Time Prepared:
8/30/2012 12:09 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	255,625	5,922	1.00
2.00	Hospital	255,625	5,922	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet S-10 Date/Time Prepared: 8/30/2012 12:09 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)		0.338193		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		24,841,844		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?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		56,873,144		6.00
7.00	Medicaid cost (line 1 times line 6)		19,234,099		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
				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	Uninsured patients	5,613,778	Insured patients	0
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,898,540		0
22.00	Partial payment by patients approved for charity care		0		0
23.00	Cost of charity care (line 21 minus line 22)		1,898,540		0
				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?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0
26.00	Total bad debt expense for the entire hospital complex (see instructions)		19,058,566		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		150,243		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		18,908,323		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		6,394,662		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		8,293,202		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,293,202		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140068

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

Worksheet A
Date/Time Prepared: 8/30/2012 12:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1,252,400		1,252,400	307,791	1,560,191	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0		0	7,941	7,941	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	0	4,238,309		4,238,309	0	4,238,309	4.00
5.01	00510	NONPATIENT TELEPHONES	78,298	605,475		683,773	0	683,773	5.01
5.02	00520	DATA PROCESSING	391,421	638,928		1,030,349	0	1,030,349	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	223,354	603,016		826,370	0	826,370	5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	750,419	462,699		1,213,118	0	1,213,118	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	3,499,863	5,135,393		8,635,256	2,737,513	11,372,769	5.05
7.00	00700	OPERATION OF PLANT	639,258	1,365,692		2,004,950	0	2,004,950	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0		0	0	0	8.00
9.00	00900	HOUSEKEEPING	712,283	560,853		1,273,136	0	1,273,136	9.00
10.00	01000	DIETARY	571,699	930,193		1,501,892	-440,097	1,061,795	10.00
11.00	01100	CAFETERIA	0	0		0	440,097	440,097	11.00
13.00	01300	NURSING ADMINISTRATION	749,158	718,302		1,467,460	0	1,467,460	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	111,109	568,101		679,210	-524,674	154,536	14.00
15.00	01500	PHARMACY	476,190	1,345,157		1,821,347	-878,645	942,702	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	596,257	407,914		1,004,171	0	1,004,171	16.00
17.00	01700	SOCIAL SERVICE	0	0		0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	6,375,801	1,881,264		8,257,065	-335,982	7,921,083	30.00
31.00	03100	INTENSIVE CARE UNIT	1,465,951	114,284		1,580,235	0	1,580,235	31.00
43.00	04300	NURSERY	351,782	122,512		474,294	0	474,294	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	202,001	1,674,031		1,876,032	-392,485	1,483,547	50.00
51.00	05100	RECOVERY ROOM	0	9,052		9,052	115,937	124,989	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		0	686,512	686,512	52.00
53.00	05300	ANESTHESIOLOGY	0	1,261,384		1,261,384	0	1,261,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,525,668	1,344,198		2,869,866	0	2,869,866	54.00
60.00	06000	LABORATORY	1,204,245	1,705,721		2,909,966	-329,885	2,580,081	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		0	329,885	329,885	63.00
65.00	06500	RESPIRATORY THERAPY	0	0		0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	43,404	378,557		421,961	0	421,961	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		0	0	0	69.00
69.01	06901	CARDIOPULMONARY	1,263,524	657,809		1,921,333	0	1,921,333	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	725,149	725,149	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		0	76,073	76,073	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		0	878,645	878,645	73.00
74.00	07400	RENAL DIALYSIS	0	271,597		271,597	0	271,597	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		0	0	0	75.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	198,649	150,348		348,997	0	348,997	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	162,912	16,415		179,327	0	179,327	90.00
91.00	09100	EMERGENCY	2,413,013	1,838,981		4,251,994	0	4,251,994	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0	0	92.00
92.01	09201	23-HR OBSERVATION	0	0		0	43,270	43,270	92.01
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0	3,447,045		3,447,045	-3,447,045	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,006,259	33,705,630		57,711,889	0	57,711,889	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,898	29,797		38,695	0	38,695	190.00
191.00	19100	RESEARCH	0	0		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0		0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	24,015,157	33,735,427		57,750,584	0	57,750,584	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140068

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

Worksheet A
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-129,442	1,430,749	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	7,941	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	0	4,238,309	4.00
5.01	00510	NONPATIENT TELEPHONES	0	683,773	5.01
5.02	00520	DATA PROCESSING	0	1,030,349	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	826,370	5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	1,213,118	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-100,665	11,272,104	5.05
7.00	00700	OPERATION OF PLANT	0	2,004,950	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	1,273,136	9.00
10.00	01000	DIETARY	-9,222	1,052,573	10.00
11.00	01100	CAFETERIA	-98,106	341,991	11.00
13.00	01300	NURSING ADMINISTRATION	-3,839	1,463,621	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	154,536	14.00
15.00	01500	PHARMACY	0	942,702	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,805	1,000,366	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-778,460	7,142,623	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,580,235	31.00
43.00	04300	NURSERY	0	474,294	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-139,750	1,343,797	50.00
51.00	05100	RECOVERY ROOM	0	124,989	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	686,512	52.00
53.00	05300	ANESTHESIOLOGY	-1,210,000	51,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-107	2,869,759	54.00
60.00	06000	LABORATORY	-50,004	2,530,077	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	329,885	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	-30,000	391,961	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIOPULMONARY	-216,000	1,705,333	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	725,149	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	76,073	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	878,645	73.00
74.00	07400	RENAL DIALYSIS	0	271,597	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	348,997	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	179,327	90.00
91.00	09100	EMERGENCY	-1,405,000	2,846,994	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	23-HR OBSERVATION	0	43,270	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-4,174,400	53,537,489	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,695	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-4,174,400	53,576,184	200.00

RECLASSIFICATIONS

Provider CCN: 140068

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

Worksheet A-6

Date/Time Prepared:
8/30/2012 12:09 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - CAPITAL RELATED INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	266,349	1.00	
	TOTALS		0	266,349		
B - DELIVERY ROOM RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	404,458	282,054	1.00	
	TOTALS		404,458	282,054		
C - PROPERTY INSURANCE RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	41,442	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,941	2.00	
	TOTALS		0	49,383		
D - MEDICAL SUPPLIES AND IMPLANTS RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	725,149	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	76,073	2.00	
3.00	TOTALS	0.00	0	0	3.00	
	TOTALS		0	801,222		
E - DRUGS SOLD RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	878,645	1.00	
	TOTALS		0	878,645		
F - WIC PROGRAM RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	363,817	29,983	1.00	
	TOTALS		363,817	29,983		
G - 23 HOUR OBSERVATION RECLASS						
1.00	23-HR OBSERVATION	92.01	33,412	9,858	1.00	
	TOTALS		33,412	9,858		
H - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	167,524	272,573	1.00	
	TOTALS		167,524	272,573		
	TOTALS		0	0		
J - RECOVERY ROOM COSTS						
1.00	RECOVERY ROOM	51.00	115,937	0	1.00	
	TOTALS		115,937	0		
K - OPERATING INTEREST RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	88,026	1.00	
	TOTALS		0	88,026		
L - IDPA PROVIDER TAX RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,088,294	1.00	
	TOTALS		0	3,088,294		
M - PROPERTY TAX						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	4,376	1.00	
	TOTALS		0	4,376		
N - BLOOD COSTS RECLASS						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	329,885	1.00	
	TOTALS		0	329,885		
500.00	Grand Total: Increases		1,085,148	6,100,648	500.00	

