

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: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet S Parts I-III Date/Time Prepared: 7/25/2012 10:56 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 7/25/2012	Time: 10:44 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by METROSOUTH MEDICAL CENTER for the cost reporting period beginning 01/01/2012 and ending 02/29/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	229,441	126,750	0	1,612,613
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	0	0	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	229,441	126,750	0	1,612,613

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.

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

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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 METROSOUTH MEDICAL CENTER for the cost reporting period beginning 01/01/2012 and ending 02/29/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
 ECR: Date: 7/25/2012 Time: 10:44 am
 9uKNP0591N0rmlDtK063Dis5IH2H2O
 QCsgP0nU6e0sbWkKXZD0ymkpxTVZZT
 9eNz1n304g0B0C3B
 PI: Date: 7/25/2012 Time: 10:44 am
 DOKdnxPMeli.DLHjzBZSoX3HTIy570
 gSEVTOHwg:LNSzwhrhu2HLsdSbH3Ae
 sVI9Hc6GyK0kW2ip

(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	229,441	126,750	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	229,441	126,750	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: 140118		Period: From 01/01/2012 To 02/29/2012		Worksheet S-2 Part I Date/Time Prepared: 7/25/2012 10:56 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60406- County: COOK				
2.00 Street: 12935 SOUTH GREGORY STREET		2.00 City: BLUE ISLAND								
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	METROSOUTH MEDICAL CENTER	140118	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF					N	N	N		7.00
8.00	Swing Beds - NF					N		N		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)					01/01/2012	02/29/2012		20.00	
21.00	Type of Control (see instructions)					4		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.					2	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.	1,489	133	4	0	402	3		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: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet S-2 Part I Date/Time Prepared: 7/25/2012 10:56 am		
		Beginning:	Ending:			
		1.00	2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
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)		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: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet S-2
Part I
Date/Time Prepared:
7/25/2012 10:56 am

		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

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			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)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
			Physical	Occupational	
			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
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		118.00

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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.	1,674,401	0		118.01
			1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				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				
159.00	SNF	N	N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet S-2
Part I
Date/Time Prepared:
7/25/2012 10:56 am

		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multicampus 165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N 165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y 167.00
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)						0 168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75 169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet S-2 Part II Date/Time Prepared: 7/25/2012 10:56 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	06/26/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet S-2
Part II
Date/Time Prepared:
7/25/2012 10:56 am

		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.	TAD	ERICKSON	CONSULTANT	41.00
42.00	Enter the employer/company name of the cost report preparer.	TRE REIMBURSEMENT CONSULTING, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	602-799-2223	TAD@TRERCI.COM		43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	06/26/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet S-3
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	216	12,960	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)		216	12,960	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	14	840	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	14	840	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		244	14,640	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)		244				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: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet S-3
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	2,297	1,165	4,894		1.00
2.00 HMO		296	402			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	2,297	1,165	4,894		7.00
8.00 INTENSIVE CARE UNIT	0	256	53	672		8.00
9.00 CORONARY CARE UNIT	0	113	41	713		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		133	200		13.00
14.00 Total (see instructions)	0	2,666	1,392	6,479		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		7	41		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)			97	144		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet S-3
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	605	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	151.46	0.00	0	605	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	151.46	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: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet S-3
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	317	1,603		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)	317	1,603		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: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet S-3
Part II
Date/Time Prepared:
7/25/2012 10:56 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	10,087,067	0	10,087,067	315,094.99	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		42,686	0	42,686	402.00	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)		754,582	0	754,582	18,410.43	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		33,870	0	33,870	548.95	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		91,292	0	91,292	756.00	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		2,894,989	0	2,894,989		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		450,885	0	450,885		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		166,715	0	166,715		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	99,639	0	99,639	3,196.93	26.00
27.00	Administrative & General	5.00	1,633,787	0	1,633,787	47,986.30	27.00
28.00	Administrative & General under contract (see inst.)		10,782	0	10,782	281.59	28.00
29.00	Maintenance & Repairs	6.00	53,775	0	53,775	1,405.47	29.00
30.00	Operation of Plant	7.00	302,255	0	302,255	10,541.22	30.00
31.00	Laundry & Linen Service	8.00	74,508	0	74,508	5,014.07	31.00
32.00	Housekeeping	9.00	248,982	0	248,982	16,532.15	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	250,928	-124,159	126,769	7,348.23	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	124,159	124,159	7,196.96	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	268,493	0	268,493	4,732.43	38.00
39.00	Central Services and Supply	14.00	95,324	0	95,324	4,875.33	39.00
40.00	Pharmacy	15.00	306,413	0	306,413	7,381.71	40.00
41.00	Medical Records & Medical Records Library	16.00	141,215	0	141,215	5,938.93	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: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet S-3
Part II
Date/Time Prepared:
7/25/2012 10:56 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	32.01	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	106.18	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)	40.99	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	61.70	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	120.76	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	31.17	26.00
27.00	Administrative & General	34.05	27.00
28.00	Administrative & General under contract (see inst.)	38.29	28.00
29.00	Maintenance & Repairs	38.26	29.00
30.00	Operation of Plant	28.67	30.00
31.00	Laundry & Linen Service	14.86	31.00
32.00	Housekeeping	15.06	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	17.25	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	17.25	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	56.73	38.00
39.00	Central Services and Supply	19.55	39.00
40.00	Pharmacy	41.51	40.00
41.00	Medical Records & Medical Records Library	23.78	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: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet S-3
Part III
Date/Time Prepared:
7/25/2012 10:56 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	10,097,849	0	10,097,849	315,376.58	1.00
2.00	Excluded area salaries (see instructions)	754,582	0	754,582	18,410.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	9,343,267	0	9,343,267	296,966.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	125,162	0	125,162	1,304.95	4.00
5.00	Subtotal wage-related costs (see inst.)	3,061,704	0	3,061,704	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	12,530,133	0	12,530,133	298,271.10	6.00
7.00	Total overhead cost (see instructions)	3,486,101	0	3,486,101	122,431.32	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet S-3 Part III Date/Time Prepared: 7/25/2012 10:56 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	32.02	1.00
2.00	Excluded area salaries (see instructions)	40.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31.46	3.00
4.00	Subtotal other wages & related costs (see inst.)	95.91	4.00
5.00	Subtotal wage-related costs (see inst.)	32.77	5.00
6.00	Total (sum of lines 3 thru 5)	42.01	6.00
7.00	Total overhead cost (see instructions)	28.47	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet S-3 Part IV Date/Time Prepared: 7/25/2012 10:56 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	276,432	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost (see instructions)	0	3.00
4.00	Pension Service Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	1,813,000	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	2,784	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	7,469	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	52,443	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	588,271	17.00
18.00	Medicare Taxes - Employers Portion Only	144,594	18.00
19.00	Unemployment Insurance	582,832	19.00
20.00	State or Federal Unemployment Taxes	27,777	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	18,186	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	3,513,788	24.00
Part B - Other than Core Related Cost			
25.00	OTHER MISC EMPLOYEE BENEFITS	682	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet S-3
Part V
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	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: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet S-10 Date/Time Prepared: 7/25/2012 10:56 am
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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)		0.292987	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		2,447,938	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		1,876,394	5.00
6.00	Medicaid charges		18,281,538	6.00
7.00	Medicaid cost (line 1 times line 6)		5,356,253	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,031,921	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)		1,031,921	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	226,174	9,314	235,488
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	66,266	2,729	68,995
22.00	Partial payment by patients approved for charity care	350	0	350
23.00	Cost of charity care (line 21 minus line 22)	65,916	2,729	68,645
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,967,829	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		430,127	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		6,537,702	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,915,462	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,984,107	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,016,028	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140118		Period: From 01/01/2012 To 02/29/2012		Worksheet A	
Date/Time Prepared: 7/25/2012 10:56 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT		-183,334	-183,334	1,558,847	1,375,513	1.00	
2.00 NEW CAP REL COSTS-MVBLE EQUIP		9,655	9,655	692,755	702,410	2.00	
4.00 EMPLOYEE BENEFITS	99,639	3,561,896	3,661,535	708	3,662,243	4.00	
5.01 CASHIERING/ACCOUNTS RECEIVABLE	146,900	7,590,060	7,736,960	1,000	7,737,960	5.01	
5.06 OTHER ADMINSTRATIVE AND GENERAL	1,486,887	5,772,019	7,258,906	-1,767,460	5,491,446	5.06	
6.00 MAINTENANCE & REPAIRS	53,775	-1,480	52,295	189	52,484	6.00	
7.00 OPERATION OF PLANT	302,255	457,517	759,772	-26,288	733,484	7.00	
8.00 LAUNDRY & LINEN SERVICE	74,508	-76,662	-2,154	-35	-2,189	8.00	
9.00 HOUSEKEEPING	248,982	62,709	311,691	-2,894	308,797	9.00	
10.00 DIETARY	250,928	211,249	462,177	-230,036	232,141	10.00	
11.00 CAFETERIA	0	0	0	227,361	227,361	11.00	
13.00 NURSING ADMINISTRATION	268,493	4,524	273,017	-1,435	271,582	13.00	
14.00 CENTRAL SERVICES & SUPPLY	95,324	26,674	121,998	-19,278	102,720	14.00	
15.00 PHARMACY	306,413	769,142	1,075,555	-757,351	318,204	15.00	
16.00 MEDICAL RECORDS & LIBRARY	141,215	106,999	248,214	360	248,574	16.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	1,584,442	298,616	1,883,058	-125,822	1,757,236	30.00	
31.00 INTENSIVE CARE UNIT	523,887	58,351	582,238	-45,116	537,122	31.00	
32.00 CORONARY CARE UNIT	237,788	20,792	258,580	-12,914	245,666	32.00	
43.00 NURSERY	150,375	112,395	262,770	-12,545	250,225	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	595,065	1,211,389	1,806,454	-1,006,076	800,378	50.00	
51.00 RECOVERY ROOM	84,605	5,363	89,968	-3,002	86,966	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	351,045	230,031	581,076	-37,525	543,551	52.00	
53.00 ANESTHESIOLOGY	1,399	32,594	33,993	-27,286	6,707	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	548,643	384,039	932,682	-199,470	733,212	54.00	
56.00 RADIOISOTOPE	37,102	96,268	133,370	-600	132,770	56.00	
59.00 CARDIAC CATHETERIZATION	92,566	289,878	382,444	-217,215	165,229	59.00	
60.00 LABORATORY	441,299	443,022	884,321	-7,910	876,411	60.00	
64.00 INTRAVENOUS THERAPY	21,261	14,966	36,227	-13,856	22,371	64.00	
65.00 RESPIRATORY THERAPY	184,393	48,488	232,881	-30,279	202,602	65.00	
66.00 PHYSICAL THERAPY	190,491	52,808	243,299	-14,608	228,691	66.00	
69.00 ELECTROCARDIOLOGY	133,082	629,635	762,717	-601,993	160,724	69.00	
70.00 ELECTROENCEPHALOGRAPHY	26,828	3,786	30,614	-1,943	28,671	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	884,081	884,081	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,338,286	1,338,286	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	727,400	727,400	73.00	
74.00 RENAL DIALYSIS	0	120,184	120,184	-709	119,475	74.00	
76.97 CARDIAC REHABILITATION	43,018	2,724	45,742	120	45,862	76.97	
OUTPATIENT SERVICE COST CENTERS							
91.00 EMERGENCY	609,877	272,079	881,956	-79,299	802,657	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,332,485	22,638,376	31,970,861	188,162	32,159,023	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7	7	0	7	190.00	
192.00 PHYSICIANS' PRIVATE OFFICES	707,864	600,770	1,308,634	-186,863	1,121,771	192.00	
192.01 OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01	
193.00 NONPAID WORKERS	21,546	165	21,711	198	21,909	193.00	
194.00 CHF CLINIC	22,305	1,800	24,105	-1,661	22,444	194.00	
194.01 TIME SHARE	2,867	348	3,215	164	3,379	194.01	
194.02 VACANT SPACE	0	0	0	0	0	194.02	
200.00 TOTAL (SUM OF LINES 118-199)	10,087,067	23,241,466	33,328,533	0	33,328,533	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-1,525,957	-150,444	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	702,410	2.00
4.00	EMPLOYEE BENEFITS	-2,510	3,659,733	4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	-6,970,233	767,727	5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL	1,566,809	7,058,255	5.06
6.00	MAINTENANCE & REPAIRS	0	52,484	6.00
7.00	OPERATION OF PLANT	-757	732,727	7.00
8.00	LAUNDRY & LINEN SERVICE	-1,909	-4,098	8.00
9.00	HOUSEKEEPING	-1,770	307,027	9.00
10.00	DIETARY	0	232,141	10.00
11.00	CAFETERIA	-88,999	138,362	11.00
13.00	NURSING ADMINISTRATION	-90	271,492	13.00
14.00	CENTRAL SERVICES & SUPPLY	-1,082	101,638	14.00
15.00	PHARMACY	-49,518	268,686	15.00
16.00	MEDICAL RECORDS & LIBRARY	-4	248,570	16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-72,057	1,685,179	30.00
31.00	INTENSIVE CARE UNIT	-2,667	534,455	31.00
32.00	CORONARY CARE UNIT	-8	245,658	32.00
43.00	NURSERY	-91,948	158,277	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-37,257	763,121	50.00
51.00	RECOVERY ROOM	0	86,966	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-113,739	429,812	52.00
53.00	ANESTHESIOLOGY	-539	6,168	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-14,412	718,800	54.00
56.00	RADIOISOTOPE	-97	132,673	56.00
59.00	CARDIAC CATHETERIZATION	-10,565	154,664	59.00
60.00	LABORATORY	-6,525	869,886	60.00
64.00	INTRAVENOUS THERAPY	-663	21,708	64.00
65.00	RESPIRATORY THERAPY	-1,371	201,231	65.00
66.00	PHYSICAL THERAPY	-272	228,419	66.00
69.00	ELECTROCARDIOLOGY	-6,482	154,242	69.00
70.00	ELECTROENCEPHALOGRAPHY	-33	28,638	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	884,081	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,338,286	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	727,400	73.00
74.00	RENAL DIALYSIS	0	119,475	74.00
76.97	CARDIAC REHABILITATION	-22,382	23,480	76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	-155,154	647,503	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-7,612,191	24,546,832	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	-647	1,121,124	192.00
192.01	OTHER NRCC DEPARTMENTS	0	0	192.01
193.00	NONPAID WORKERS	0	21,909	193.00
194.00	CHF CLINIC	0	22,444	194.00
194.01	TIME SHARE	0	3,379	194.01
194.02	VACANT SPACE	0	0	194.02
200.00	TOTAL (SUM OF LINES 118-199)	-7,612,838	25,715,695	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - CHARGEABLE PHARMACEUTICALS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	725,033	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
TOTALS			0	725,033	
B - CHARGEABLE IV PHARMACEUTICAL COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,367	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
TOTALS			0	2,367	
C - CHARGEABLE MEDICAL SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	884,081	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
TOTALS			0	884,081	
D - CHARGEABLE IMPLANT/DEVICE COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,338,286	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
TOTALS			0	1,338,286	
E - CAPITAL EQUIPMENT RENTAL COSTS					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	267,534	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	910	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	1,000	3.00
4.00	HOUSEKEEPING	9.00	0	200	4.00
5.00	DIETARY	10.00	0	380	5.00

