

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: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet S Parts I-III Date/Time Prepared: 8/24/2012 3:00 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 8/24/2012 Time: 3:00 pm
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 MEMORIAL HOSPITAL OF CARBONDALE for the cost reporting period beginning 04/01/2011 and ending 03/31/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-698,369	556,141	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	14,055	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	-698,369	570,196	0	0	200.00

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

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Encryption Information
 ECR: Date: 8/24/2012 Time: 3:00 pm
 BgSKaGGNzx8uMSKOAgzv8PY65f8nNO
 5UG.V0grJ6MYT.4KHhV:wl n5I Ops9e
 yI9gIi axC40HNYi L
 PI: Date: 8/24/2012 Time: 3:00 pm
 kX0i uFYyP.nRFu.WOaSc0oxmyXnYRO
 YYY2i 0te.fys1AyMz7Ai qZmFhEUI nV
 gj OX0eNql o0I zomd

(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	-698,369	556,141	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		14,055		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-698,369	570,196	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: 140164			Period: From 04/01/2011 To 03/31/2012		Worksheet S-2 Part I Date/Time Prepared: 8/24/2012 3:00 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 405 W. JACKSON STREET			PO Box:						1.00	
2.00	City: CARBONDALE			State: IL		Zip Code: 62901		County: JACKSON		2.00	
		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	
								V	XVIII	XIX	
3.00	Hospital and Hospital-Based Component Identification:										
	Hospital		MEMORIAL HOSPITAL OF CARBONDALE	140164	99914	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			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		WEST FRANKFORT FAMILY MEDICINE	143454	99914		11/01/1999	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) 1										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						04/01/2011	03/31/2012		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		6,473	3,865	0	0	61		0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0		0	25.00	
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						2			26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						2			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00	
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.						0			37.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part I Date/Time Prepared: 8/24/2012 3:00 pm		
		Beginning:	Ending:			
		1.00	2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	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: 140164

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

Worksheet S-2
Part I
Date/Time Prepared:
8/24/2012 3:00 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
			1.00	2.00	3.00		4.00
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)	SOUTHERN ILLINOIS FAMILY MEDICINE	1350	9.77	4.69	0.675657	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	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
			1.00	2.00	3.00		
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	SOUTHERN ILLINOIS FAMILY MEDICINE	1350	11.31	4.77	0.703358	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)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
			Physical	Occupational	
			1.00	2.00	
			Speech	Respiratory	
			3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part I Date/Time Prepared: 8/24/2012 3:00 pm	
		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.	4,281,516	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	14H124	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: SOUTHERN ILLINOIS HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 00131	
142.00	Street: 1239 E MAIN STREET	PO Box: 3988			
143.00	City: CARBONDALE	State: IL		Zip Code: 62902-3988	
				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.			N	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: 140164		Period: From 04/01/2011 To 03/31/2012		Worksheet S-2 Part I Date/Time Prepared: 8/24/2012 3:00 pm	
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part II Date/Time Prepared: 8/24/2012 3:00 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		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	08/08/2012	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: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet S-2 Part II Date/Time Prepared: 8/24/2012 3:00 pm
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	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.		Y		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		Y		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
					1.00
					2.00
					3.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
					3.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUANNE	WARREN	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.	SOUTHERN ILLINOIS HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-457-5200, EXT. 67202	LUANNE.WARREN@SIH.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140164

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

Worksheet S-2
Part II
Date/Time Prepared:
8/24/2012 3:00 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/08/2012	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: 140164

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

Worksheet S-3
Part I
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	
	Line Number				
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	133	48,678	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)		133	48,678	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	13	4,758	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	13	4,758	0.00	12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		159	58,194	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	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		159			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: 140164