RECLASSIFICATIONS

Provider CCN: 140068

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

Worksheet A-6
Date/Time Prepared:
8/30/2012 12:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAPITAL RELATED INTEREST							
1.00	INTEREST EXPENSE	113.00	0	266,349	11		1.00
	TOTALS		0	266,349			
B - DELIVERY ROOM RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	404,458	282,054	0		1.00
	TOTALS		404,458	282,054			
C - PROPERTY INSURANCE RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	41,442	12		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	7,941	9		2.00
	TOTALS		0	49,383			
D - MEDICAL SUPPLIES AND IMPLANTS RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	524,674	0		1.00
2.00	OPERATING ROOM	50.00	0	200,475	0		2.00
3.00	OPERATING ROOM	50.00	0	76,073	0		3.00
	TOTALS		0	801,222			
E - DRUGS SOLD RECLASS							
1.00	PHARMACY	15.00	0	878,645	0		1.00
	TOTALS		0	878,645			
F - WIC PROGRAM RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	363,817	29,983	0		1.00
	TOTALS		363,817	29,983			
G - 23 HOUR OBSERVATION RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	33,412	9,858	0		1.00
	TOTALS		33,412	9,858			
H - CAFETERIA RECLASS							
1.00	DIETARY	10.00	167,524	272,573	0		1.00
	TOTALS		167,524	272,573			
			0	0			
J - RECOVERY ROOM COSTS							
1.00	OPERATING ROOM	50.00	115,937	0	0		1.00
	TOTALS		115,937	0			
K - OPERATING INTEREST RECLASS							
1.00	INTEREST EXPENSE	113.00	0	88,026	11		1.00
	TOTALS		0	88,026			
L - IDPA PROVIDER TAX RECLASS							
1.00	INTEREST EXPENSE	113.00	0	3,088,294	13		1.00
	TOTALS		0	3,088,294			
M - PROPERTY TAX							
1.00	INTEREST EXPENSE	113.00	0	4,376	11		1.00
	TOTALS		0	4,376			
N - BLOOD COSTS RECLASS							
1.00	LABORATORY	60.00	0	329,885	0		1.00
	TOTALS		0	329,885			
500.00	Grand Total: Decreases		1,085,148	6,100,648			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140068

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
8/30/2012 12:09 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	923,853	0	0	0	1.00
2.00	Land Improvements	495,806	0	0	0	2.00
3.00	Buildings and Fixtures	19,145,096	5,712,837	0	5,712,837	3.00
4.00	Building Improvements	9,018,450	0	0	0	4.00
5.00	Fixed Equipment	772,588	0	0	0	5.00
6.00	Movable Equipment	14,514,394	1,734,175	0	1,734,175	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	44,870,187	7,447,012	0	7,447,012	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	44,870,187	7,447,012	0	7,447,012	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,252,400	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,252,400	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	NEW CAP REL COSTS-BLDG & FIXT	33,830,275	0	33,830,275	0.660814	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	17,364,555	0	17,364,555	0.339186	2.00
3.00	Total (sum of lines 1-2)	51,194,830	0	51,194,830	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140068

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
8/30/2012 12:09 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	923,853	0		1.00		
2.00	Land Improvements	495,806	0		2.00		
3.00	Buildings and Fixtures	24,857,933	0		3.00		
4.00	Building Improvements	7,626,081	0		4.00		
5.00	Fixed Equipment	772,588	0		5.00		
6.00	Movable Equipment	16,248,569	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	50,924,830	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	50,924,830	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,252,400		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	1,252,400		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,252,400	-98,628	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,941	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,260,341	-98,628	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140068

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
8/30/2012 12:09 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	NEW CAP REL COSTS-BLDG & FIXT	235,535	41,442	0	0	1,430,749	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,941	2.00
3.00	Total (sum of lines 1-2)	235,535	41,442	0	0	1,438,690	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140068

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

Worksheet A-8

Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-3,829,214		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	0		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-98,106	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-3,805	MEDICAL RECORDS & LIBRARY	16.00 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		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant				0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00		0		0.00 33.00
34.00		0		0.00 34.00
35.00		0		0.00 35.00
36.00		0		0.00 36.00
37.00		0		0.00 37.00
38.00		0		0.00 38.00
39.00		0		0.00 39.00
40.00		0		0.00 40.00
41.00 RCH SUITE RENTAL	B	-98,628	NEW CAP REL COSTS-BLDG & FIXT	1.00 41.00
42.00 CPR TRAINING	B	-3,839	NURSING ADMINISTRATION	13.00 42.00
43.00		0		0.00 43.00
44.00		0		0.00 44.00
45.00 INVESTMENT INCOME INTEREST FUND	B	-12,380	OTHER ADMINISTRATIVE AND GENERAL	5.05 45.00
45.02 FILM COPIES	B	-107	RADIOLOGY-DIAGNOSTIC	54.00 45.02
45.03		0		0.00 45.03
45.04 REMAINING NON OPERATING REVENUE	B	-64,762	OTHER ADMINISTRATIVE AND GENERAL	5.05 45.04
45.05		0		0.00 45.05

Provider CCN: 140068 Period: From 04/01/2011 To 03/31/2012 Worksheet A-8
 Date/Time Prepared: 8/30/2012 12:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00		3.00
45.06		0			0.00	45.06
45.07	MEDI CARE ADJ-BOND AMORTIZATION	-30,814		NEW CAP REL COSTS-BLDG & FI XT	1.00	45.07
45.08	MEDI CARE ADJ-MEDI CARE AFFAIRS CO	-23,523		OTHER ADMINISTRATIVE AND GENERAL	5.05	45.08
45.10		0			0.00	45.10
45.11		0			0.00	45.11
45.14	VENDING MACHINES	-9,222		DIETARY	10.00	45.14
45.15		0			0.00	45.15
45.16		0			0.00	45.16
45.19		0			0.00	45.19
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-4,174,400				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140068

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

Worksheet A-8

Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description	Wkst. A-7 Ref.	
	5.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00 Investment income - other (chapter 2)	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00 Television and radio service (chapter 21)	0	8.00
9.00 Parking lot (chapter 21)	0	9.00
10.00 Provider-based physician adjustment	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00 Related organization transactions (chapter 10)	0	12.00
13.00 Laundry and linen service	0	13.00
14.00 Cafeteria-employees and guests	0	14.00
15.00 Rental of quarters to employee and others	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	0	16.00
17.00 Sale of drugs to other than patients	0	17.00
18.00 Sale of medical records and abstracts	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	0	19.00
20.00 Vending machines	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00 Non-physician Anesthetist		28.00
29.00 Physicians' assistant	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	0	33.00
34.00	0	34.00
35.00	0	35.00
36.00	0	36.00
37.00	0	37.00
38.00	0	38.00
39.00	0	39.00
40.00	0	40.00
41.00 RCH SUITE RENTAL	10	41.00
42.00 CPR TRAINING	0	42.00
43.00	0	43.00
44.00	0	44.00
45.00 INVESTMENT INCOME INTEREST FUND	0	45.00
45.02 FILM COPIES	0	45.02
45.03	0	45.03
45.04 REMAINING NON OPERATING REVENUE	0	45.04
45.05	0	45.05
45.06	0	45.06
45.07 MEDI CARE ADJ-BOND AMORTIZATION	11	45.07
45.08 MEDI CARE ADJ-MEDI CARE AFFAIRS CO	0	45.08
45.10	0	45.10
45.11	0	45.11
45.14 VENDING MACHINES	0	45.14
45.15	0	45.15
45.16	0	45.16
45.19	0	45.19
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140068