RECLASSIFICATIONS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-6

Date/Time Prepared:
7/25/2012 10:56 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	263	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	360	7.00
8.00	RECOVERY ROOM	51.00	0	200	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	256	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	280	10.00
11.00	LABORATORY	60.00	0	598	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	99	12.00
13.00	CARDIAC REHABILITATION	76.97	0	200	13.00
14.00	NONPAID WORKERS	193.00	0	198	14.00
15.00	TIME SHARE	194.01	0	280	15.00
16.00	MAINTENANCE & REPAIRS	6.00	0	280	16.00
	TOTALS		0	273,038	
F - CAPITAL BUILDING/SPACE RENTAL COSTS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,525,957	1.00
	TOTALS		0	1,525,957	
G - EQUIPMENT DEPRECIATION COSTS					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	425,221	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	TOTALS		0	425,221	
H - BUILDING DEPRECIATION COSTS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	32,890	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	32,890	
I - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	124,159	103,202	1.00
	TOTALS		124,159	103,202	
500.00	Grand Total: Increases		124,159	5,310,075	500.00

RECLASSIFICATIONS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-6
Date/Time Prepared:
7/25/2012 10:56 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CHARGEABLE PHARMACEUTICALS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	408	0		1.00
2.00	PHARMACY	15.00	0	720,699	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	86	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	48	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	3,792	0		5.00
	TOTALS		0	725,033			
B - CHARGEABLE IV PHARMACEUTICAL COSTS							
1.00	PHARMACY	15.00	0	8	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	213	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	82	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	69	0		4.00
5.00	OPERATING ROOM	50.00	0	935	0		5.00
6.00	RECOVERY ROOM	51.00	0	20	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	326	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	272	0		8.00
9.00	LABORATORY	60.00	0	36	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	2	0		10.00
11.00	EMERGENCY	91.00	0	376	0		11.00
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	28	0		12.00
	TOTALS		0	2,367			
C - CHARGEABLE MEDICAL SUPPLY COSTS							
1.00	EMPLOYEE BENEFITS	4.00	0	202	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,986	0		2.00
3.00	OPERATION OF PLANT	7.00	0	102	0		3.00
4.00	HOUSEKEEPING	9.00	0	2,922	0		4.00
5.00	DIETARY	10.00	0	2,544	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	37	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	15,063	0		7.00
8.00	PHARMACY	15.00	0	1,884	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	94,707	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	37,262	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	10,887	0		11.00
12.00	NURSERY	43.00	0	5,017	0		12.00
13.00	OPERATING ROOM	50.00	0	268,382	0		13.00
14.00	RECOVERY ROOM	51.00	0	3,182	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	34,664	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	24,552	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	74,061	0		17.00
18.00	RADIOISOTOPE	56.00	0	600	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	104,622	0		19.00
20.00	LABORATORY	60.00	0	8,099	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	13,856	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	27,078	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	10,620	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	56,824	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,042	0		25.00
26.00	RENAL DIALYSIS	74.00	0	709	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	80	0		27.00
28.00	EMERGENCY	91.00	0	74,655	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,058	0		29.00
30.00	CHF CLINIC	194.00	0	268	0		30.00
31.00	TIME SHARE	194.01	0	116	0		31.00
	TOTALS		0	884,081			
D - CHARGEABLE IMPLANT/DEVICE COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12	0		1.00
2.00	OPERATION OF PLANT	7.00	0	2	0		2.00
3.00	OPERATING ROOM	50.00	0	650,380	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	71	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	35,430	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	112,238	0		6.00
7.00	LABORATORY	60.00	0	51	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	540,102	0		8.00
	TOTALS		0	1,338,286			
E - CAPITAL EQUIPMENT RENTAL COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14,176	10		1.00
2.00	OPERATION OF PLANT	7.00	0	2	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,141	0		3.00
4.00	PHARMACY	15.00	0	34,694	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	28,995	0		5.00

RECLASSIFICATIONS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-6

Date/Time Prepared:
7/25/2012 10:56 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
6.00	INTENSIVE CARE UNIT	31.00	0	6,983	0	6.00	
7.00	CORONARY CARE UNIT	32.00	0	1,541	0	7.00	
8.00	NURSERY	43.00	0	7,415	0	8.00	
9.00	OPERATING ROOM	50.00	0	44,455	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	495	0	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	3,115	0	11.00	
12.00	PHYSICAL THERAPY	66.00	0	3,117	0	12.00	
13.00	ELECTROCARDIOLOGY	69.00	0	1,202	0	13.00	
14.00	EMERGENCY	91.00	0	4,063	0	14.00	
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	119,278	0	15.00	
16.00	CHF CLINIC	194.00	0	1,366	0	16.00	
	TOTALS		0	273,038			
F - CAPITAL BUILDING/SPACE RENTAL COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,525,957	10	1.00	
	TOTALS		0	1,525,957			
G - EQUIPMENT DEPRECIATION COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	206,892	9	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	91	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	26,182	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	35	0	4.00	
5.00	HOUSEKEEPING	9.00	0	172	0	5.00	
6.00	DIETARY	10.00	0	511	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	1,661	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,074	0	8.00	
9.00	PHARMACY	15.00	0	66	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	1,907	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	789	0	11.00	
12.00	CORONARY CARE UNIT	32.00	0	417	0	12.00	
13.00	NURSERY	43.00	0	113	0	13.00	
14.00	OPERATING ROOM	50.00	0	35,495	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,040	0	15.00	
16.00	ANESTHESIOLOGY	53.00	0	2,663	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	81,445	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	587	0	18.00	
19.00	LABORATORY	60.00	0	322	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	86	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	869	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	73	0	22.00	
23.00	EMERGENCY	91.00	0	205	0	23.00	
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	60,499	0	24.00	
25.00	CHF CLINIC	194.00	0	27	0	25.00	
	TOTALS		0	425,221			
H - BUILDING DEPRECIATION COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	18,029	9	1.00	
2.00	OPERATING ROOM	50.00	0	6,429	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,432	0	3.00	
	TOTALS		0	32,890			
I - CAFETERIA COSTS							
1.00	DIETARY	10.00	124,159	103,202	0	1.00	
	TOTALS		124,159	103,202			
500.00	Grand Total: Decreases		124,159	5,310,075		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
7/25/2012 10:56 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	2,288,191	129,996	0	129,996	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	11,176,280	82,328	0	82,328	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	13,464,471	212,324	0	212,324	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	13,464,471	212,324	0	212,324	0	10.00
SUMMARY OF CAPITAL							
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
	9.00	10.00	11.00	12.00	13.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,194	-192,528	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	8,036	1,619	0	2.00
3.00	Total (sum of lines 1-2)	0	0	8,036	10,813	-192,528	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	2,418,187	0	2,418,187	0.176809	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	11,258,608	0	11,258,608	0.823191	0	2.00
3.00	Total (sum of lines 1-2)	13,676,795	0	13,676,795	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
7/25/2012 10:56 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0		1.00		
2.00	Land Improvements	0	0		2.00		
3.00	Buildings and Fixtures	2,418,187	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	11,258,608	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	13,676,795	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	13,676,795	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	-183,334		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	9,655		2.00		
3.00	Total (sum of lines 1-2)	0	-173,679		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	32,890	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	425,221	267,534	2.00
3.00	Total (sum of lines 1-2)	0	0	0	458,111	267,534	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	9,194	-192,528	0	-150,444	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	8,036	1,619	0	0	702,410	2.00
3.00	Total (sum of lines 1-2)	8,036	10,813	-192,528	0	551,966	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-8

Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)	B	-6,278	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-691,000	0			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,431,486	0			12.00
13.00 Laundry and linen service		0	0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-88,999	0	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	16.00
17.00 Sale of drugs to other than patients	B	-49,496	0	PHARMACY	15.00	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	19.00
20.00 Vending machines		0	0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0	0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	*** Cost Center Deleted ***	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	*** Cost Center Deleted ***	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	32.00
33.00 HR OTHER INCOME	B	-210	0	EMPLOYEE BENEFITS	4.00	33.00
33.01 A&G OTHER INCOME	B	-96,966	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.01
33.02 GAIN/LOSS OPERATING	B	-90,642	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.02
33.03 RADIOLOGY OTHER INCOME	B	-6,750	0	RADIOLOGY-DIAGNOSTIC	54.00	33.03
33.04 LABORATORY OTHER INCOME	B	-115	0	LABORATORY	60.00	33.04
33.05 CARDIAC REHAB OTHER INCOME	B	-22,361	0	CARDIAC REHABILITATION	76.97	33.05
33.06 ER OTHER INCOME	B	-1,295	0	EMERGENCY	91.00	33.06
33.07 SALES TAX	A	-2,404	0	CASHIERING/ACCOUNTS RECEIVABLE	5.01	33.07
33.08 SALES TAX	A	-45,985	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.08
33.09 SALES TAX	A	-757	0	OPERATION OF PLANT	7.00	33.09
33.10 SALES TAX	A	-1,909	0	LAUNDRY & LINEN SERVICE	8.00	33.10
33.11 SALES TAX	A	-1,770	0	HOUSEKEEPING	9.00	33.11
33.12 SALES TAX	A	-90	0	NURSING ADMINISTRATION	13.00	33.12
33.13 SALES TAX	A	-1,082	0	CENTRAL SERVICES & SUPPLY	14.00	33.13
33.14 SALES TAX	A	-22	0	PHARMACY	15.00	33.14

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
				Cost Center	Line #
		1.00	2.00	3.00	4.00
33.15	SALES TAX	A	-4	MEDICAL RECORDS & LIBRARY	16.00 33.15
33.16	SALES TAX	A	-232	ADULTS & PEDIATRICS	30.00 33.16
33.17	SALES TAX	A	-25	INTENSIVE CARE UNIT	31.00 33.17
33.18	SALES TAX	A	-8	CORONARY CARE UNIT	32.00 33.18
33.19	SALES TAX	A	-25,411	OPERATING ROOM	50.00 33.19
33.20	SALES TAX	A	-156	DELIVERY ROOM & LABOR ROOM	52.00 33.20
33.21	SALES TAX	A	-539	ANESTHESIOLOGY	53.00 33.21
33.22	SALES TAX	A	-7,662	RADIOLOGY-DIAGNOSTIC	54.00 33.22
33.23	SALES TAX	A	-97	RADIOISOTOPE	56.00 33.23
33.24	SALES TAX	A	-3,182	CARDIAC CATHETERIZATION	59.00 33.24
33.25	SALES TAX	A	-6,410	LABORATORY	60.00 33.25
33.26	SALES TAX	A	-663	INTRAVENOUS THERAPY	64.00 33.26
33.27	SALES TAX	A	-1,371	RESPIRATORY THERAPY	65.00 33.27
33.28	SALES TAX	A	-272	PHYSICAL THERAPY	66.00 33.28
33.29	SALES TAX	A	-6,482	ELECTROCARDIOLOGY	69.00 33.29
33.30	SALES TAX	A	-33	ELECTROENCEPHALOGRAPHY	70.00 33.30
33.31	SALES TAX	A	-21	CARDIAC REHABILITATION	76.97 33.31
33.32	SALES TAX	A	-412	EMERGENCY	91.00 33.32
33.33	SALES TAX	A	-647	PHYSICIANS' PRIVATE OFFICES	192.00 33.33
33.34	ADVERTISING COSTS	A	-24,868	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.34
33.35	BAD DEBT EXPENSE	A	-6,967,829	CASHIERING/ACCOUNTS RECEIVABLE	5.01 33.35
33.36	PATIENT TELEPHONE COSTS	A	-5,640	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.36
33.37	IHA DUES	A	-2,093	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.37
33.38	MANAGEMENT FEE CREDIT A-8-1 RELATED	A	1,980,836	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.38
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,612,838		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-8

Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	HR OTHER INCOME	0	33.00
33.01	A&G OTHER INCOME	0	33.01
33.02	GAIN/LOSS OPERATING	0	33.02
33.03	RADIOLOGY OTHER INCOME	0	33.03
33.04	LABORATORY OTHER INCOME	0	33.04
33.05	CARDIAC REHAB OTHER INCOME	0	33.05
33.06	ER OTHER INCOME	0	33.06
33.07	SALES TAX	0	33.07
33.08	SALES TAX	0	33.08
33.09	SALES TAX	0	33.09
33.10	SALES TAX	0	33.10
33.11	SALES TAX	0	33.11
33.12	SALES TAX	0	33.12
33.13	SALES TAX	0	33.13
33.14	SALES TAX	0	33.14
33.15	SALES TAX	0	33.15
33.16	SALES TAX	0	33.16
33.17	SALES TAX	0	33.17
33.18	SALES TAX	0	33.18
33.19	SALES TAX	0	33.19
33.20	SALES TAX	0	33.20
33.21	SALES TAX	0	33.21
33.22	SALES TAX	0	33.22
33.23	SALES TAX	0	33.23
33.24	SALES TAX	0	33.24
33.25	SALES TAX	0	33.25
33.26	SALES TAX	0	33.26
33.27	SALES TAX	0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-8

Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.28	SALES TAX	0	33.28
33.29	SALES TAX	0	33.29
33.30	SALES TAX	0	33.30
33.31	SALES TAX	0	33.31
33.32	SALES TAX	0	33.32
33.33	SALES TAX	0	33.33
33.34	ADVERTISING COSTS	0	33.34
33.35	BAD DEBT EXPENSE	0	33.35
33.36	PATIENT TELEPHONE COSTS	0	33.36
33.37	IHA DUES	0	33.37
33.38	MANAGMENT FEE CREDIT A-8-1 RELATED	0	33.38
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-8-1

Date/Time Prepared:
7/25/2012 10:56 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		1.00	NEW CAP REL COSTS-BLDG & FIXT	REL PARTY BLDG RENT	1.00
2.00		5.06	OTHER ADMINISTRATIVE AND GENERAL	RELATED PARTY MGMT FEES	2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

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

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

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

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

Provider CCN: 140118

Period: From 01/01/2012 To 02/29/2012

Worksheet A-8-1

Date/Time Prepared: 7/25/2012 10:56 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0	1,525,957	-1,525,957	10	1.00
2.00	94,471	0	94,471	0	2.00
3.00	0	0	0	0	3.00
4.00	0	0	0	0	4.00
5.00	94,471	1,525,957	-1,431,486		5.00
TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					

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

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

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

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

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

6.00		MSMC REAL ESTATE	100.00	RELATED PARTY PROPERTY OW	6.00
7.00		TRANSITION HEALTHCARE	100.00	RELATED PARTY MGMT	7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-8-2

Date/Time Prepared:
7/25/2012 10:56 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	EMPLOYEE BENEFITS	2,300	2,300	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	251,442	217,129	2.00
3.00	30.00	ADULTS & PEDIATRICS	87,500	58,334	3.00
4.00	43.00	NURSERY	91,948	91,948	4.00
5.00	50.00	OPERATING ROOM	11,846	11,846	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	126,563	113,583	6.00
7.00	59.00	CARDIAC CATHETERIZATION	12,750	0	7.00
8.00	60.00	LABORATORY	2,083	0	8.00
9.00	91.00	EMERGENCY	145,476	145,476	9.00
10.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	16,446	0	10.00
11.00	31.00	INTENSIVE CARE UNIT	26,240	0	11.00
12.00	91.00	EMERGENCY	7,971	7,971	12.00
200.00			782,565	648,587	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-8-2

Date/Time Prepared:
7/25/2012 10:56 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	34,313	177,200	249	21,213	1,061	2.00
3.00	29,166	177,200	184	15,675	784	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	12,980	196,400	200	18,885	944	6.00
7.00	12,750	177,200	63	5,367	268	7.00
8.00	2,083	177,200	60	5,112	256	8.00
9.00	0	0	0	0	0	9.00
10.00	16,446	177,200	125	10,649	532	10.00
11.00	26,240	177,200	277	23,598	1,180	11.00
12.00	0	177,200	0	0	0	12.00
200.00	133,978		1,158	100,499	5,025	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-8-2

Date/Time Prepared:
7/25/2012 10:56 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	21,213	2.00
3.00	0	0	0	0	15,675	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	18,885	6.00
7.00	0	0	0	0	5,367	7.00
8.00	0	0	0	0	5,112	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	10,649	10.00
11.00	0	0	0	0	23,598	11.00
12.00	0	0	0	0	0	12.00
200.00	0	0	0	0	100,499	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet A-8-2