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

Worksheet S-3
Part I
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	14,321	5,681	28,912		1.00
2.00 HMO		241	1,435			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	14,321	5,681	28,912		7.00
8.00 INTENSIVE CARE UNIT	0	1,936	349	3,429		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 NEONATAL INTENSIVE CARE UNIT	0	0	1,098	1,660		12.00
13.00 NURSERY	0		1,839	3,371		13.00
14.00 Total (see instructions)	0	16,257	8,967	37,372		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	0	4,004	4,432	14,422		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		974	4,093		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140164

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

Worksheet S-3
Part I
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,292	1.00
2.00 HMO					79	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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	13.28	1,007.21	0.00	0	4,292	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	2.80	12.11	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	16.08	1,019.32	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: 140164

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

Worksheet S-3
Part I
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,559	10,292		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 NEONATAL INTENSIVE CARE UNIT				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,559	10,292		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: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet S-3 Part II Date/Time Prepared: 8/24/2012 3:00 pm
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	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	52,714,321	-846,226	51,868,095	2,120,193.25
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00
5.00	Physician-Part B		83,316	0	83,316	2,085.55
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	1,080,437	0	1,080,437	41,779.50
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		574,208	-162,473	411,735	25,181.96
OTHER WAGES & RELATED COSTS						
11.00	Contract Labor (see instructions)		1,639,605	0	1,639,605	30,721.75
12.00	Contract management and administrative services		0	0	0	0.00
13.00	Contract Labor: Physician-Part A - Administrative		489,785	0	489,785	3,166.00
14.00	Home office salaries & wage-related costs		10,830,402	0	10,830,402	280,267.17
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		14,861,148	0	14,861,148	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		0	0	0	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A - Administrative		0	0	0	
22.01	Physician Part A - Teaching		0	0	0	
23.00	Physician Part B		24,254	0	24,254	
24.00	Wage-related costs (RHC/FQHC)		122,875	0	122,875	
25.00	Interns & residents (in an approved program)		314,048	0	314,048	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	291,969	0	291,969	12,693.54
27.00	Administrative & General	5.00	3,097,859	0	3,097,859	140,406.59
28.00	Administrative & General under contract (see inst.)		201,815	0	201,815	881.71
29.00	Maintenance & Repairs	6.00	656,275	0	656,275	31,496.03
30.00	Operation of Plant	7.00	0	0	0	0.00
31.00	Laundry & Linen Service	8.00	35,425	0	35,425	3,299.71
32.00	Housekeeping	9.00	843,951	0	843,951	69,993.01
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	1,275,312	-979,129	296,183	22,360.86
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	979,129	979,129	71,434.73
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	1,480,627	0	1,480,627	35,929.39
39.00	Central Services and Supply	14.00	822,612	0	822,612	59,428.01
40.00	Pharmacy	15.00	0	0	0	0.00
41.00	Medical Records & Medical Records Library	16.00	522,648	0	522,648	37,067.38
42.00	Social Service	17.00	111,035	0	111,035	4,306.02
43.00	Other General Service	18.00	0	0	0	0.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet S-3 Part II Date/Time Prepared: 8/24/2012 3:00 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	24.46	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	39.95	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	25.86	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)	16.35	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	53.37	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	154.70	13.00
14.00	Home office salaries & wage-related costs	38.64	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	23.00	26.00
27.00	Administrative & General	22.06	27.00
28.00	Administrative & General under contract (see inst.)	228.89	28.00
29.00	Maintenance & Repairs	20.84	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	10.74	31.00
32.00	Housekeeping	12.06	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	13.25	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	13.71	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	41.21	38.00