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

Worksheet A-8-2

Date/Time Prepared:
8/30/2012 12:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	778,460	778,460	1.00
2.00	53.00	ANESTHESIOLOGY	1,210,000	1,210,000	2.00
3.00	91.00	EMERGENCY	1,405,000	1,405,000	3.00
4.00	60.00	LABORATORY	50,004	50,004	4.00
5.00	0.00		0	0	5.00
6.00	50.00	OPERATING ROOM	89,750	89,750	6.00
7.00	69.01	CARDIOPULMONARY	216,000	216,000	7.00
8.00	50.00	OPERATING ROOM	50,000	50,000	8.00
9.00	66.00	PHYSICAL THERAPY	30,000	30,000	9.00
10.00	0.00		0	0	10.00
200.00			3,829,214	3,829,214	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140068

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

Worksheet A-8-2

Date/Time Prepared:
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140068

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

Worksheet A-8-2

Date/Time Prepared:
8/30/2012 12:09 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	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140068

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

Worksheet A-8-2

Date/Time Prepared:
8/30/2012 12:09 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	778,460	1.00
2.00	0	1,210,000	2.00
3.00	0	1,405,000	3.00
4.00	0	50,004	4.00
5.00	0	0	5.00
6.00	0	89,750	6.00
7.00	0	216,000	7.00
8.00	0	50,000	8.00
9.00	0	30,000	9.00
10.00	0	0	10.00
200.00	0	3,829,214	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140068

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

Worksheet B
Part I
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				4.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,430,749	1,430,749				1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	7,941		7,941			2.00	
4.00 00400 EMPLOYEE BENEFITS	4,238,309	11,133	20	4,249,462		4.00	
5.01 00510 NONPATIENT TELEPHONES	683,773	0	0	13,855	697,628	5.01	
5.02 00520 DATA PROCESSING	1,030,349	6,984	2,512	69,262	76,803	5.02	
5.03 00530 PURCHASING RECEIVING AND STORES	826,370	20,376	10	39,522	19,201	5.03	
5.04 00550 CASHIERING/ACCOUNTS RECEIVABLE	1,213,118	0	103	132,786	36,268	5.04	
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL	11,272,104	408,750	195	554,920	200,541	5.05	
7.00 00700 OPERATION OF PLANT	2,004,950	25,165	54	113,116	27,734	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00	
9.00 00900 HOUSEKEEPING	1,273,136	12,435	52	126,038	4,267	9.00	
10.00 01000 DIETARY	1,052,573	42,011	93	71,518	21,334	10.00	
11.00 01100 CAFETERIA	341,991	0	0	29,643	0	11.00	
13.00 01300 NURSING ADMINISTRATION	1,463,621	0	60	132,563	8,534	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	154,536	25,291	68	19,661	0	14.00	
15.00 01500 PHARMACY	942,702	7,226	0	84,261	19,201	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,000,366	16,573	109	105,507	32,001	16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	7,142,623	372,746	2,031	1,115,094	57,602	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,580,235	29,408	201	259,399	4,267	31.00	
43.00 04300 NURSERY	474,294	34,554	46	62,247	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	1,343,797	76,545	712	15,229	59,736	50.00	
51.00 05100 RECOVERY ROOM	124,989	6,974	119	20,515	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	686,512	43,545	87	71,568	0	52.00	
53.00 05300 ANESTHESIOLOGY	51,384	0	136	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,869,759	45,477	974	269,965	34,135	54.00	
60.00 06000 LABORATORY	2,530,077	34,659	0	213,090	44,802	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	329,885	0	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	391,961	0	67	7,680	19,201	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01 06901 CARDIOPULMONARY	1,705,333	11,679	161	223,579	23,468	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	725,149	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	76,073	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	878,645	0	1	0	0	73.00	
74.00 07400 RENAL DIALYSIS	271,597	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.98 07698 HYPERBARIC OXYGEN THERAPY	348,997	0	0	35,151	2,133	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	179,327	38,020	0	28,827	0	90.00	
91.00 09100 EMERGENCY	2,846,994	157,543	130	426,980	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 23-HR OBSERVATION	43,270	0	0	5,912	0	92.01	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	53,537,489	1,427,094	7,941	4,247,888	691,228	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,695	3,655	0	1,574	6,400	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	53,576,184	1,430,749	7,941	4,249,462	697,628	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140068

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

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00520 DATA PROCESSING	1,185,910					5.02
5.03	00530 PURCHASING RECEIVING AND STORES	32,491	937,970				5.03
5.04	00550 CASHIERING/ACCOUNTS RECEIVABLE	105,595	0	1,487,870			5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL	381,766	0	0	12,818,276	12,818,276	5.05
7.00	00700 OPERATION OF PLANT	16,245	0	0	2,187,264	687,890	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900 HOUSEKEEPING	0	0	0	1,415,928	445,307	9.00
10.00	01000 DIETARY	16,245	0	0	1,203,774	378,585	10.00
11.00	01100 CAFETERIA	0	0	0	371,634	116,878	11.00
13.00	01300 NURSING ADMINISTRATION	0	0	0	1,604,778	504,699	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	8,123	0	0	207,679	65,315	14.00
15.00	01500 PHARMACY	32,491	0	0	1,085,881	341,507	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	89,349	0	0	1,243,905	391,206	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	219,312	257,459	408,281	9,575,148	3,011,361	30.00
31.00	03100 INTENSIVE CARE UNIT	8,123	45,093	71,537	1,998,263	628,450	31.00
43.00	04300 NURSERY	0	3,576	5,673	580,390	182,531	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	16,245	20,007	31,739	1,564,010	491,878	50.00
51.00	05100 RECOVERY ROOM	0	8,059	12,785	173,441	54,547	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,598	13,641	823,951	259,131	52.00
53.00	05300 ANESTHESIOLOGY	0	13,074	20,742	85,336	26,838	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	74,554	118,275	3,413,139	1,073,425	54.00
60.00	06000 LABORATORY	138,085	98,204	155,795	3,214,712	1,011,020	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	10,317	16,367	356,569	112,140	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	4,963	7,874	431,746	135,783	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIOPULMONARY	64,981	90,207	143,108	2,262,516	711,557	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,468	41,989	793,606	249,587	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,226	1,945	79,244	24,922	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	94,433	149,812	1,122,891	353,147	73.00
74.00	07400 RENAL DIALYSIS	0	5,990	9,503	287,090	90,289	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	6,809	10,803	403,893	127,024	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,067	1,692	248,933	78,289	90.00
91.00	09100 EMERGENCY	56,859	165,418	262,426	3,916,350	1,231,684	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201 23-HR OBSERVATION	0	2,448	3,883	55,513	17,459	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,185,910	937,970	1,487,870	53,525,860	12,802,449	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	50,324	15,827	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,185,910	937,970	1,487,870	53,576,184	12,818,276	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140068