Date/Time Prepared:
7/25/2012 10:56 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	2,300	1.00
2.00	13,100	230,229	2.00
3.00	13,491	71,825	3.00
4.00	0	91,948	4.00
5.00	0	11,846	5.00
6.00	0	113,583	6.00
7.00	7,383	7,383	7.00
8.00	0	0	8.00
9.00	0	145,476	9.00
10.00	5,797	5,797	10.00
11.00	2,642	2,642	11.00
12.00	0	7,971	12.00
200.00	42,413	691,000	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet B
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	CASHIERING/ACCOUNTS RECEIVABLE	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	-150,444	-150,444				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	702,410		702,410			2.00
4.00 EMPLOYEE BENEFITS	3,659,733	0	0	3,659,733		4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE	767,727	0	0	53,829	821,556	5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL	7,058,255	0	309,189	544,846	0	5.06
6.00 MAINTENANCE & REPAIRS	52,484	0	283	19,705	0	6.00
7.00 OPERATION OF PLANT	732,727	0	56,102	110,757	0	7.00
8.00 LAUNDRY & LINEN SERVICE	-4,098	0	54	27,302	0	8.00
9.00 HOUSEKEEPING	307,027	0	161	91,235	0	9.00
10.00 DIETARY	232,141	0	691	46,452	0	10.00
11.00 CAFETERIA	138,362	0	503	45,496	0	11.00
13.00 NURSING ADMINISTRATION	271,492	0	5,197	98,385	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	101,638	0	3,932	34,930	0	14.00
15.00 PHARMACY	268,686	0	205	112,280	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	248,570	0	0	51,746	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,685,179	0	3,588	580,594	61,134	30.00
31.00 INTENSIVE CARE UNIT	534,455	0	2,516	191,970	14,135	31.00
32.00 CORONARY CARE UNIT	245,658	0	651	87,134	7,896	32.00
43.00 NURSERY	158,277	0	176	55,103	5,476	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	763,121	0	65,560	218,052	87,266	50.00
51.00 RECOVERY ROOM	86,966	0	0	31,002	7,053	51.00
52.00 DELIVERY ROOM & LABOR ROOM	429,812	0	6,541	128,635	25,929	52.00
53.00 ANESTHESIOLOGY	6,168	0	3,834	513	20,546	53.00
54.00 RADIOLOGY-DIAGNOSTIC	718,800	0	141,036	201,041	116,627	54.00
56.00 RADIOISOTOPE	132,673	0	0	13,595	8,535	56.00
59.00 CARDIAC CATHETERIZATION	154,664	0	1,837	33,919	32,254	59.00
60.00 LABORATORY	869,886	0	350	161,707	126,931	60.00
64.00 INTRAVENOUS THERAPY	21,708	0	0	7,791	998	64.00
65.00 RESPIRATORY THERAPY	201,231	0	213	67,568	16,082	65.00
66.00 PHYSICAL THERAPY	228,419	0	1,852	69,802	8,400	66.00
69.00 ELECTROCARDIOLOGY	154,242	0	302	48,766	44,848	69.00
70.00 ELECTROENCEPHALOGRAPHY	28,638	0	0	9,831	2,685	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	884,081	0	0	0	24,240	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,338,286	0	0	0	60,944	72.00
73.00 DRUGS CHARGED TO PATIENTS	727,400	0	0	0	49,854	73.00
74.00 RENAL DIALYSIS	119,475	0	0	0	2,887	74.00
76.97 CARDIAC REHABILITATION	23,480	0	0	15,763	678	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	647,503	0	553	223,480	96,158	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	24,546,832	0	605,326	3,383,229	821,556	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,121,124	0	96,962	259,385	0	192.00
192.01 OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	21,909	0	0	7,895	0	193.00
194.00 CHF CLINIC	22,444	0	122	8,173	0	194.00
194.01 TIME SHARE	3,379	0	0	1,051	0	194.01
194.02 VACANT SPACE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		-150,444	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	25,715,695	-150,444	702,410	3,659,733	821,556	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet B
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5A.01	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL	7,912,290	7,912,290				5.06
6.00 MAINTENANCE & REPAIRS	72,472	31,939	104,411			6.00
7.00 OPERATION OF PLANT	899,586	396,449	10,726	1,306,761		7.00
8.00 LAUNDRY & LINEN SERVICE	23,258	10,250	2,850	39,749	76,107	8.00
9.00 HOUSEKEEPING	398,423	175,586	0	0	1,980	9.00
10.00 DIETARY	279,284	123,081	2,931	40,890	752	10.00
11.00 CAFETERIA	184,361	81,248	2,680	37,379	0	11.00
13.00 NURSING ADMINISTRATION	375,074	165,296	515	7,179	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	140,500	61,919	1,799	25,099	3,294	14.00
15.00 PHARMACY	381,171	167,983	850	11,854	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	300,316	132,350	958	13,356	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,330,495	1,027,046	18,290	255,122	23,015	30.00
31.00 INTENSIVE CARE UNIT	743,076	327,475	3,220	44,913	4,248	31.00
32.00 CORONARY CARE UNIT	341,339	150,429	3,073	42,864	3,163	32.00
43.00 NURSERY	219,032	96,528	3,525	49,168	1,319	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,133,999	499,756	10,041	140,058	9,120	50.00
51.00 RECOVERY ROOM	125,021	55,097	1,152	16,069	1,356	51.00
52.00 DELIVERY ROOM & LABOR ROOM	590,917	260,418	1,908	26,610	4,598	52.00
53.00 ANESTHESIOLOGY	31,061	13,689	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,177,504	518,928	5,063	70,621	3,677	54.00
56.00 RADIOISOTOPE	154,803	68,222	623	8,690	646	56.00
59.00 CARDIAC CATHETERIZATION	222,674	98,133	2,814	39,246	829	59.00
60.00 LABORATORY	1,158,874	510,718	3,585	50,000	0	60.00
64.00 INTRAVENOUS THERAPY	30,497	13,440	0	0	0	64.00
65.00 RESPIRATORY THERAPY	285,094	125,641	881	12,290	3	65.00
66.00 PHYSICAL THERAPY	308,473	135,945	2,475	34,524	1,000	66.00
69.00 ELECTROCARDIOLOGY	248,158	109,364	2,180	30,411	599	69.00
70.00 ELECTROENCEPHALOGRAPHY	41,154	18,137	760	10,606	366	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	908,321	400,299	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,399,230	616,643	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	777,254	342,537	0	0	0	73.00
74.00 RENAL DIALYSIS	122,362	53,925	0	0	0	74.00
76.97 CARDIAC REHABILITATION	39,921	17,593	0	0	1,280	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	967,694	426,465	5,198	72,506	13,785	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	24,323,688	7,232,529	88,097	1,079,204	75,030	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	3	516	7,200	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,477,471	651,124	8,231	114,811	958	192.00
192.01 OTHER NRCC DEPARTMENTS	0	0	912	12,719	0	192.01
193.00 NONPAID WORKERS	29,804	13,135	321	4,481	0	193.00
194.00 CHF CLINIC	30,739	13,547	479	6,675	32	194.00
194.01 TIME SHARE	4,430	1,952	0	0	87	194.01
194.02 VACANT SPACE	0	0	5,855	81,671	0	194.02
200.00 Cross Foot Adjustments	0					200.00
201.00 Negative Cost Centers	-150,444	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	25,715,695	7,912,290	104,411	1,306,761	76,107	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet B
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	575,989					9.00
10.00 DIETARY	19,869	466,807				10.00
11.00 CAFETERIA	18,164	0	323,832			11.00
13.00 NURSING ADMINISTRATION	3,488	0	7,083	558,635		13.00
14.00 CENTRAL SERVICES & SUPPLY	12,196	0	7,307	263	252,377	14.00
15.00 PHARMACY	5,760	0	11,084	1,637	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	6,490	0	8,930	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	123,970	353,552	75,879	215,341	0	30.00
31.00 INTENSIVE CARE UNIT	21,825	48,541	20,014	56,685	0	31.00
32.00 CORONARY CARE UNIT	20,829	51,514	11,992	29,845	0	32.00
43.00 NURSERY	23,892	0	5,338	16,949	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	68,058	374	24,851	49,440	0	50.00
51.00 RECOVERY ROOM	7,808	0	2,868	9,349	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	12,930	0	16,227	45,504	0	52.00
53.00 ANESTHESIOLOGY	0	0	61	2,022	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	34,317	0	23,004	10	0	54.00
56.00 RADIOISOTOPE	4,223	0	1,061	0	0	56.00
59.00 CARDIAC CATHETERIZATION	19,071	0	3,001	4,458	0	59.00
60.00 LABORATORY	24,296	0	22,667	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	878	2,796	0	64.00
65.00 RESPIRATORY THERAPY	5,972	0	8,961	0	0	65.00
66.00 PHYSICAL THERAPY	16,776	0	7,899	4,979	0	66.00
69.00 ELECTROCARDIOLOGY	14,777	0	5,491	4,005	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	5,154	0	1,715	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	252,377	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 CARDIAC REHABILITATION	0	0	1,715	448	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	35,233	12,826	28,219	81,800	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	505,098	466,807	296,245	525,531	252,377	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,499	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	55,790	0	24,841	29,772	0	192.00
192.01 OTHER NRCC DEPARTMENTS	6,181	0	0	0	0	192.01
193.00 NONPAID WORKERS	2,177	0	1,715	0	0	193.00
194.00 CHF CLINIC	3,244	0	745	2,431	0	194.00
194.01 TIME SHARE	0	0	286	901	0	194.01
194.02 VACANT SPACE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	575,989	466,807	323,832	558,635	252,377	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet B
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	15.00	16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	580,339					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	462,400				16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	442	39	4,423,191	0	4,423,191	30.00
31.00 INTENSIVE CARE UNIT	64	5	1,270,066	0	1,270,066	31.00
32.00 CORONARY CARE UNIT	53	12	655,113	0	655,113	32.00
43.00 NURSERY	122	0	415,873	0	415,873	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,433	241	1,940,371	0	1,940,371	50.00
51.00 RECOVERY ROOM	7	0	218,727	0	218,727	51.00
52.00 DELIVERY ROOM & LABOR ROOM	697	47	959,856	0	959,856	52.00
53.00 ANESTHESIOLOGY	451	825	48,109	0	48,109	53.00
54.00 RADIOLOGY-DIAGNOSTIC	55	0	1,833,179	0	1,833,179	54.00
56.00 RADIOISOTOPE	0	0	238,268	0	238,268	56.00
59.00 CARDIAC CATHETERIZATION	26	0	390,252	0	390,252	59.00
60.00 LABORATORY	0	0	1,770,140	0	1,770,140	60.00
64.00 INTRAVENOUS THERAPY	0	0	47,611	0	47,611	64.00
65.00 RESPIRATORY THERAPY	423	0	439,265	0	439,265	65.00
66.00 PHYSICAL THERAPY	45	1	512,117	0	512,117	66.00
69.00 ELECTROCARDIOLOGY	0	4,982	419,967	0	419,967	69.00
70.00 ELECTROENCEPHALOGRAPHY	10	0	77,902	0	77,902	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,560,997	0	1,560,997	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	2,015,873	0	2,015,873	72.00
73.00 DRUGS CHARGED TO PATIENTS	566,264	456,245	2,142,300	0	2,142,300	73.00
74.00 RENAL DIALYSIS	0	0	176,287	0	176,287	74.00
76.97 CARDIAC REHABILITATION	0	0	60,957	0	60,957	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	841	3	1,644,570	0	1,644,570	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	573,933	462,400	23,260,991	0	23,260,991	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	11,225	0	11,225	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	6,397	0	2,369,395	0	2,369,395	192.00
192.01 OTHER NRCC DEPARTMENTS	0	0	19,812	0	19,812	192.01
193.00 NONPAID WORKERS	9	0	51,642	0	51,642	193.00
194.00 CHF CLINIC	0	0	57,892	0	57,892	194.00
194.01 TIME SHARE	0	0	7,656	0	7,656	194.01
194.02 VACANT SPACE	0	0	87,526	0	87,526	194.02
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	-150,444	0	-150,444	201.00
202.00 TOTAL (sum lines 118-201)	580,339	462,400	25,715,695	0	25,715,695	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet B
Part II
Date/Time Prepared:
7/25/2012 10:56 am