39.00	Central Services and Supply	13.84	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	14.10	41.00
42.00	Social Service	25.79	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140164		Period: From 04/01/2011 To 03/31/2012		Worksheet S-3 Part III Date/Time Prepared: 8/24/2012 3:00 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	51,752,383	-846,226	50,906,157	2,077,209.91		1.00
2.00	Excluded area salaries (see instructions)	574,208	-162,473	411,735	25,181.96		2.00
3.00	Subtotal salaries (line 1 minus line 2)	51,178,175	-683,753	50,494,422	2,052,027.95		3.00
4.00	Subtotal other wages & related costs (see inst.)	12,959,792	0	12,959,792	314,154.92		4.00
5.00	Subtotal wage-related costs (see inst.)	14,861,148	0	14,861,148	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	78,999,115	-683,753	78,315,362	2,366,182.87		6.00
7.00	Total overhead cost (see instructions)	9,339,528	0	9,339,528	489,296.98		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet S-3 Part III Date/Time Prepared: 8/24/2012 3:00 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	24.51	1.00
2.00	Excluded area salaries (see instructions)	16.35	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	41.25	4.00
5.00	Subtotal wage-related costs (see inst.)	29.43	5.00
6.00	Total (sum of lines 3 thru 5)	33.10	6.00
7.00	Total overhead cost (see instructions)	19.09	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 8/24/2012 3:00 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	990,826	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)	8,054,698	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	342,425	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	56,907	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)	146,230	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	879,356	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	779,969	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,775,204	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	102,189	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (see instructions)	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	113,143	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,240,947	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet S-3 Part V Date/Time Prepared: 8/24/2012 3:00 pm
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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	1,693,605	15,240,947	1.00
2.00	Hospital	1,693,605	15,118,072	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	0	122,875	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140164 Component CCN: 143454	Period: From 04/01/2011 To 03/31/2012	Worksheet S-8 Date/Time Prepared: 8/24/2012 3:00 pm
			Rural Health Clinic (RHC) I	Cost
		1.00		
1.00	Clinic Address and Identification Street	2553 KEN GRAY BOULEVARD		1.00
		City	State	Zip Code
		1.00	2.00	3.00
2.00	City, State, Zip Code, County	WEST FRANKFORT IL 62896		2.00
		1.00		
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0 3.00
		Grant Award	Date	
		1.00	2.00	
Source of Federal Funds				
4.00	Community Health Center (Section 330(d), PHS Act)	0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0		6.00
7.00	Appalachian Regional Commission	0		7.00
8.00	Look-Alikes	0		8.00
9.00	OTHER (SPECIFY)	0		9.00
		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0 10.00
		Sunday		
		Monday		
		from	to	
		1.00	2.00	
		from	to	
		3.00	4.00	
11.00	Facility hours of operations (1) Clinic	08:00	17:00	11.00
		1.00 2.00		
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N		0 13.00
		Provider name		CCN number
		1.00		2.00
14.00	Provider name, CCN number			
		Y/N	V	XVIII
		1.00	2.00	3.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)	Y	0	1,453 2,098 15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140164 Component CCN: 143454	Period: From 04/01/2011 To 03/31/2012	Worksheet S-8 Date/Time Prepared: 8/24/2012 3:00 pm
			Rural Health Clinic (RHC) I	Cost
		County		
		4.00		
2.00	City, State, Zip Code, County	FRANKLIN		2.00
		Tuesday		
		from	to	
		5.00	6.00	
		Wednesday		
		from	to	
		7.00	8.00	
11.00	Facility hours of operations (1) Clinic	08:00	17:00	08:00
				17:00
				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140164 Component CCN: 143454	Period: From 04/01/2011 To 03/31/2012	Worksheet S-8 Date/Time Prepared: 8/24/2012 3:00 pm		
			Rural Health Clinic (RHC) I	Cost		
		Thursday		Friday		
		from	to	from	to	
		9.00	10.00	11.00	12.00	
11.00	Facility hours of operations (1) Clinic	08:00	17:00	08:00	17:00	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140164 Component CCN: 143454	Period: From 04/01/2011 To 03/31/2012	Worksheet S-8 Date/Time Prepared: 8/24/2012 3:00 pm
		Rural Health Clinic (RHC) I	Cost