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

Worksheet B
Part I
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
7.00	00700	OPERATION OF PLANT	2,875,154				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0			8.00
9.00	00900	HOUSEKEEPING	37,308	0	1,898,543		9.00
10.00	01000	DIETARY	126,040	0	32,786	1,741,185	10.00
11.00	01100	CAFETERIA	0	0	32,786	0	521,298
13.00	01300	NURSING ADMINISTRATION	0	0	16,393	0	29,283
14.00	01400	CENTRAL SERVICES & SUPPLY	75,876	0	39,812	0	5,494
15.00	01500	PHARMACY	21,679	0	16,393	0	12,560
16.00	01600	MEDICAL RECORDS & LIBRARY	49,723	0	28,102	0	26,277
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,118,285	0	1,204,652	1,609,156	191,880
31.00	03100	INTENSIVE CARE UNIT	88,228	0	28,102	132,029	34,500
43.00	04300	NURSERY	103,668	0	16,393	0	7,256
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	229,644	0	85,478	0	5,995
51.00	05100	RECOVERY ROOM	20,923	0	8,196	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	130,640	0	24,589	0	0
53.00	05300	ANESTHESIOLOGY	0	0	3,513	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	136,438	0	63,230	0	44,174
60.00	06000	LABORATORY	103,983	0	44,495	0	45,073
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	11,709	0	2,056
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	06901	CARDIOPULMONARY	35,039	0	20,374	0	35,450
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,513	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	6,548
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	114,066	0	30,678	0	6,098
91.00	09100	EMERGENCY	472,649	0	187,349	0	67,894
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	23-HR OBSERVATION	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,864,189	0	1,898,543	1,741,185	520,538
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,965	0	0	0	760
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,875,154	0	1,898,543	1,741,185	521,298

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140068

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	2,155,153					13.00
14.00	01400	0	394,176				14.00
15.00	01500	0	0	1,478,020			15.00
16.00	01600	0	0	0	1,739,213		16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,314,153	47,027	0	1,208,754	0	30.00
31.00	03100	236,280	17,518	0	109,570	0	31.00
43.00	04300	49,693	9,450	0	83,482	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	41,056	84,464	0	0	0	50.00
51.00	05100	0	790	0	0	0	51.00
52.00	05200	0	6,182	0	0	0	52.00
53.00	05300	0	4,492	0	0	0	53.00
54.00	05400	0	31,787	0	0	0	54.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	11,240	569	0	0	0	66.00
69.00	06900	0	0	0	0	0	69.00
69.01	06901	0	35,606	0	0	0	69.01
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	78,877	0	0	0	71.00
72.00	07200	0	25,661	0	0	0	72.00
73.00	07300	0	0	1,478,020	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	7,654	0	31,306	0	90.00
91.00	09100	502,731	44,099	0	306,101	0	91.00
92.00	09200						92.00
92.01	09201	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		2,155,153	394,176	1,478,020	1,739,213	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,155,153	394,176	1,478,020	1,739,213	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140068

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

Worksheet B
Part I
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00510				5.01
5.02	00520				5.02
5.03	00530				5.03
5.04	00550				5.04
5.05	00560				5.05
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	19,280,416	0	19,280,416	30.00
31.00	03100	3,272,940	0	3,272,940	31.00
43.00	04300	1,032,863	0	1,032,863	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,502,525	0	2,502,525	50.00
51.00	05100	257,897	0	257,897	51.00
52.00	05200	1,244,493	0	1,244,493	52.00
53.00	05300	120,179	0	120,179	53.00
54.00	05400	4,762,193	0	4,762,193	54.00
60.00	06000	4,419,283	0	4,419,283	60.00
63.00	06300	468,709	0	468,709	63.00
65.00	06500	0	0	0	65.00
66.00	06600	593,103	0	593,103	66.00
69.00	06900	0	0	0	69.00
69.01	06901	3,100,542	0	3,100,542	69.01
70.00	07000	0	0	0	70.00
71.00	07100	1,122,070	0	1,122,070	71.00
72.00	07200	129,827	0	129,827	72.00
73.00	07300	2,957,571	0	2,957,571	73.00
74.00	07400	377,379	0	377,379	74.00
75.00	07500	0	0	0	75.00
76.98	07698	537,465	0	537,465	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	517,024	0	517,024	90.00
91.00	09100	6,728,857	0	6,728,857	91.00
92.00	09200	0	0	0	92.00
92.01	09201	72,972	0	72,972	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	0	0	0	113.00
118.00		53,498,308	0	53,498,308	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	77,876	0	77,876	190.00
191.00	19100	0	0	0	191.00
192.00	19200	0	0	0	192.00
193.00	19300	0	0	0	193.00
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		53,576,184	0	53,576,184	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140068

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

Worksheet B
Part II
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	11,133	20	11,153	11,153 4.00
5.01 00510	NONPATIENT TELEPHONES	0	0	0	0	36 5.01
5.02 00520	DATA PROCESSING	0	6,984	2,512	9,496	182 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	0	20,376	10	20,386	104 5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	0	103	103	348 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	0	408,750	195	408,945	1,455 5.05
7.00 00700	OPERATION OF PLANT	0	25,165	54	25,219	297 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	12,435	52	12,487	330 9.00
10.00 01000	DIETARY	0	42,011	93	42,104	188 10.00
11.00 01100	CAFETERIA	0	0	0	0	78 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	60	60	348 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	25,291	68	25,359	52 14.00
15.00 01500	PHARMACY	0	7,226	0	7,226	221 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	16,573	109	16,682	277 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	372,746	2,031	374,777	2,931 30.00
31.00 03100	INTENSIVE CARE UNIT	0	29,408	201	29,609	680 31.00
43.00 04300	NURSERY	0	34,554	46	34,600	163 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	76,545	712	77,257	40 50.00
51.00 05100	RECOVERY ROOM	0	6,974	119	7,093	54 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	43,545	87	43,632	188 52.00
53.00 05300	ANESTHESIOLOGY	0	0	136	136	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	45,477	974	46,451	708 54.00
60.00 06000	LABORATORY	0	34,659	0	34,659	559 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	67	67	20 66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01 06901	CARDIOPULMONARY	0	11,679	161	11,840	586 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	1	1	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	92 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	38,020	0	38,020	76 90.00
91.00 09100	EMERGENCY	0	157,543	130	157,673	1,120 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	23-HR OBSERVATION	0	0	0	0	16 92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	1,427,094	7,941	1,435,035	11,149 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,655	0	3,655	4 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	1,430,749	7,941	1,438,690	11,153 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140068		Period: From 04/01/2011 To 03/31/2012		Worksheet B Part II Date/Time Prepared: 8/30/2012 12:09 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	36					5.01
5.02	00520	4	9,682				5.02
5.03	00530	1	265	20,756			5.03
5.04	00550	2	862	0	1,315		5.04
5.05	00560	12	3,117	0	0	413,529	5.05
7.00	00700	1	133	0	0	22,192	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	0	0	0	14,366	9.00
10.00	01000	1	133	0	0	12,213	10.00
11.00	01100	0	0	0	0	3,771	11.00
13.00	01300	0	0	0	0	16,282	13.00
14.00	01400	0	66	0	0	2,107	14.00
15.00	01500	1	265	0	0	11,017	15.00
16.00	01600	2	729	0	0	12,621	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3	1,791	5,721	395	97,149	30.00
31.00	03100	0	66	996	61	20,274	31.00
43.00	04300	0	0	79	5	5,889	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3	133	442	27	15,868	50.00
51.00	05100	0	0	178	11	1,760	51.00
52.00	05200	0	0	190	12	8,360	52.00
53.00	05300	0	0	289	18	866	53.00
54.00	05400	2	0	1,647	101	34,630	54.00
60.00	06000	2	1,127	2,170	133	32,616	60.00
63.00	06300	0	0	228	14	3,618	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	1	0	110	7	4,380	66.00
69.00	06900	0	0	0	0	0	69.00
69.01	06901	1	531	1,993	122	22,955	69.01
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	585	36	8,052	71.00
72.00	07200	0	0	27	2	804	72.00
73.00	07300	0	0	2,086	127	11,393	73.00
74.00	07400	0	0	132	8	2,913	74.00
75.00	07500	0	0	0	0	0	75.00
76.98	07698	0	0	150	9	4,098	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	24	1	2,526	90.00
91.00	09100	0	464	3,655	223	39,735	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	54	3	563	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		36	9,682	20,756	1,315	413,018	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	511	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		36	9,682	20,756	1,315	413,529	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140068