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	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	309,189	309,189	5.06
6.00	MAINTENANCE & REPAIRS	0	0	283	283	6.00
7.00	OPERATION OF PLANT	0	0	56,102	56,102	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	54	54	8.00
9.00	HOUSEKEEPING	0	0	161	161	9.00
10.00	DIETARY	0	0	691	691	10.00
11.00	CAFETERIA	0	0	503	503	11.00
13.00	NURSING ADMINISTRATION	0	0	5,197	5,197	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	3,932	3,932	14.00
15.00	PHARMACY	0	0	205	205	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	3,588	3,588	30.00
31.00	INTENSIVE CARE UNIT	0	0	2,516	2,516	31.00
32.00	CORONARY CARE UNIT	0	0	651	651	32.00
43.00	NURSERY	0	0	176	176	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	65,560	65,560	50.00
51.00	RECOVERY ROOM	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	6,541	6,541	52.00
53.00	ANESTHESIOLOGY	0	0	3,834	3,834	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	141,036	141,036	54.00
56.00	RADIOISOTOPE	0	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	1,837	1,837	59.00
60.00	LABORATORY	0	0	350	350	60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	213	213	65.00
66.00	PHYSICAL THERAPY	0	0	1,852	1,852	66.00
69.00	ELECTROCARDIOLOGY	0	0	302	302	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
76.97	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0	0	553	553	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	605,326	605,326	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	96,962	96,962	192.00
192.01	OTHER NRCC DEPARTMENTS	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	CHF CLINIC	0	0	122	122	194.00
194.01	TIME SHARE	0	0	0	0	194.01
194.02	VACANT SPACE	0	0	0	0	194.02
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		-150,444	0	-150,444	201.00
202.00	TOTAL (sum lines 118-201)	0	-150,444	702,410	551,966	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet B
Part II
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.01	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE	0					5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL	0	309,189				5.06
6.00 MAINTENANCE & REPAIRS	0	1,248	1,531			6.00
7.00 OPERATION OF PLANT	0	15,492	157	71,751		7.00
8.00 LAUNDRY & LINEN SERVICE	0	401	42	2,183	2,543	8.00
9.00 HOUSEKEEPING	0	6,861	0	0	66	9.00
10.00 DIETARY	0	4,810	43	2,245	25	10.00
11.00 CAFETERIA	0	3,175	39	2,052	0	11.00
13.00 NURSING ADMINISTRATION	0	6,459	8	394	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	2,420	26	1,378	110	14.00
15.00 PHARMACY	0	6,564	12	651	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	5,172	14	733	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	40,137	269	14,009	768	30.00
31.00 INTENSIVE CARE UNIT	0	12,797	47	2,466	142	31.00
32.00 CORONARY CARE UNIT	0	5,878	45	2,354	106	32.00
43.00 NURSERY	0	3,772	52	2,700	44	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	19,529	147	7,690	305	50.00
51.00 RECOVERY ROOM	0	2,153	17	882	45	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	10,176	28	1,461	154	52.00
53.00 ANESTHESIOLOGY	0	535	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	20,278	74	3,878	123	54.00
56.00 RADIOISOTOPE	0	2,666	9	477	22	56.00
59.00 CARDIAC CATHETERIZATION	0	3,835	41	2,155	28	59.00
60.00 LABORATORY	0	19,957	53	2,745	0	60.00
64.00 INTRAVENOUS THERAPY	0	525	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	4,910	13	675	0	65.00
66.00 PHYSICAL THERAPY	0	5,312	36	1,896	33	66.00
69.00 ELECTROCARDIOLOGY	0	4,274	32	1,670	20	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	709	11	582	12	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,642	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	24,096	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	13,385	0	0	0	73.00
74.00 RENAL DIALYSIS	0	2,107	0	0	0	74.00
76.97 CARDIAC REHABILITATION	0	687	0	0	43	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	16,665	76	3,981	461	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	282,627	1,291	59,257	2,507	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8	395	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	25,444	121	6,304	32	192.00
192.01 OTHER NRCC DEPARTMENTS	0	0	13	698	0	192.01
193.00 NONPAID WORKERS	0	513	5	246	0	193.00
194.00 CHF CLINIC	0	529	7	367	1	194.00
194.01 TIME SHARE	0	76	0	0	3	194.01
194.02 VACANT SPACE	0	0	86	4,484	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	137	201.00
202.00 TOTAL (sum lines 118-201)	0	309,189	1,531	71,751	2,680	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140118			Period: From 01/01/2012 To 02/29/2012		Worksheet B Part II Date/Time Prepared: 7/25/2012 10:56 am	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE							5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING	7,088						9.00
10.00	DIETARY	245	8,059					10.00
11.00	CAFETERIA	224	0	5,993				11.00
13.00	NURSING ADMINISTRATION	43	0	131	12,232			13.00
14.00	CENTRAL SERVICES & SUPPLY	150	0	135	6	8,157		14.00
15.00	PHARMACY	71	0	205	36	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	80	0	165	0	0		16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,524	6,105	1,404	4,714	0		30.00
31.00	INTENSIVE CARE UNIT	269	838	370	1,241	0		31.00
32.00	CORONARY CARE UNIT	256	889	222	654	0		32.00
43.00	NURSERY	294	0	99	371	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	838	6	460	1,083	0		50.00
51.00	RECOVERY ROOM	96	0	53	205	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	159	0	300	996	0		52.00
53.00	ANESTHESIOLOGY	0	0	1	44	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	422	0	426	0	0		54.00
56.00	RADIOISOTOPE	52	0	20	0	0		56.00
59.00	CARDIAC CATHETERIZATION	235	0	56	98	0		59.00
60.00	LABORATORY	299	0	419	0	0		60.00
64.00	INTRAVENOUS THERAPY	0	0	16	61	0		64.00
65.00	RESPIRATORY THERAPY	73	0	166	0	0		65.00
66.00	PHYSICAL THERAPY	206	0	146	109	0		66.00
69.00	ELECTROCARDIOLOGY	182	0	102	88	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	63	0	32	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	8,157		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0	0		74.00
76.97	CARDIAC REHABILITATION	0	0	32	10	0		76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	EMERGENCY	434	221	522	1,791	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,215	8,059	5,482	11,507	8,157		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	43	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	687	0	460	652	0		192.00
192.01	OTHER NRCC DEPARTMENTS	76	0	0	0	0		192.01
193.00	NONPAID WORKERS	27	0	32	0	0		193.00
194.00	CHF CLINIC	40	0	14	53	0		194.00
194.01	TIME SHARE	0	0	5	20	0		194.01
194.02	VACANT SPACE	0	0	0	0	0		194.02
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	7,088	8,059	5,993	12,232	8,157		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet B
Part II
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	15.00	16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	7,744					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	6,164				16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6	1	72,525	0	72,525	30.00
31.00 INTENSIVE CARE UNIT	1	0	20,687	0	20,687	31.00
32.00 CORONARY CARE UNIT	1	0	11,056	0	11,056	32.00
43.00 NURSERY	2	0	7,510	0	7,510	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	59	3	95,680	0	95,680	50.00
51.00 RECOVERY ROOM	0	0	3,451	0	3,451	51.00
52.00 DELIVERY ROOM & LABOR ROOM	9	1	19,825	0	19,825	52.00
53.00 ANESTHESIOLOGY	6	11	4,431	0	4,431	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1	0	166,238	0	166,238	54.00
56.00 RADIOISOTOPE	0	0	3,246	0	3,246	56.00
59.00 CARDIAC CATHETERIZATION	0	0	8,285	0	8,285	59.00
60.00 LABORATORY	0	0	23,823	0	23,823	60.00
64.00 INTRAVENOUS THERAPY	0	0	602	0	602	64.00
65.00 RESPIRATORY THERAPY	6	0	6,056	0	6,056	65.00
66.00 PHYSICAL THERAPY	1	0	9,591	0	9,591	66.00
69.00 ELECTROCARDIOLOGY	0	66	6,736	0	6,736	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	1,409	0	1,409	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	23,799	0	23,799	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	24,096	0	24,096	72.00
73.00 DRUGS CHARGED TO PATIENTS	7,556	6,082	27,023	0	27,023	73.00
74.00 RENAL DIALYSIS	0	0	2,107	0	2,107	74.00
76.97 CARDIAC REHABILITATION	0	0	772	0	772	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	11	0	24,715	0	24,715	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,659	6,164	563,663	0	563,663	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	446	0	446	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	85	0	130,747	0	130,747	192.00
192.01 OTHER NRCC DEPARTMENTS	0	0	787	0	787	192.01
193.00 NONPAID WORKERS	0	0	823	0	823	193.00
194.00 CHF CLINIC	0	0	1,133	0	1,133	194.00
194.01 TIME SHARE	0	0	104	0	104	194.01
194.02 VACANT SPACE	0	0	4,570	0	4,570	194.02
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	-150,307	0	-150,307	201.00
202.00 TOTAL (sum lines 118-201)	7,744	6,164	551,966	0	551,966	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet B-1

Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	532,880					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		13,464,470				2.00
4.00 EMPLOYEE BENEFITS	4,087	0	9,987,428			4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE	700	0	146,900	79,518,268		5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL	54,732	5,926,886	1,486,887	0	-7,912,290	5.06
6.00 MAINTENANCE & REPAIRS	2,074	5,425	53,775	0	0	6.00
7.00 OPERATION OF PLANT	48,417	1,075,403	302,255	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	12,863	1,030	74,508	0	0	8.00
9.00 HOUSEKEEPING	0	3,080	248,982	0	0	9.00
10.00 DIETARY	13,232	13,246	126,769	0	0	10.00
11.00 CAFETERIA	12,096	9,639	124,159	0	0	11.00
13.00 NURSING ADMINISTRATION	2,323	99,622	268,493	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	8,122	75,371	95,324	0	0	14.00
15.00 PHARMACY	3,836	3,934	306,413	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,322	0	141,215	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	82,558	68,772	1,584,442	5,916,990	0	30.00
31.00 INTENSIVE CARE UNIT	14,534	48,230	523,887	1,368,074	0	31.00
32.00 CORONARY CARE UNIT	13,871	12,479	237,788	764,190	0	32.00
43.00 NURSERY	15,911	3,377	150,375	529,980	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	45,323	1,256,703	595,065	8,446,234	0	50.00
51.00 RECOVERY ROOM	5,200	0	84,605	682,594	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	8,611	125,381	351,045	2,509,562	0	52.00
53.00 ANESTHESIOLOGY	0	73,501	1,399	1,988,555	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	22,853	2,703,505	548,643	11,287,973	0	54.00
56.00 RADIOISOTOPE	2,812	0	37,102	826,062	0	56.00
59.00 CARDIAC CATHETERIZATION	12,700	35,220	92,566	3,121,778	0	59.00
60.00 LABORATORY	16,180	6,700	441,299	12,288,008	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	21,261	96,549	0	64.00
65.00 RESPIRATORY THERAPY	3,977	4,090	184,393	1,556,508	0	65.00
66.00 PHYSICAL THERAPY	11,172	35,502	190,491	812,974	0	66.00
69.00 ELECTROCARDIOLOGY	9,841	5,780	133,082	4,340,642	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,432	0	26,828	259,892	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,346,097	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,898,525	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	4,825,235	0	73.00
74.00 RENAL DIALYSIS	0	0	0	279,384	0	74.00
76.97 CARDIAC REHABILITATION	0	0	43,018	65,626	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	23,463	10,608	609,877	9,306,836	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	459,242	11,603,484	9,232,846	79,518,268	-7,912,290	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,330	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	37,153	1,858,645	707,864	0	0	192.00
192.01 OTHER NRCC DEPARTMENTS	4,116	0	0	0	0	192.01
193.00 NONPAID WORKERS	1,450	0	21,546	0	0	193.00
194.00 CHF CLINIC	2,160	2,341	22,305	0	0	194.00
194.01 TIME SHARE	0	0	2,867	0	0	194.01
194.02 VACANT SPACE	26,429	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	-150,444	702,410	3,659,733	821,556		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.052168	0.366434	0.010332		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet B-1

Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL	17,953,849					5.06
6.00 MAINTENANCE & REPAIRS	72,472	471,287				6.00
7.00 OPERATION OF PLANT	899,586	48,417	422,870			7.00
8.00 LAUNDRY & LINEN SERVICE	23,258	12,863	12,863	227,603		8.00
9.00 HOUSEKEEPING	398,423	0	0	5,921	383,578	9.00
10.00 DIETARY	279,284	13,232	13,232	2,249	13,232	10.00
11.00 CAFETERIA	184,361	12,096	12,096	0	12,096	11.00
13.00 NURSING ADMINISTRATION	375,074	2,323	2,323	0	2,323	13.00
14.00 CENTRAL SERVICES & SUPPLY	140,500	8,122	8,122	9,852	8,122	14.00
15.00 PHARMACY	381,171	3,836	3,836	0	3,836	15.00
16.00 MEDICAL RECORDS & LIBRARY	300,316	4,322	4,322	0	4,322	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,330,495	82,558	82,558	68,824	82,558	30.00
31.00 INTENSIVE CARE UNIT	743,076	14,534	14,534	12,703	14,534	31.00
32.00 CORONARY CARE UNIT	341,339	13,871	13,871	9,460	13,871	32.00
43.00 NURSERY	219,032	15,911	15,911	3,944	15,911	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,133,999	45,323	45,323	27,275	45,323	50.00
51.00 RECOVERY ROOM	125,021	5,200	5,200	4,054	5,200	51.00
52.00 DELIVERY ROOM & LABOR ROOM	590,917	8,611	8,611	13,751	8,611	52.00
53.00 ANESTHESIOLOGY	31,061	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,177,504	22,853	22,853	10,997	22,853	54.00
56.00 RADIOISOTOPE	154,803	2,812	2,812	1,932	2,812	56.00
59.00 CARDIAC CATHETERIZATION	222,674	12,700	12,700	2,479	12,700	59.00
60.00 LABORATORY	1,158,874	16,180	16,180	0	16,180	60.00
64.00 INTRAVENOUS THERAPY	30,497	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	285,094	3,977	3,977	8	3,977	65.00
66.00 PHYSICAL THERAPY	308,473	11,172	11,172	2,992	11,172	66.00
69.00 ELECTROCARDIOLOGY	248,158	9,841	9,841	1,791	9,841	69.00
70.00 ELECTROENCEPHALOGRAPHY	41,154	3,432	3,432	1,096	3,432	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	908,321	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,399,230	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	777,254	0	0	0	0	73.00
74.00 RENAL DIALYSIS	122,362	0	0	0	0	74.00
76.97 CARDIAC REHABILITATION	39,921	0	0	3,828	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	967,694	23,463	23,463	41,226	23,463	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	16,411,398	397,649	349,232	224,382	336,369	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	2,330	2,330	0	2,330	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,477,471	37,153	37,153	2,866	37,153	192.00
192.01 OTHER NRCC DEPARTMENTS	0	4,116	4,116	0	4,116	192.01
193.00 NONPAID WORKERS	29,804	1,450	1,450	0	1,450	193.00
194.00 CHF CLINIC	30,739	2,160	2,160	95	2,160	194.00
194.01 TIME SHARE	4,430	0	0	260	0	194.01
194.02 VACANT SPACE	0	26,429	26,429	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,912,290	104,411	1,306,761	76,107	575,989	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.440702	0.221544	3.090219	0.334385	1.501622	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	309,189	1,531	71,751	2,680	7,088	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.017221	0.003249	0.169676	0.011173	0.018479	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet B-1

Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	19,945					10.00
11.00	CAFETERIA	0	31,730				11.00
13.00	NURSING ADMINISTRATION	0	694	114,664			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	716	54	884,081		14.00
15.00	PHARMACY	0	1,086	336	0	745,480	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	875	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,106	7,435	44,200	0	568	30.00
31.00	INTENSIVE CARE UNIT	2,074	1,961	11,635	0	82	31.00
32.00	CORONARY CARE UNIT	2,201	1,175	6,126	0	68	32.00
43.00	NURSERY	0	523	3,479	0	157	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	16	2,435	10,148	0	5,694	50.00
51.00	RECOVERY ROOM	0	281	1,919	0	9	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,590	9,340	0	895	52.00
53.00	ANESTHESIOLOGY	0	6	415	0	579	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,254	2	0	71	54.00
56.00	RADIOISOTOPE	0	104	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	294	915	0	34	59.00
60.00	LABORATORY	0	2,221	0	0	0	60.00
64.00	INTRAVENOUS THERAPY	0	86	574	0	0	64.00
65.00	RESPIRATORY THERAPY	0	878	0	0	544	65.00
66.00	PHYSICAL THERAPY	0	774	1,022	0	58	66.00
69.00	ELECTROCARDIOLOGY	0	538	822	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	168	0	0	13	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	884,081	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	727,400	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	CARDIAC REHABILITATION	0	168	92	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	548	2,765	16,790	0	1,080	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,945	29,027	107,869	884,081	737,252	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	2,434	6,111	0	8,217	192.00
192.01	OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	168	0	0	11	193.00
194.00	CHF CLINIC	0	73	499	0	0	194.00
194.01	TIME SHARE	0	28	185	0	0	194.01
194.02	VACANT SPACE	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	466,807	323,832	558,635	252,377	580,339	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.404713	10.205862	4.871930	0.285468	0.778477	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	8,059	5,993	12,232	8,157	7,744	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.404061	0.188875	0.106677	0.009227	0.010388	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet B-1
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		16.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY	2,254,716	16.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	191	30.00
31.00	INTENSIVE CARE UNIT	25	31.00
32.00	CORONARY CARE UNIT	57	32.00
43.00	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	1,177	50.00
51.00	RECOVERY ROOM	2	51.00
52.00	DELIVERY ROOM & LABOR ROOM	229	52.00
53.00	ANESTHESIOLOGY	4,025	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
56.00	RADIOLOGY	0	56.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	0	60.00
64.00	INTRAVENOUS THERAPY	0	64.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	6	66.00
69.00	ELECTROCARDIOLOGY	24,295	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,224,694	73.00
74.00	RENAL DIALYSIS	0	74.00
76.97	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS			
91.00	EMERGENCY	15	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,254,716	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	OTHER NRCC DEPARTMENTS	0	192.01
193.00	NONPAID WORKERS	0	193.00
194.00	CHF CLINIC	0	194.00
194.01	TIME SHARE	0	194.01
194.02	VACANT SPACE	0	194.02
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	462,400	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.205081	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,164	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002734	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet C
Part I
Date/Time Prepared:
7/25/2012 10:56 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		4,423,191	13,491	4,436,682	30.00
31.00	INTENSIVE CARE UNIT		1,270,066	2,642	1,272,708	31.00
32.00	CORONARY CARE UNIT		655,113	0	655,113	32.00
43.00	NURSERY		415,873	0	415,873	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		1,940,371	0	1,940,371	50.00
51.00	RECOVERY ROOM		218,727	0	218,727	51.00
52.00	DELIVERY ROOM & LABOR ROOM		959,856	0	959,856	52.00
53.00	ANESTHESIOLOGY		48,109	0	48,109	53.00
54.00	RADIOLOGY-DIAGNOSTIC		1,833,179	0	1,833,179	54.00
56.00	RADIOISOTOPE		238,268	0	238,268	56.00
59.00	CARDIAC CATHETERIZATION		390,252	7,383	397,635	59.00
60.00	LABORATORY		1,770,140	0	1,770,140	60.00
64.00	INTRAVENOUS THERAPY		47,611	0	47,611	64.00
65.00	RESPIRATORY THERAPY	0	439,265	0	439,265	65.00
66.00	PHYSICAL THERAPY	0	512,117	0	512,117	66.00
69.00	ELECTROCARDIOLOGY		419,967	0	419,967	69.00
70.00	ELECTROENCEPHALOGRAPHY		77,902	0	77,902	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,560,997	0	1,560,997	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		2,015,873	0	2,015,873	72.00
73.00	DRUGS CHARGED TO PATIENTS		2,142,300	0	2,142,300	73.00
74.00	RENAL DIALYSIS		176,287	0	176,287	74.00
76.97	CARDIAC REHABILITATION		60,957	0	60,957	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY		1,644,570	0	1,644,570	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		36,860		36,860	92.00
200.00	Subtotal (see instructions)	0	23,297,851	23,516	23,321,367	200.00
201.00	Less Observation Beds		36,860		36,860	201.00
202.00	Total (see instructions)	0	23,260,991	23,516	23,284,507	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet C
Part I
Date/Time Prepared:
7/25/2012 10:56 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,178,471		5,178,471			30.00
31.00	INTENSIVE CARE UNIT	1,368,074		1,368,074			31.00
32.00	CORONARY CARE UNIT	764,190		764,190			32.00
43.00	NURSERY	529,980		529,980			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,252,736	4,193,498	8,446,234	0.229732	0.000000	50.00
51.00	RECOVERY ROOM	366,306	316,288	682,594	0.320435	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,066,152	443,410	2,509,562	0.382479	0.000000	52.00
53.00	ANESTHESIOLOGY	793,574	1,194,981	1,988,555	0.024193	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,955,891	7,332,082	11,287,973	0.162401	0.000000	54.00
56.00	RADIOISOTOPE	339,313	486,749	826,062	0.288438	0.000000	56.00
59.00	CARDIAC CATHETERIZATION	1,313,400	1,808,378	3,121,778	0.125010	0.000000	59.00
60.00	LABORATORY	7,638,244	4,649,764	12,288,008	0.144054	0.000000	60.00
64.00	INTRAVENOUS THERAPY	86,677	9,872	96,549	0.493128	0.000000	64.00
65.00	RESPIRATORY THERAPY	1,407,011	149,497	1,556,508	0.282212	0.000000	65.00
66.00	PHYSICAL THERAPY	457,991	354,983	812,974	0.629930	0.000000	66.00
69.00	ELECTROCARDIOLOGY	2,178,486	2,162,156	4,340,642	0.096752	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	32,318	227,574	259,892	0.299748	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,395,688	950,409	2,346,097	0.665359	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,868,440	3,030,085	5,898,525	0.341759	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,888,901	936,334	4,825,235	0.443978	0.000000	73.00
74.00	RENAL DIALYSIS	279,384	0	279,384	0.630985	0.000000	74.00
76.97	CARDIAC REHABILITATION	19,900	45,726	65,626	0.928854	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	2,408,363	6,898,473	9,306,836	0.176706	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	738,519	738,519	0.049911	0.000000	92.00
200.00	Subtotal (see instructions)	43,589,490	35,928,778	79,518,268			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	43,589,490	35,928,778	79,518,268			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet C Part I Date/Time Prepared: 7/25/2012 10:56 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.229732		50.00
51.00	RECOVERY ROOM	0.320435		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.382479		52.00
53.00	ANESTHESIOLOGY	0.024193		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.162401		54.00
56.00	RADIOISOTOPE	0.288438		56.00
59.00	CARDIAC CATHETERIZATION	0.127375		59.00
60.00	LABORATORY	0.144054		60.00
64.00	INTRAVENOUS THERAPY	0.493128		64.00
65.00	RESPIRATORY THERAPY	0.282212		65.00
66.00	PHYSICAL THERAPY	0.629930		66.00
69.00	ELECTROCARDIOLOGY	0.096752		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.299748		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.665359		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.341759		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.443978		73.00
74.00	RENAL DIALYSIS	0.630985		74.00
76.97	CARDIAC REHABILITATION	0.928854		76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	0.176706		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.049911		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet C
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,423,191		4,423,191	0	0 30.00
31.00	INTENSIVE CARE UNIT	1,270,066		1,270,066	0	0 31.00
32.00	CORONARY CARE UNIT	655,113		655,113	0	0 32.00
43.00	NURSERY	415,873		415,873	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,940,371		1,940,371	0	0 50.00
51.00	RECOVERY ROOM	218,727		218,727	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	959,856		959,856	0	0 52.00
53.00	ANESTHESIOLOGY	48,109		48,109	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,833,179		1,833,179	0	0 54.00
56.00	RADIOISOTOPE	238,268		238,268	0	0 56.00
59.00	CARDIAC CATHETERIZATION	390,252		390,252	0	0 59.00
60.00	LABORATORY	1,770,140		1,770,140	0	0 60.00
64.00	INTRAVENOUS THERAPY	47,611		47,611	0	0 64.00
65.00	RESPIRATORY THERAPY	439,265	0	439,265	0	0 65.00
66.00	PHYSICAL THERAPY	512,117	0	512,117	0	0 66.00
69.00	ELECTROCARDIOLOGY	419,967		419,967	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	77,902		77,902	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,560,997		1,560,997	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,015,873		2,015,873	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	2,142,300		2,142,300	0	0 73.00
74.00	RENAL DIALYSIS	176,287		176,287	0	0 74.00
76.97	CARDIAC REHABILITATION	60,957		60,957	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	1,644,570		1,644,570	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	36,860		36,860	0	0 92.00
200.00	Subtotal (see instructions)	23,297,851	0	23,297,851	0	0 200.00
201.00	Less Observation Beds	36,860		36,860	0	0 201.00
202.00	Total (see instructions)	23,260,991	0	23,260,991	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet C
Part I
Date/Time Prepared:
7/25/2012 10:56 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,178,471		5,178,471			30.00
31.00	INTENSIVE CARE UNIT	1,368,074		1,368,074			31.00
32.00	CORONARY CARE UNIT	764,190		764,190			32.00
43.00	NURSERY	529,980		529,980			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,252,736	4,193,498	8,446,234	0.229732	0.000000	50.00
51.00	RECOVERY ROOM	366,306	316,288	682,594	0.320435	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,066,152	443,410	2,509,562	0.382479	0.000000	52.00
53.00	ANESTHESIOLOGY	793,574	1,194,981	1,988,555	0.024193	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,955,891	7,332,082	11,287,973	0.162401	0.000000	54.00
56.00	RADIOISOTOPE	339,313	486,749	826,062	0.288438	0.000000	56.00
59.00	CARDIAC CATHETERIZATION	1,313,400	1,808,378	3,121,778	0.125010	0.000000	59.00
60.00	LABORATORY	7,638,244	4,649,764	12,288,008	0.144054	0.000000	60.00
64.00	INTRAVENOUS THERAPY	86,677	9,872	96,549	0.493128	0.000000	64.00
65.00	RESPIRATORY THERAPY	1,407,011	149,497	1,556,508	0.282212	0.000000	65.00
66.00	PHYSICAL THERAPY	457,991	354,983	812,974	0.629930	0.000000	66.00
69.00	ELECTROCARDIOLOGY	2,178,486	2,162,156	4,340,642	0.096752	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	32,318	227,574	259,892	0.299748	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,395,688	950,409	2,346,097	0.665359	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,868,440	3,030,085	5,898,525	0.341759	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,888,901	936,334	4,825,235	0.443978	0.000000	73.00
74.00	RENAL DIALYSIS	279,384	0	279,384	0.630985	0.000000	74.00
76.97	CARDIAC REHABILITATION	19,900	45,726	65,626	0.928854	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	2,408,363	6,898,473	9,306,836	0.176706	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	738,519	738,519	0.049911	0.000000	92.00
200.00	Subtotal (see instructions)	43,589,490	35,928,778	79,518,268			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	43,589,490	35,928,778	79,518,268			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet C
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	RADIOISOTOPE	0.000000			56.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
76.97	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet D
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	72,525	0	72,525	4,935	14.70	30.00
31.00	INTENSIVE CARE UNIT	20,687		20,687	672	30.78	31.00
32.00	CORONARY CARE UNIT	11,056		11,056	713	15.51	32.00
43.00	NURSERY	7,510		7,510	200	37.55	43.00
200.00	Total (lines 30-199)	111,778		111,778	6,520		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet D Part I Date/Time Prepared: 7/25/2012 10:56 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	2,297	33,766		30.00
31.00 INTENSIVE CARE UNIT	256	7,880		31.00
32.00 CORONARY CARE UNIT	113	1,753		32.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	2,666	43,399		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet D Part II Date/Time Prepared: 7/25/2012 10:56 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	95,680	8,446,234	0.011328	2,262,733	25,632	50.00
51.00	RECOVERY ROOM	3,451	682,594	0.005056	167,282	846	51.00
52.00	DELIVERY ROOM & LABOR ROOM	19,825	2,509,562	0.007900	11,274	89	52.00
53.00	ANESTHESIOLOGY	4,431	1,988,555	0.002228	296,817	661	53.00
54.00	RADIOLOGY-DIAGNOSTIC	166,238	11,287,973	0.014727	1,902,891	28,024	54.00
56.00	RADIOISOTOPE	3,246	826,062	0.003929	176,719	694	56.00
59.00	CARDIAC CATHETERIZATION	8,285	3,121,778	0.002654	729,784	1,937	59.00
60.00	LABORATORY	23,823	12,288,008	0.001939	3,704,735	7,183	60.00
64.00	INTRAVENOUS THERAPY	602	96,549	0.006235	683	4	64.00
65.00	RESPIRATORY THERAPY	6,056	1,556,508	0.003891	761,139	2,962	65.00
66.00	PHYSICAL THERAPY	9,591	812,974	0.011797	225,764	2,663	66.00
69.00	ELECTROCARDIOLOGY	6,736	4,340,642	0.001552	852,211	1,323	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,409	259,892	0.005421	16,456	89	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,799	2,346,097	0.010144	649,939	6,593	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	24,096	5,898,525	0.004085	1,848,431	7,551	72.00
73.00	DRUGS CHARGED TO PATIENTS	27,023	4,825,235	0.005600	1,942,115	10,876	73.00
74.00	RENAL DIALYSIS	2,107	279,384	0.007542	192,498	1,452	74.00
76.97	CARDIAC REHABILITATION	772	65,626	0.011764	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	24,715	9,306,836	0.002656	1,145,521	3,043	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	603	738,519	0.000816	0	0	92.00
200.00	Total (lines 50-199)	452,488	71,677,553		16,886,992	101,622	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140118		Period: From 01/01/2012 To 02/29/2012		Worksheet D Part III Date/Time Prepared: 7/25/2012 10:56 am	
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	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet D
Part III
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,935	0.00	2,297	0	0	30.00
31.00	INTENSIVE CARE UNIT	672	0.00	256	0	0	31.00
32.00	CORONARY CARE UNIT	713	0.00	113	0	0	32.00
43.00	NURSERY	200	0.00	0	0	0	43.00
200.00	Total (Lines 30-199)	6,520		2,666	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140118		Period: From 01/01/2012 To 02/29/2012		Worksheet D Part III Date/Time Prepared: 7/25/2012 10:56 am	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet D
Part IV
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet D
Part IV
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	8,446,234	0.000000	0.000000	2,262,733	50.00
51.00	RECOVERY ROOM	0	682,594	0.000000	0.000000	167,282	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,509,562	0.000000	0.000000	11,274	52.00
53.00	ANESTHESIOLOGY	0	1,988,555	0.000000	0.000000	296,817	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	11,287,973	0.000000	0.000000	1,902,891	54.00
56.00	RADIOISOTOPE	0	826,062	0.000000	0.000000	176,719	56.00
59.00	CARDIAC CATHETERIZATION	0	3,121,778	0.000000	0.000000	729,784	59.00
60.00	LABORATORY	0	12,288,008	0.000000	0.000000	3,704,735	60.00
64.00	INTRAVENOUS THERAPY	0	96,549	0.000000	0.000000	683	64.00
65.00	RESPIRATORY THERAPY	0	1,556,508	0.000000	0.000000	761,139	65.00
66.00	PHYSICAL THERAPY	0	812,974	0.000000	0.000000	225,764	66.00
69.00	ELECTROCARDIOLOGY	0	4,340,642	0.000000	0.000000	852,211	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	259,892	0.000000	0.000000	16,456	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,346,097	0.000000	0.000000	649,939	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	5,898,525	0.000000	0.000000	1,848,431	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,825,235	0.000000	0.000000	1,942,115	73.00
74.00	RENAL DIALYSIS	0	279,384	0.000000	0.000000	192,498	74.00
76.97	CARDIAC REHABILITATION	0	65,626	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	9,306,836	0.000000	0.000000	1,145,521	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	738,519	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	71,677,553			16,886,992	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet D
Part IV
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	2,878,691	0	0	0	50.00
51.00	RECOVERY ROOM	0	188,875	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,696	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	417,060	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,753,915	0	0	0	54.00
56.00	RADIOISOTOPE	0	131,022	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	701,783	0	0	0	59.00
60.00	LABORATORY	0	169,181	0	0	0	60.00
64.00	INTRAVENOUS THERAPY	0	9,595	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	46,562	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	688	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	396,629	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	3,738	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	427,081	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,363,924	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	385,184	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	CARDIAC REHABILITATION	0	17,080	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	880,452	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	230,378	0	0	0	92.00
200.00	Total (lines 50-199)	0	10,004,534	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet D
Part IV
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	RADIOISOTOPE	0	0		56.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
76.97	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet D Part V Date/Time Prepared: 7/25/2012 10:56 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.229732	2,878,691	0	0	50.00
51.00	RECOVERY ROOM	0.320435	188,875	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.382479	2,696	0	0	52.00
53.00	ANESTHESIOLOGY	0.024193	417,060	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.162401	1,753,915	0	0	54.00
56.00	RADIOISOTOPE	0.288438	131,022	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0.125010	701,783	0	0	59.00
60.00	LABORATORY	0.144054	169,181	0	0	60.00
64.00	INTRAVENOUS THERAPY	0.493128	9,595	0	0	64.00
65.00	RESPIRATORY THERAPY	0.282212	46,562	0	0	65.00
66.00	PHYSICAL THERAPY	0.629930	688	0	0	66.00
69.00	ELECTROCARDIOLOGY	0.096752	396,629	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.299748	3,738	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.665359	427,081	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.341759	1,363,924	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.443978	385,184	0	3,116	73.00
74.00	RENAL DIALYSIS	0.630985	0	0	0	74.00
76.97	CARDIAC REHABILITATION	0.928854	17,080	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0.176706	880,452	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.049911	230,378	0	0	92.00
200.00	Subtotal (see instructions)		10,004,534	0	3,116	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		10,004,534	0	3,116	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet D Part V Date/Time Prepared: 7/25/2012 10:56 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	661,327	0	0		50.00
51.00 RECOVERY ROOM	60,522	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,031	0	0		52.00
53.00 ANESTHESIOLOGY	10,090	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	284,838	0	0		54.00
56.00 RADIOISOTOPE	37,792	0	0		56.00
59.00 CARDIAC CATHETERIZATION	87,730	0	0		59.00
60.00 LABORATORY	24,371	0	0		60.00
64.00 INTRAVENOUS THERAPY	4,732	0	0		64.00
65.00 RESPIRATORY THERAPY	13,140	0	0		65.00
66.00 PHYSICAL THERAPY	433	0	0		66.00
69.00 ELECTROCARDIOLOGY	38,375	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	1,120	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	284,162	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	466,133	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	171,013	0	1,383		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.97 CARDIAC REHABILITATION	15,865	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00 EMERGENCY	155,581	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	11,498	0	0		92.00
200.00 Subtotal (see instructions)	2,329,753	0	1,383		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,329,753	0	1,383		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 7/25/2012 10:56 am
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)		4,935	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,935	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)		4,894	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)		2,297	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)		4,436,682	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)		4,436,682	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,178,471	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,178,471	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.856755	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,058.13	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)		4,436,682	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)		899.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,065,049	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)		2,065,049	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140118		Period: From 01/01/2012 To 02/29/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 7/25/2012 10:56 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,272,708	672	1,893.91	256	484,841		43.00
44.00 CORONARY CARE UNIT	655,113	713	918.81	113	103,826		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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,266,601		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,920,317		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)					43,399		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					101,622		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					145,021		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,775,296		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)					41		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					899.02		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					36,860		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet D-1
Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	72,525	4,436,682	0.016347	36,860	603	90.00
91.00	Nursing School cost	0	4,436,682	0.000000	36,860	0	91.00
92.00	Allied health cost	0	4,436,682	0.000000	36,860	0	92.00
93.00	All other Medical Education	0	4,436,682	0.000000	36,860	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 7/25/2012 10:56 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,935	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,935	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)		4,894	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,165	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)		200	15.00
16.00	Nursery days (title V or XIX only)		133	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)		4,423,191	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)		4,423,191	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,178,471	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,178,471	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.854150	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,058.13	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)		4,423,191	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)		896.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,044,178	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)		1,044,178	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140118		Period: From 01/01/2012 To 02/29/2012		Worksheet D-1	
Date/Time Prepared: 7/25/2012 10:56 am		Title XIX		Hospital		Cost	
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)	415,873	200	2,079.37	133	276,556		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,270,066	672	1,889.98	53	100,169		43.00
44.00 CORONARY CARE UNIT	655,113	713	918.81	41	37,671		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,359,818		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,818,392		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						41	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						896.29	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						36,748	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet D-1
Date/Time Prepared:
7/25/2012 10:56 am