		Saturday		
		from	to	
11.00	Facility hours of operations (1) Clinic	13.00	14.00	11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet S-10 Date/Time Prepared: 8/24/2012 3:00 pm
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			1.00			
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.305802	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		14,707,395	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		2,416,947	5.00		
6.00	Medicaid charges		95,958,652	6.00		
7.00	Medicaid cost (line 1 times line 6)		29,344,348	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)		12,220,006	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)		1,798	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		22,340	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)		6,832	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		5,034	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		284,231	18.00		
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,225,040	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		17,333,331	2,507,503	19,840,834	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		5,300,567	766,799	6,067,366	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		5,300,567	766,799	6,067,366	23.00
			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)		15,958,839		26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		787,694		27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		15,171,145		28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,639,366		29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		10,706,732		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,931,772		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140164

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

Worksheet A
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		4,376,176	4,376,176	3,107,611	7,483,787	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		4,741,933	4,741,933	1,585,957	6,327,890	2.00
4.00 EMPLOYEE BENEFITS	291,969	18,542,337	18,834,306	0	18,834,306	4.00
5.01 NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02 DATA PROCESSING	0	0	0	0	0	5.02
5.03 PURCHASING RECEIVING AND STORES	0	94,705	94,705	0	94,705	5.03
5.04 ADMITTING	0	0	0	0	0	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	698,202	85,592	783,794	0	783,794	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	2,399,657	13,342,565	15,742,222	-126,805	15,615,417	5.06
6.00 MAINTENANCE & REPAIRS	656,275	1,422,038	2,078,313	0	2,078,313	6.00
8.00 LAUNDRY & LINEN SERVICE	35,425	711,261	746,686	0	746,686	8.00
9.00 HOUSEKEEPING	843,951	625,019	1,468,970	0	1,468,970	9.00
10.00 DIETARY	1,275,312	1,190,545	2,465,857	-1,908,162	557,695	10.00
11.00 CAFETERIA	0	0	0	1,893,178	1,893,178	11.00
13.00 NURSING ADMINISTRATION	1,480,627	368,708	1,849,335	0	1,849,335	13.00
14.00 CENTRAL SERVICES & SUPPLY	822,612	384,633	1,207,245	-11,644	1,195,601	14.00
16.00 MEDICAL RECORDS & LIBRARY	522,648	41,582	564,230	0	564,230	16.00
17.00 SOCIAL SERVICE	111,035	2,754	113,789	0	113,789	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	846,226	846,226	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,080,437	0	1,080,437	0	1,080,437	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	708,587	708,587	0	708,587	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	11,149,771	4,747,243	15,897,014	-29,672	15,867,342	30.00
31.00 INTENSIVE CARE UNIT	2,525,767	620,621	3,146,388	-47,704	3,098,684	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	931,521	579,068	1,510,589	0	1,510,589	35.00
43.00 NURSERY	121,528	187,726	309,254	-1,283	307,971	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,997,602	16,900,126	19,897,728	-10,503,858	9,393,870	50.00
50.01 SAME DAY SURGERY	1,805,542	812,363	2,617,905	-2,617,905	0	50.01
51.00 RECOVERY ROOM	521,110	40,807	561,917	-2,798	559,119	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,085,026	372,106	3,457,132	-11,543	3,445,589	52.00
53.00 ANESTHESIOLOGY	0	3,080,937	3,080,937	-1,021,849	2,059,088	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,448,722	1,630,809	4,079,531	-558,940	3,520,591	54.00
54.01 ONCOLOGY	903,261	1,235,903	2,139,164	-4,062	2,135,102	54.01
54.02 MAMMOGRAPHY	580,634	636,790	1,217,424	-168,971	1,048,453	54.02
56.00 RADIO SOTOPE	362,162	815,881	1,178,043	-172	1,177,871	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	192,267	213,805	406,072	-3,473	402,599	58.00
59.00 CARDIAC CATHETERIZATION	2,091,985	11,561,566	13,653,551	-7,808,566	5,844,985	59.00
60.00 LABORATORY	2,205,676	3,852,603	6,058,279	236,454	6,294,733	60.00
65.00 RESPIRATORY THERAPY	1,160,568	353,157	1,513,725	-101,321	1,412,404	65.00
66.00 PHYSICAL THERAPY	1,795,687	845,756	2,641,443	-68,134	2,573,309	66.00
69.00 ELECTROCARDIOLOGY	1,144,631	814,454	1,959,085	-66,111	1,892,974	69.00
70.00 ELECTROENCEPHALOGRAPHY	74,592	121,899	196,491	-13,601	182,890	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,913,387	11,913,387	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,230,268	10,230,268	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,385,775	4,922,771	7,308,546	85,836	7,394,382	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	411,735	1,025,226	1,436,961	-6,171	1,430,790	88.00
91.00 EMERGENCY	3,438,136	2,915,227	6,353,363	-12,088	6,341,275	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		4,567,817	4,567,817	-4,567,595	222	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	52,551,848	109,493,096	162,044,944	236,489	162,281,433	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	21,295	21,295	0	21,295	192.00
192.01 FAMILY PRACTICE	0	0	0	0	0	192.01
192.02 REFERENCE LAB	162,473	74,016	236,489	-236,489	0	192.02
192.03 UNUSED SPACE	0	0	0	0	0	192.03
200.00 TOTAL (SUM OF LINES 118-199)	52,714,321	109,588,407	162,302,728	0	162,302,728	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140164