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

Worksheet B
Part II
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000						30.00
31.00	03100						31.00
43.00	04300						43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						50.00
51.00	05100						51.00
52.00	05200						52.00
53.00	05300						53.00
54.00	05400						54.00
60.00	06000						60.00
63.00	06300						63.00
65.00	06500						65.00
66.00	06600						66.00
69.00	06900						69.00
69.01	06901						69.01
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
75.00	07500						75.00
76.98	07698						76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000						90.00
91.00	09100						91.00
92.00	09200						92.00
92.01	09201						92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
191.00	19100						191.00
192.00	19200						192.00
193.00	19300						193.00
200.00							200.00
201.00							201.00
202.00							202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140068

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

Worksheet B
Part II
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	17,173					13.00
14.00	01400	0	29,476				14.00
15.00	01500	0	0	19,435			15.00
16.00	01600	0	0	0	31,768		16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,471	3,517	0	22,079	0	30.00
31.00	03100	1,883	1,310	0	2,001	0	31.00
43.00	04300	396	707	0	1,525	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	327	6,315	0	0	0	50.00
51.00	05100	0	59	0	0	0	51.00
52.00	05200	0	462	0	0	0	52.00
53.00	05300	0	336	0	0	0	53.00
54.00	05400	0	2,377	0	0	0	54.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	90	43	0	0	0	66.00
69.00	06900	0	0	0	0	0	69.00
69.01	06901	0	2,663	0	0	0	69.01
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	5,898	0	0	0	71.00
72.00	07200	0	1,919	0	0	0	72.00
73.00	07300	0	0	19,435	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	572	0	572	0	90.00
91.00	09100	4,006	3,298	0	5,591	0	91.00
92.00	09200						92.00
92.01	09201	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		17,173	29,476	19,435	31,768	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		17,173	29,476	19,435	31,768	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140068

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

Worksheet B
Part II
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00510				5.01
5.02	00520				5.02
5.03	00530				5.03
5.04	00550				5.04
5.05	00560				5.05
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	609,558	0	609,558	30.00
31.00	03100	63,385	0	63,385	31.00
43.00	04300	45,389	0	45,389	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	105,535	0	105,535	50.00
51.00	05100	9,623	0	9,623	51.00
52.00	05200	55,378	0	55,378	52.00
53.00	05300	1,696	0	1,696	53.00
54.00	05400	89,479	0	89,479	54.00
60.00	06000	74,022	0	74,022	60.00
63.00	06300	3,860	0	3,860	63.00
65.00	06500	0	0	0	65.00
66.00	06600	4,906	0	4,906	66.00
69.00	06900	0	0	0	69.00
69.01	06901	41,866	0	41,866	69.01
70.00	07000	0	0	0	70.00
71.00	07100	14,571	0	14,571	71.00
72.00	07200	2,752	0	2,752	72.00
73.00	07300	33,093	0	33,093	73.00
74.00	07400	3,053	0	3,053	74.00
75.00	07500	0	0	0	75.00
76.98	07698	4,403	0	4,403	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	44,189	0	44,189	90.00
91.00	09100	226,938	0	226,938	91.00
92.00	09200		0		92.00
92.01	09201	636	0	636	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		1,434,332	0	1,434,332	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	4,358	0	4,358	190.00
191.00	19100	0	0	0	191.00
192.00	19200	0	0	0	192.00
193.00	19300	0	0	0	193.00
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		1,438,690	0	1,438,690	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140068

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

Worksheet B-1
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (MACH)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00	4.00	5.01	5.02				
GENERAL SERVICE COST CENTERS									
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	136,225							1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		101,982						2.00
4.00 00400	EMPLOYEE BENEFITS	1,060		252	24,015,157				4.00
5.01 00510	NONPATIENT TELEPHONES	0		0	78,298		327		5.01
5.02 00520	DATA PROCESSING	665		32,286	391,421		36	146	5.02
5.03 00530	PURCHASING RECEIVING AND STORES	1,940		133	223,354		9	4	5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	0		1,319	750,419		17	13	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	38,918		2,502	3,136,046		94	47	5.05
7.00 00700	OPERATION OF PLANT	2,396		694	639,258		13	2	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0		0	0		0	0	8.00
9.00 00900	HOUSEKEEPING	1,184		664	712,283		2	0	9.00
10.00 01000	DIETARY	4,000		1,188	404,175		10	2	10.00
11.00 01100	CAFETERIA	0		0	167,524		0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0		775	749,158		4	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,408		871	111,109		0	1	14.00
15.00 01500	PHARMACY	688		0	476,190		9	4	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,578		1,399	596,257		15	11	16.00
17.00 01700	SOCIAL SERVICE	0		0	0		0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	35,490		26,083	6,301,748		27	27	30.00
31.00 03100	INTENSIVE CARE UNIT	2,800		2,575	1,465,951		2	1	31.00
43.00 04300	NURSERY	3,290		585	351,782		0	0	43.00
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	7,288		9,141	86,064		28	2	50.00
51.00 05100	RECOVERY ROOM	664		1,534	115,937		0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,146		1,114	404,458		0	0	52.00
53.00 05300	ANESTHESIOLOGY	0		1,749	0		0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,330		12,509	1,525,668		16	0	54.00
60.00 06000	LABORATORY	3,300		0	1,204,245		21	17	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0		0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0		0	0		0	0	65.00
66.00 06600	PHYSICAL THERAPY	0		863	43,404		9	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0		0	0		0	0	69.00
69.01 06901	CARDIOPULMONARY	1,112		2,066	1,263,524		11	8	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0		0	0		0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0		0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0		0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0		10	0		0	0	73.00
74.00 07400	RENAL DIALYSIS	0		0	0		0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0		0	0		0	0	75.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	0		0	198,649		1	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00 09000	CLINIC	3,620		0	162,912		0	0	90.00
91.00 09100	EMERGENCY	15,000		1,670	2,413,013		0	7	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)								92.00
92.01 09201	23-HR OBSERVATION	0		0	33,412		0	0	92.01
SPECIAL PURPOSE COST CENTERS									
113.00 11300	INTEREST EXPENSE								113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	135,877		101,982	24,006,259		324	146	118.00
NONREIMBURSABLE COST CENTERS									
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	348		0	8,898		3	0	190.00
191.00 19100	RESEARCH	0		0	0		0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0		0	0		0	0	192.00
193.00 19300	NONPAID WORKERS	0		0	0		0	0	193.00
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)	1,430,749		7,941	4,249,462		697,628	1,185,910	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.502837		0.077867	0.176949		2,133.418960	8,122.671233	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				11,153		36	9,682	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000464		0.110092	66.315068	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140068