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet D-3 Date/Time Prepared: 7/25/2012 10:56 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,506,201		30.00
31.00	INTENSIVE CARE UNIT		518,400		31.00
32.00	CORONARY CARE UNIT		265,550		32.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.229732	2,262,733	519,822	50.00
51.00	RECOVERY ROOM	0.320435	167,282	53,603	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.382479	11,274	4,312	52.00
53.00	ANESTHESIOLOGY	0.024193	296,817	7,181	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.162401	1,902,891	309,031	54.00
56.00	RADIOISOTOPE	0.288438	176,719	50,972	56.00
59.00	CARDIAC CATHETERIZATION	0.127375	729,784	92,956	59.00
60.00	LABORATORY	0.144054	3,704,735	533,682	60.00
64.00	INTRAVENOUS THERAPY	0.493128	683	337	64.00
65.00	RESPIRATORY THERAPY	0.282212	761,139	214,803	65.00
66.00	PHYSICAL THERAPY	0.629930	225,764	142,216	66.00
69.00	ELECTROCARDIOLOGY	0.096752	852,211	82,453	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.299748	16,456	4,933	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.665359	649,939	432,443	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.341759	1,848,431	631,718	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.443978	1,942,115	862,256	73.00
74.00	RENAL DIALYSIS	0.630985	192,498	121,463	74.00
76.97	CARDIAC REHABILITATION	0.928854	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.176706	1,145,521	202,420	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.049911	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		16,886,992	4,266,601	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)		16,886,992		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet D-3 Date/Time Prepared: 7/25/2012 10:56 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,283,120		30.00
31.00	INTENSIVE CARE UNIT		115,392		31.00
32.00	CORONARY CARE UNIT		32,489		32.00
43.00	NURSERY		380,001		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.229732	224,893	51,665	50.00
51.00	RECOVERY ROOM	0.320435	25,869	8,289	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.382479	1,290,650	493,647	52.00
53.00	ANESTHESIOLOGY	0.024193	171,794	4,156	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.162401	420,059	68,218	54.00
56.00	RADIOISOTOPE	0.288438	33,351	9,620	56.00
59.00	CARDIAC CATHETERIZATION	0.125010	39,795	4,975	59.00
60.00	LABORATORY	0.144054	1,372,295	197,685	60.00
64.00	INTRAVENOUS THERAPY	0.493128	10,552	5,203	64.00
65.00	RESPIRATORY THERAPY	0.282212	159,719	45,075	65.00
66.00	PHYSICAL THERAPY	0.629930	88,961	56,039	66.00
69.00	ELECTROCARDIOLOGY	0.096752	187,445	18,136	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.299748	2,784	834	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.665359	128,899	85,764	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.341759	15,950	5,451	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.443978	539,332	239,452	73.00
74.00	RENAL DIALYSIS	0.630985	37,890	23,908	74.00
76.97	CARDIAC REHABILITATION	0.928854	910	845	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.176706	231,211	40,856	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.049911	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,982,359	1,359,818	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)		4,982,359		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet E Part A Date/Time Prepared: 7/25/2012 10:56 am
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		5,066,889	1.00
2.00	Outlier payments for discharges. (see instructions)		16,552	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		514,042	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		243.32	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)		6.04	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		30.67	31.00
32.00	Sum of lines 30 and 31		36.71	32.00
33.00	Allowable disproportionate share percentage (see instructions)		19.50	33.00
34.00	Disproportionate share adjustment (see instructions)		988,043	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)		605	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		84	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		13.88	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		381	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.647959	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		417.60	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		22,730	46.00
47.00	Subtotal (see instructions)		6,094,214	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		6,094,214	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		441,383	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet E Part A Date/Time Prepared: 7/25/2012 10:56 am
		Title XVIII	Hospital	PPS
		1.00		
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)			6,535,597 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			6,535,597 61.00
62.00	Deductibles billed to program beneficiaries			438,824 62.00
63.00	Coinurance billed to program beneficiaries			30,321 63.00
64.00	Allowable bad debts (see instructions)			435,232 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			304,662 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			224,340 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			6,371,114 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)			6,371,114 71.00
72.00	Interim payments			6,141,673 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)			229,441 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: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet E Part B Date/Time Prepared: 7/25/2012 10:56 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			1,383 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			2,329,753 2.00
3.00	PPS payments			1,849,036 3.00
4.00	Outlier payment (see instructions)			1,358 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)			1,383 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			3,116 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			3,116 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			3,116 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			1,733 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)			1,383 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			1,850,394 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)			398,997 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			1,452,780 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)			1,452,780 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			1,452,780 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)			179,236 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			125,465 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			111,547 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			1,578,245 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			1,578,245 40.00
41.00	Interim payments			1,451,495 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)			126,750 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: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet E Part B Date/Time Prepared: 7/25/2012 10:56 am
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet E-1
Part I
Date/Time Prepared:
7/25/2012 10:56 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		6,141,673		1,451,495	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,141,673		1,451,495	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		229,441		126,750	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,371,114		1,578,245	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet E-1 Part II Date/Time Prepared: 7/25/2012 10:56 am
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			0 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			0 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			0 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			0 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial /interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			0 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet E-3 Part VII Date/Time Prepared: 7/25/2012 10:56 am
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		2,818,392	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,818,392	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,818,392	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		1,811,002	8.00
9.00	Ancillary service charges		4,982,359	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		6,793,361	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		6,793,361	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		3,974,969	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,818,392	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		2,818,392	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,818,392	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,818,392	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		2,818,392	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,818,392	40.00
41.00	Interim payments		1,205,779	41.00
42.00	Balance due provider/program (line 40 minus 41)		1,612,613	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet G
Date/Time Prepared:
7/25/2012 10:56 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,606,499	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	26,505,666	0	0	0	4.00
5.00	Other receivable	4,829,182	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-22,532,251	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	504,699	0	0	0	8.00
9.00	Other current assets	1,103,976	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)	15,017,771	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,418,187	0	0	0	15.00
16.00	Accumulated depreciation	-630,394	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	11,258,608	0	0	0	23.00
24.00	Accumulated depreciation	-4,531,760	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)	8,514,641	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	44,354	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)	44,354	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	23,576,766	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,185,413	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-124,147	0	0	0	38.00
39.00	Payroll taxes payable	43,374	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	21,604,184	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,708,824	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	30,182,435	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)	30,182,435	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	53,891,259	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-30,314,493				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)	-30,314,493	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	23,576,766	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet G-1

Date/Time Prepared:
7/25/2012 10:56 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		-23,378,554		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-6,935,939			2.00
3.00	Total (sum of line 1 and line 2)		-30,314,493		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		-30,314,493		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)		-30,314,493		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet G-1

Date/Time Prepared:
7/25/2012 10:56 am

	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: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet G-2 Parts

Date/Time Prepared:
7/25/2012 10:56 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	5,178,471		5,178,471	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)	5,178,471		5,178,471	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,368,074		1,368,074	11.00
12.00	CORONARY CARE UNIT	764,190		764,190	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)	2,132,264		2,132,264	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	7,310,735		7,310,735	17.00
18.00	Ancillary services	33,340,412	28,291,786	61,632,198	18.00
19.00	Outpatient services	2,408,363	7,636,992	10,045,355	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	NURSERY	529,980	0	529,980	27.00
27.01	NRCC REVENUE	683	1,288,092	1,288,775	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	43,590,173	37,216,870	80,807,043	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		33,328,533		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		33,328,533		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140118

Period:
From 01/01/2012
To 02/29/2012

Worksheet G-3

Date/Time Prepared:
7/25/2012 10:56 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	80,807,043	1.00
2.00	Less contractual allowances and discounts on patients' accounts	57,114,281	2.00
3.00	Net patient revenues (line 1 minus line 2)	23,692,762	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	33,328,533	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,635,771	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,278	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	88,999	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	44,776	22.00
23.00	Governmental appropriations	0	23.00
24.00	MOB RENTAL	54,214	24.00
24.01	OTHER MISC REVENUE	54,820	24.01
24.02	CARDIAC REHAB OTHER MISC REVENUE	22,361	24.02
24.03	NRCC CLINICS OTHER MISC REVENUE	31,070	24.03
24.04	PHARMACY OTHER REVENUE	49,496	24.04
24.05	ER OTHER MISC REVENUE	1,295	24.05
24.06	LAB OTHER MISC REVENUE	115	24.06
24.07	MRI OTHER MISC REVENUE	6,750	24.07
24.08	HUMAN RESOURCES OTHER MISC REVENUE	210	24.08
24.09	PAYROLL OTHER REVENUE	90,642	24.09
24.10	CAPITATION REVENUE	735,038	24.10
24.11	EHR PAYMENT	1,513,768	24.11
24.12		0	24.12
24.13		0	24.13
24.14		0	24.14
25.00	Total other income (sum of lines 6-24)	2,699,832	25.00
26.00	Total (line 5 plus line 25)	-6,935,939	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)	-6,935,939	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140118	Period: From 01/01/2012 To 02/29/2012	Worksheet L Parts I-III Date/Time Prepared: 7/25/2012 10:56 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		409,750	1.00
2.00	Capital DRG outlier payments		0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		104.65	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)		6.04	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		30.67	8.00
9.00	Sum of lines 7 and 8		36.71	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.72	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		31,633	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		441,383	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