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

Worksheet A
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	272,529	7,756,316	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,935,134	10,263,024	2.00
4.00	EMPLOYEE BENEFITS	783,512	19,617,818	4.00
5.01	NONPATIENT TELEPHONES	0	0	5.01
5.02	DATA PROCESSING	3,675,365	3,675,365	5.02
5.03	PURCHASING RECEIVING AND STORES	-24,985	69,720	5.03
5.04	ADMINISTRATIVE	0	0	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	3,249,786	4,033,580	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	293,488	15,908,905	5.06
6.00	MAINTENANCE & REPAIRS	0	2,078,313	6.00
8.00	LAUNDRY & LINEN SERVICE	0	746,686	8.00
9.00	HOUSEKEEPING	-243	1,468,727	9.00
10.00	DIETARY	0	557,695	10.00
11.00	CAFETERIA	-886,431	1,006,747	11.00
13.00	NURSING ADMINISTRATION	-7,127	1,842,208	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,195,601	14.00
16.00	MEDICAL RECORDS & LIBRARY	-61,485	502,745	16.00
17.00	SOCIAL SERVICE	0	113,789	17.00
19.00	NONPHYSICIAN ANESTHETISTS	-846,226	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,080,437	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-406	708,181	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-1,683,140	14,184,202	30.00
31.00	INTENSIVE CARE UNIT	-8,508	3,090,176	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	-524,299	986,290	35.00
43.00	NURSERY	0	307,971	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-209,091	9,184,779	50.00
50.01	SAME DAY SURGERY	0	0	50.01
51.00	RECOVERY ROOM	0	559,119	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,445,589	52.00
53.00	ANESTHESIOLOGY	0	2,059,088	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-1,452	3,519,139	54.00
54.01	ONCOLOGY	-147,217	1,987,885	54.01
54.02	MAMMOGRAPHY	-34,213	1,014,240	54.02
56.00	RADIOISOTOPE	0	1,177,871	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	402,599	58.00
59.00	CARDIAC CATHETERIZATION	-21,602	5,823,383	59.00
60.00	LABORATORY	-56,500	6,238,233	60.00
65.00	RESPIRATORY THERAPY	0	1,412,404	65.00
66.00	PHYSICAL THERAPY	-19,583	2,553,726	66.00
69.00	ELECTROCARDIOLOGY	-198,078	1,694,896	69.00
70.00	ELECTROENCEPHALOGRAPHY	-8,500	174,390	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,913,387	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	10,230,268	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	7,394,382	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	1,430,790	88.00
91.00	EMERGENCY	-1,923,258	4,418,017	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	-222	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,547,248	167,828,681	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	21,295	192.00
192.01	FAMILY PRACTICE	0	0	192.01
192.02	REFERENCE LAB	0	0	192.02
192.03	UNUSED SPACE	0	0	192.03
200.00	TOTAL (SUM OF LINES 118-199)	5,547,248	167,849,976	200.00