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

Worksheet B-1

Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	158,188,537				5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	158,188,537			5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	-12,818,276	40,757,908	5.05
7.00	00700	OPERATION OF PLANT	0	0	0	2,187,264	91,246
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	1,415,928	1,184
10.00	01000	DIETARY	0	0	0	1,203,774	4,000
11.00	01100	CAFETERIA	0	0	0	371,634	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,604,778	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	207,679	2,408
15.00	01500	PHARMACY	0	0	0	1,085,881	688
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,243,905	1,578
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,411,958	43,411,958	0	9,575,148	35,490
31.00	03100	INTENSIVE CARE UNIT	7,605,465	7,605,465	0	1,998,263	2,800
43.00	04300	NURSERY	603,125	603,125	0	580,390	3,290
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,374,351	3,374,351	0	1,564,010	7,288
51.00	05100	RECOVERY ROOM	1,359,254	1,359,254	0	173,441	664
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,450,241	1,450,241	0	823,951	4,146
53.00	05300	ANESTHESIOLOGY	2,205,164	2,205,164	0	85,336	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,574,397	12,574,397	0	3,413,139	4,330
60.00	06000	LABORATORY	16,563,324	16,563,324	0	3,214,712	3,300
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,740,021	1,740,021	0	356,569	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	837,093	837,093	0	431,746	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	06901	CARDIOPULMONARY	15,214,587	15,214,587	0	2,262,516	1,112
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,464,095	4,464,095	0	793,606	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	206,731	206,731	0	79,244	0
73.00	07300	DRUGS CHARGED TO PATIENTS	15,927,325	15,927,325	0	1,122,891	0
74.00	07400	RENAL DIALYSIS	1,010,335	1,010,335	0	287,090	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,148,474	1,148,474	0	403,893	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	179,912	179,912	0	248,933	3,620
91.00	09100	EMERGENCY	27,899,853	27,899,853	0	3,916,350	15,000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	23-HR OBSERVATION	412,832	412,832	0	55,513	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	158,188,537	158,188,537	-12,818,276	40,707,584	90,898
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	50,324	348
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	937,970	1,487,870		12,818,276	2,875,154
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005929	0.009406		0.314498	31.509918
204.00		Cost to be allocated (per Wkst. B, Part II)	20,756	1,315		413,529	47,842
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000131	0.000008		0.010146	0.524319

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140068

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

Worksheet B-1
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0				8.00
9.00	00900	HOUSEKEEPING	0	8,107			9.00
10.00	01000	DIETARY	0	140	59,174		10.00
11.00	01100	CAFETERIA	0	140	0	30,175	11.00
13.00	01300	NURSING ADMINISTRATION	0	70	0	1,695	18,215
14.00	01400	CENTRAL SERVICES & SUPPLY	0	170	0	318	0
15.00	01500	PHARMACY	0	70	0	727	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	120	0	1,521	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,144	54,687	11,107	11,107
31.00	03100	INTENSIVE CARE UNIT	0	120	4,487	1,997	1,997
43.00	04300	NURSERY	0	70	0	420	420
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	365	0	347	347
51.00	05100	RECOVERY ROOM	0	35	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	105	0	0	0
53.00	05300	ANESTHESIOLOGY	0	15	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	270	0	2,557	0
60.00	06000	LABORATORY	0	190	0	2,609	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	50	0	119	95
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	06901	CARDIOPULMONARY	0	87	0	2,052	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	379	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	131	0	353	0
91.00	09100	EMERGENCY	0	800	0	3,930	4,249
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	23-HR OBSERVATION	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	8,107	59,174	30,131	18,215
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	44	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,898,543	1,741,185	521,298	2,155,153
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	234.185642	29.424832	17.275824	118.317486
204.00		Cost to be allocated (per Wkst. B, Part II)	0	27,804	57,216	4,329	17,173
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.429629	0.966911	0.143463	0.942794

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140068

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

Worksheet B-1

Date/Time Prepared: 8/30/2012 12:09 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00510					5.01
5.02	00520					5.02
5.03	00530					5.03
5.04	00550					5.04
5.05	00560					5.05
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	1,209,780				14.00
15.00	01500	0	1,000			15.00
16.00	01600	0	0	1,000		16.00
17.00	01700	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	144,333	0	695	0	30.00
31.00	03100	53,766	0	63	0	31.00
43.00	04300	29,004	0	48	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	259,233	0	0	0	50.00
51.00	05100	2,425	0	0	0	51.00
52.00	05200	18,972	0	0	0	52.00
53.00	05300	13,786	0	0	0	53.00
54.00	05400	97,558	0	0	0	54.00
60.00	06000	0	0	0	0	60.00
63.00	06300	0	0	0	0	63.00
65.00	06500	0	0	0	0	65.00
66.00	06600	1,746	0	0	0	66.00
69.00	06900	0	0	0	0	69.00
69.01	06901	109,281	0	0	0	69.01
70.00	07000	0	0	0	0	70.00
71.00	07100	242,083	0	0	0	71.00
72.00	07200	78,756	0	0	0	72.00
73.00	07300	0	1,000	0	0	73.00
74.00	07400	0	0	0	0	74.00
75.00	07500	0	0	0	0	75.00
76.98	07698	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	23,490	0	18	0	90.00
91.00	09100	135,347	0	176	0	91.00
92.00	09200					92.00
92.01	09201	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
118.00		1,209,780	1,000	1,000	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
191.00	19100	0	0	0	0	191.00
192.00	19200	0	0	0	0	192.00
193.00	19300	0	0	0	0	193.00
200.00						200.00
201.00						201.00
202.00		394,176	1,478,020	1,739,213	0	202.00
203.00		0.325825	1,478.020000	1,739.213000	0.000000	203.00
204.00		29,476	19,435	31,768	0	204.00
205.00		0.024365	19.435000	31.768000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140068

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

Worksheet C
Part I
Date/Time Prepared:
8/30/2012 12:09 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,280,416		19,280,416	0	19,280,416	30.00
31.00	03100	INTENSIVE CARE UNIT	3,272,940		3,272,940	0	3,272,940	31.00
43.00	04300	NURSERY	1,032,863		1,032,863	0	1,032,863	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,502,525		2,502,525	0	2,502,525	50.00
51.00	05100	RECOVERY ROOM	257,897		257,897	0	257,897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,244,493		1,244,493	0	1,244,493	52.00
53.00	05300	ANESTHESIOLOGY	120,179		120,179	0	120,179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,762,193		4,762,193	0	4,762,193	54.00
60.00	06000	LABORATORY	4,419,283		4,419,283	0	4,419,283	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	468,709		468,709	0	468,709	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	593,103	0	593,103	0	593,103	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	06901	CARDIOPULMONARY	3,100,542		3,100,542	0	3,100,542	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,122,070		1,122,070	0	1,122,070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	129,827		129,827	0	129,827	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,957,571		2,957,571	0	2,957,571	73.00
74.00	07400	RENAL DIALYSIS	377,379		377,379	0	377,379	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	537,465		537,465	0	537,465	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	517,024		517,024	0	517,024	90.00
91.00	09100	EMERGENCY	6,728,857		6,728,857	0	6,728,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
92.01	09201	23-HR OBSERVATION	72,972		72,972	0	72,972	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	53,498,308	0	53,498,308	0	53,498,308	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	53,498,308	0	53,498,308	0	53,498,308	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet C Part I Date/Time Prepared: 8/30/2012 12:09 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	43,411,958		43,411,958	30.00
31.00	03100	INTENSIVE CARE UNIT	7,605,465		7,605,465	31.00
43.00	04300	NURSERY	603,125		603,125	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,189,834	1,184,517	3,374,351	50.00
51.00	05100	RECOVERY ROOM	796,231	563,023	1,359,254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	596,032	854,209	1,450,241	52.00
53.00	05300	ANESTHESIOLOGY	1,374,924	830,240	2,205,164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,520,128	8,054,269	12,574,397	54.00
60.00	06000	LABORATORY	8,217,581	8,345,743	16,563,324	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,352,641	387,380	1,740,021	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	204,740	632,353	837,093	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901	CARDIOPULMONARY	12,744,929	2,469,658	15,214,587	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,407,342	2,056,753	4,464,095	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	144,685	62,046	206,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,459,011	2,468,314	15,927,325	73.00
74.00	07400	RENAL DIALYSIS	1,010,335	0	1,010,335	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	48,935	1,099,539	1,148,474	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	179,912	179,912	90.00
91.00	09100	EMERGENCY	6,246,592	21,653,261	27,899,853	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	23-HR OBSERVATION	0	412,832	412,832	92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	106,934,488	51,254,049	158,188,537	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	106,934,488	51,254,049	158,188,537	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet C Part I Date/Time Prepared: 8/30/2012 12:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		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
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.741632		50.00
51.00	05100 RECOVERY ROOM	0.189734		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.858128		52.00
53.00	05300 ANESTHESIOLOGY	0.054499		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.378721		54.00
60.00	06000 LABORATORY	0.266811		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.269370		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.708527		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIOPULMONARY	0.203787		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.251354		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.628000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185692		73.00
74.00	07400 RENAL DIALYSIS	0.373519		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.467982		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	2.873761		90.00
91.00	09100 EMERGENCY	0.241179		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 23-HR OBSERVATION	0.176760		92.01
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140068