RECLASSIFICATIONS

Provider CCN: 140164

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

Worksheet A-6

Date/Time Prepared:
8/24/2012 3:00 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DIETARY RECLASS					
1.00	CAFETERIA	11.00	979,129	914,049	1.00
	TOTALS		979,129	914,049	
B - INSURANCE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	83,406	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	42,567	2.00
	TOTALS		0	125,973	
C - NUTRITIONAL PRODUCT RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	85,836	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
	TOTALS		0	85,836	
D - MEDICAL SUPPLIES CHARGED TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,143,655	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
	TOTALS		0	22,143,655	
E - REFERENCE LAB RECLASS					
1.00	LABORATORY	60.00	162,473	74,016	1.00
	TOTALS		162,473	74,016	
F - SAME DAY SURGERY					
1.00	OPERATING ROOM	50.00	1,805,542	812,363	1.00
	TOTALS		1,805,542	812,363	
G - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,024,205	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,543,390	2.00
	TOTALS		0	4,567,595	
H - IMPLANTABLE DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,230,268	1.00
	TOTALS		0	10,230,268	
I - CRNA RECLASS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	846,226	1.00
	TOTALS		0	846,226	
500.00	Grand Total: Increases		2,947,144	39,799,981	500.00

RECLASSIFICATIONS

Provider CCN: 140164

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

Worksheet A-6
Date/Time Prepared:
8/24/2012 3:00 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - DIETARY RECLASS							
1.00	DIETARY	10.00	979,129	914,049	0		1.00
	TOTALS		979,129	914,049			
B - INSURANCE RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	125,973	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	125,973			
C - NUTRITIONAL PRODUCT RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,759	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	22,750	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	6,648	0		3.00
4.00	NURSERY	43.00	0	1,016	0		4.00
5.00	OPERATING ROOM	50.00	0	9,787	0		5.00
6.00	RECOVERY ROOM	51.00	0	1,878	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,511	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	8,322	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	886	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	58	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	4,610	0		11.00
12.00	RADIOISOTOPE	56.00	0	172	0		12.00
13.00	LABORATORY	60.00	0	35	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	421	0		14.00
15.00	EMERGENCY	91.00	0	5,698	0		15.00
16.00	MAMMOGRAPHY	54.02	0	349	0		16.00
17.00	DIETARY	10.00	0	14,936	0		17.00
	TOTALS		0	85,836			
D - MEDICAL SUPPLIES CHARGED TO PATIENTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,885	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	6,922	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	41,056	0		3.00
4.00	NURSERY	43.00	0	267	0		4.00
5.00	OPERATING ROOM	50.00	0	13,111,976	0		5.00
6.00	RECOVERY ROOM	51.00	0	920	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,032	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	167,301	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	558,054	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3,415	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	7,803,956	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	101,321	0		12.00
13.00	EMERGENCY	91.00	0	6,390	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	65,690	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,601	0		15.00
16.00	MAMMOGRAPHY	54.02	0	168,622	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	68,134	0		17.00
18.00	ONCOLOGY	54.01	0	4,062	0		18.00
19.00	RURAL HEALTH CLINIC	88.00	0	6,171	0		19.00
20.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	832	0		20.00
21.00	DIETARY	10.00	0	48	0		21.00
	TOTALS		0	22,143,655			
E - REFERENCE LAB RECLASS							
1.00	REFERENCE LAB	192.02	162,473	74,016	0		1.00
	TOTALS		162,473	74,016			
F - SAME DAY SURGERY							
1.00	SAME DAY SURGERY	50.01	1,805,542	812,363	0		1.00
	TOTALS		1,805,542	812,363			
G - INTEREST RECLASS							
1.00	INTEREST EXPENSE	113.00	0	4,567,595	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	4,567,595			
H - IMPLANTABLE DEVICE RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,230,268	0		1.00
	TOTALS		0	10,230,268			
I - CRNA RECLASS							
1.00	ANESTHESIOLOGY	53.00	846,226	0	0		1.00
	TOTALS		846,226	0			
500.00	Grand Total: Decreases		3,793,370	38,953,755			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140164