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

Worksheet D
Part I
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	609,558	0	609,558	18,229	33.44	30.00
31.00	03100 INTENSIVE CARE UNIT	63,385		63,385	2,991	21.19	31.00
43.00	04300 NURSERY	45,389		45,389	805	56.38	43.00
200.00	Total (lines 30-199)	718,332		718,332	22,025		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 140068		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part I Date/Time Prepared: 8/30/2012 12:09 pm	
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII	Hospital	PPS	
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,270	176,229				30.00
31.00	03100	INTENSIVE CARE UNIT	1,337	28,331				31.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	6,607	204,560				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140068

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

Worksheet D
Part II
Date/Time Prepared:
8/30/2012 12:09 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	105,535	3,374,351	0.031276	689,432	21,563	50.00
51.00	05100 RECOVERY ROOM	9,623	1,359,254	0.007080	246,853	1,748	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	55,378	1,450,241	0.038185	2,864	109	52.00
53.00	05300 ANESTHESIOLOGY	1,696	2,205,164	0.000769	389,837	300	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	89,479	12,574,397	0.007116	1,816,795	12,928	54.00
60.00	06000 LABORATORY	74,022	16,563,324	0.004469	2,978,416	13,311	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,860	1,740,021	0.002218	469,882	1,042	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0.000000	0	0	65.00
66.00	06600 PHYSICAL THERAPY	4,906	837,093	0.005861	102,134	599	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	06901 CARDIOPULMONARY	41,866	15,214,587	0.002752	5,791,238	15,937	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,571	4,464,095	0.003264	814,369	2,658	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,752	206,731	0.013312	40,670	541	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	33,093	15,927,325	0.002078	5,094,096	10,586	73.00
74.00	07400 RENAL DIALYSIS	3,053	1,010,335	0.003022	504,462	1,524	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	4,403	1,148,474	0.003834	1,793	7	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	44,189	179,912	0.245615	0	0	90.00
91.00	09100 EMERGENCY	226,938	27,899,853	0.008134	2,499,258	20,329	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201 23-HR OBSERVATION	636	412,832	0.001541	0	0	92.01
200.00	Total (lines 50-199)	716,000	106,567,989		21,442,099	103,182	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140068		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part III Date/Time Prepared: 8/30/2012 12:09 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	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
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140068		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part III Date/Time Prepared: 8/30/2012 12:09 pm	
		Title XVIII		Hospital		PPS	

Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	18,229	0.00	5,270	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	2,991	0.00	1,337	0	0	31.00
43.00	04300 NURSERY	805	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	22,025		6,607	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140068		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part III Date/Time Prepared: 8/30/2012 12:09 pm	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	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
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140068

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

Worksheet D
Part IV
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	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	DELIVERY ROOM & LABOR 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
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIOPULMONARY	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
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
92.01	09201	23-HR OBSERVATION	0	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140068

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

Worksheet D
Part IV
Date/Time Prepared:
8/30/2012 12:09 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	3,374,351	0.000000	0.000000	689,432	50.00
51.00	05100	RECOVERY ROOM	0	1,359,254	0.000000	0.000000	246,853	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,450,241	0.000000	0.000000	2,864	52.00
53.00	05300	ANESTHESIOLOGY	0	2,205,164	0.000000	0.000000	389,837	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,574,397	0.000000	0.000000	1,816,795	54.00
60.00	06000	LABORATORY	0	16,563,324	0.000000	0.000000	2,978,416	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,740,021	0.000000	0.000000	469,882	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	837,093	0.000000	0.000000	102,134	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01	06901	CARDIOPULMONARY	0	15,214,587	0.000000	0.000000	5,791,238	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,464,095	0.000000	0.000000	814,369	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	206,731	0.000000	0.000000	40,670	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,927,325	0.000000	0.000000	5,094,096	73.00
74.00	07400	RENAL DIALYSIS	0	1,010,335	0.000000	0.000000	504,462	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,148,474	0.000000	0.000000	1,793	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	179,912	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	27,899,853	0.000000	0.000000	2,499,258	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	09201	23-HR OBSERVATION	0	412,832	0.000000	0.000000	0	92.01
200.00		Total (lines 50-199)	0	106,567,989			21,442,099	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140068

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

Worksheet D
Part IV
Date/Time Prepared:
8/30/2012 12:09 pm

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	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	101,794	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	55,842	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,906	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	61,332	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	760,692	0	0	0	54.00
60.00	06000	LABORATORY	0	130,643	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	18,761	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	23,943	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIOPULMONARY	0	388,080	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	61,552	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,805	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	222,130	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	414,370	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	34	0	0	0	90.00
91.00	09100	EMERGENCY	0	1,762,557	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	23-HR OBSERVATION	0	47,149	0	0	0	92.01
200.00		Total (lines 50-199)	0	4,054,590	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140068

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

Worksheet D
Part IV
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CARDIOPULMONARY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	23-HR OBSERVATION	0	0		92.01
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet D Part V Date/Time Prepared: 8/30/2012 12:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.741632	101,794	0	0	50.00
51.00	05100	RECOVERY ROOM	0.189734	55,842	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.858128	1,906	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.054499	61,332	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.378721	760,692	0	0	54.00
60.00	06000	LABORATORY	0.266811	130,643	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.269370	18,761	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.708527	23,943	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
69.01	06901	CARDIOPULMONARY	0.203787	388,080	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.251354	61,552	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.628000	3,805	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185692	222,130	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.373519	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.467982	414,370	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2.873761	34	0	0	90.00
91.00	09100	EMERGENCY	0.241179	1,762,557	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	09201	23-HR OBSERVATION	0.176760	47,149	0	0	92.01
200.00		Subtotal (see instructions)		4,054,590	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		4,054,590	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet D Part V Date/Time Prepared: 8/30/2012 12:09 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	75,494	0	0	50.00
51.00	05100	RECOVERY ROOM	10,595	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,636	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,343	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	288,090	0	0	54.00
60.00	06000	LABORATORY	34,857	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,054	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,964	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901	CARDIOPULMONARY	79,086	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,471	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,390	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,248	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	193,918	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	98	0	0	90.00
91.00	09100	EMERGENCY	425,092	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	23-HR OBSERVATION	8,334	0	0	92.01
200.00		Subtotal (see instructions)	1,201,670	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00		Net Charges (line 200 +/- line 201)	1,201,670	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 8/30/2012 12:09 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,229	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,229	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)		18,229	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,270	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)		19,280,416	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)		19,280,416	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		43,411,958	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		43,411,958	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.444127	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)		2,381.48	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		19,280,416	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,057.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,573,974	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,573,974	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140068		Period: From 04/01/2011 To 03/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 8/30/2012 12:09 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	3,272,940	2,991	1,094.26	1,337	1,463,026		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)					5,411,896		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,448,896		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)					204,560		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					103,182		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					307,742		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,141,154		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140068		Period: From 04/01/2011 To 03/31/2012		Worksheet D-1 Date/Time Prepared: 8/30/2012 12:09 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	609,558	19,280,416	0.031615	0	0	90.00
91.00	Nursing School cost	0	19,280,416	0.000000	0	0	91.00
92.00	Allied health cost	0	19,280,416	0.000000	0	0	92.00
93.00	All other Medical Education	0	19,280,416	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet D-3 Date/Time Prepared: 8/30/2012 12:09 pm
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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		12,786,118		30.00
31.00	03100 INTENSIVE CARE UNIT		3,771,397		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.741632	689,432	511,305	50.00
51.00	05100 RECOVERY ROOM	0.189734	246,853	46,836	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.858128	2,864	2,458	52.00
53.00	05300 ANESTHESIOLOGY	0.054499	389,837	21,246	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.378721	1,816,795	688,058	54.00
60.00	06000 LABORATORY	0.266811	2,978,416	794,674	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.269370	469,882	126,572	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.708527	102,134	72,365	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	06901 CARDIOPULMONARY	0.203787	5,791,238	1,180,179	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.251354	814,369	204,695	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.628000	40,670	25,541	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185692	5,094,096	945,933	73.00
74.00	07400 RENAL DIALYSIS	0.373519	504,462	188,426	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.467982	1,793	839	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.873761	0	0	90.00
91.00	09100 EMERGENCY	0.241179	2,499,258	602,769	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201 23-HR OBSERVATION	0.176760	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		21,442,099	5,411,896	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)		21,442,099		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part A Date/Time Prepared: 8/30/2012 12:09 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	7,614,694		1.00
2.00	Outlier payments for discharges. (see instructions)	75,739		2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.	0		2.01
3.00	Managed Care Simulated Payments	0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	145.00		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	0.00		12.00
13.00	Total allowable FTE count for the prior year.	0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00
22.00	IME payment adjustment (see instructions)	0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment. (see instructions)	0.000000		27.00
28.00	IME Adjustment (see instructions)	0		28.00
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	18.42		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	51.25		31.00
32.00	Sum of lines 30 and 31	69.67		32.00
33.00	Allowable disproportionate share percentage (see instructions)	46.70		33.00
34.00	Disproportionate share adjustment (see instructions)	3,556,062		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	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0		46.00
47.00	Subtotal (see instructions)	11,246,495		47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part A Date/Time Prepared: 8/30/2012 12:09 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)		11,246,495	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		711,100	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		11,957,595	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,957,595	61.00
62.00	Deductibles billed to program beneficiaries		794,389	62.00
63.00	Coinurance billed to program beneficiaries		108,722	63.00
64.00	Allowable bad debts (see instructions)		191,463	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		134,024	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		191,463	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		11,188,508	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)		11,188,508	71.00
72.00	Interim payments		10,905,609	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)		282,899	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part B Date/Time Prepared: 8/30/2012 12:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,201,670	2.00
3.00	PPS payments		827,567	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		827,567	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)		215,820	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)		611,747	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)		611,747	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		611,747	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)		23,170	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		16,219	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		23,170	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		627,966	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)		627,966	40.00
41.00	Interim payments		686,672	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)		-58,706	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: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part B Date/Time Prepared: 8/30/2012 12:09 pm
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140068

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

Worksheet E-1
Part I
Date/Time Prepared:
8/30/2012 12:09 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		11,896,342		611,747	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		240,024		72,547	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		11/04/2011	0		2,378	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	11/04/2011	779,841		0	3.50
3.51		03/16/2012	450,916		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)		-1,230,757		2,378	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)		10,905,609		686,672	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		282,899		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		58,706	6.02
7.00	Total Medicare program liability (see instructions)		11,188,508		627,966	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

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

Provider CCN: 140068

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

Worksheet G

Date/Time Prepared:
8/30/2012 12:09 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	2,701,058	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	3,623,858	0	0	0	4.00
5.00	Other receivable	390,065	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	437,850	0	0	0	7.00
8.00	Prepaid expenses	1,367,714	0	0	0	8.00
9.00	Other current assets	163,890	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)	8,684,435	0	0	0	11.00
FIXED ASSETS						
12.00	Land	923,853	0	0	0	12.00
13.00	Land improvements	495,806	0	0	0	13.00
14.00	Accumulated depreciation	-433,995	0	0	0	14.00
15.00	Buildings	24,857,933	0	0	0	15.00
16.00	Accumulated depreciation	-6,625,801	0	0	0	16.00
17.00	Leasehold improvements	1,115,986	0	0	0	17.00
18.00	Accumulated depreciation	-552,220	0	0	0	18.00
19.00	Fixed equipment	7,428,315	0	0	0	19.00
20.00	Accumulated depreciation	-5,659,347	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	16,248,569	0	0	0	23.00
24.00	Accumulated depreciation	-11,784,382	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	26,014,717	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,403,219	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,403,219	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	40,102,371	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,922,731	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,538,564	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,544,783	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	9,073,563	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,079,641	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	13,846,377	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	13,846,377	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	35,926,018	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	4,176,353				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)	4,176,353	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	40,102,371	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140068

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

Worksheet G-1

Date/Time Prepared:
8/30/2012 12:09 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		13,773,970	
2.00	Net income (loss) (From Wkst. G-3, line 29)		-9,785,319			2.00
3.00	Total (sum of line 1 and line 2)		3,988,651		0	3.00
4.00	RECONCILIATION ITEM	187,702		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		187,702		0	10.00
11.00	Subtotal (line 3 plus line 10)		4,176,353		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,176,353		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140068

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

Worksheet G-1

Date/Time Prepared:
8/30/2012 12:09 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00			0		0	3.00
4.00	0			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00			0		0	10.00
11.00			0		0	11.00
12.00	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00			0		0	18.00
19.00			0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140068

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

Worksheet G-2 Parts
Date/Time Prepared:
8/30/2012 12:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	43,411,958		43,411,958	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,411,958		43,411,958	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,605,465		7,605,465	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)	7,605,465		7,605,465	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	51,017,423		51,017,423	17.00
18.00	Ancillary services	55,917,065		55,917,065	18.00
19.00	Outpatient services	0	51,254,049	51,254,049	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	GRANT REVENUE	0	694,934	694,934	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	106,934,488	51,948,983	158,883,471	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		57,750,584		29.00
30.00	BAD DEBT EXPENSE	19,058,566			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)		19,058,566		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)		76,809,150		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140068

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

Worksheet G-3

Date/Time Prepared:
8/30/2012 12:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	158,883,471	1.00
2.00	Less contractual allowances and discounts on patients' accounts	92,195,263	2.00
3.00	Net patient revenues (line 1 minus line 2)	66,688,208	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	76,809,150	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,120,942	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	270,433	24.00
24.01	OTHER NON OPERATING REVENUE	65,179	24.01
24.02	RECONCILING ITEM	11	24.02
25.00	Total other income (sum of lines 6-24)	335,623	25.00
26.00	Total (line 5 plus line 25)	-9,785,319	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)	-9,785,319	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140068	Period: From 04/01/2011 To 03/31/2012	Worksheet L Parts I-III Date/Time Prepared: 8/30/2012 12:09 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		617,460	1.00
2.00	Capital DRG outlier payments		95	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		57.98	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		18.42	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		51.25	8.00
9.00	Sum of lines 7 and 8		69.67	9.00
10.00	Allowable disproportionate share percentage (see instructions)		15.15	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		93,545	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		711,100	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