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
8/24/2012 3:00 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,558,831	779,028	0	779,028	0	1.00
2.00	Land Improvements	3,209,683	214,512	0	214,512	0	2.00
3.00	Buildings and Fixtures	55,389,144	779,727	0	779,727	634,700	3.00
4.00	Building Improvements	46,998,960	717,195	0	717,195	86,779	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	51,778,302	4,434,217	0	4,434,217	1,746,108	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	160,934,920	6,924,679	0	6,924,679	2,467,587	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	160,934,920	6,924,679	0	6,924,679	2,467,587	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,376,176	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,741,933	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,118,109	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	110,925,604	0	110,925,604	0.671351	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	54,301,873	0	54,301,873	0.328649	0	2.00
3.00	Total (sum of lines 1-2)	165,227,477	0	165,227,477	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140164

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
8/24/2012 3:00 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,337,859	0		1.00	
2.00	Land Improvements	3,424,195	0		2.00	
3.00	Buildings and Fixtures	55,534,171	0		3.00	
4.00	Building Improvements	47,629,376	0		4.00	
5.00	Fixed Equipment	0	0		5.00	
6.00	Movable Equipment	54,466,411	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	165,392,012	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	165,392,012	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	4,376,176		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,741,933		2.00	
3.00	Total (sum of lines 1-2)	0	9,118,109		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,756,316	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,263,024	0
3.00	Total (sum of lines 1-2)	0	0	0	18,019,340	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140164

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	7,756,316	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,263,024	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	18,019,340	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140164

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

Worksheet A-8

Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00 2.00
3.00 Investment income - other (chapter 2)		0			0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00 7.00
8.00 Television and radio service (chapter 21)		0			0.00 8.00
9.00 Parking lot (chapter 21)		0			0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,781,898			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	22,956,526			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests	B	-876,238	CAFETERIA		11.00 14.00
15.00 Rental of quarters to employee and others		0			0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00 16.00
17.00 Sale of drugs to other than patients		0			0.00 17.00
18.00 Sale of medical records and abstracts	B	-61,485	MEDICAL RECORDS & LIBRARY		16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00 19.00
20.00 Vending machines	B	-10,193	CAFETERIA		11.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00 25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00 27.00
28.00 Non-physician Anesthetist	A	-846,226	NONPHYSICIAN ANESTHETISTS		19.00 28.00
29.00 Physicians' assistant		0			0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***		67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***		68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00 32.00
33.00 EMPLOYEE OUTPATIENT PAYMENTS	B	-3,081,759	EMPLOYEE BENEFITS		4.00 33.00
33.01 DEBT FORGIVENESS	A	-3,127,156	OTHER ADMINISTRATIVE AND GENERAL		5.06 33.01
33.02 TELEVISION AND RADIO SERVICES	A	-14,795	CAP REL COSTS-MVBLE EQUIP		2.00 33.02
33.03 INTEREST INCOME UNRESTRICTED	B	-801,515	OTHER ADMINISTRATIVE AND GENERAL		5.06 33.03
33.04 LOSS ON 1994 BONDS	A	192,400	CAP REL COSTS-BLDG & FIXT		1.00 33.04
33.05 LOSS ON 1994 BONDS	A	165,022	CAP REL COSTS-MVBLE EQUIP		2.00 33.05
33.06 AMORTIZATION OF MINER CONSTRUCTION	A	-3,296	CAP REL COSTS-BLDG & FIXT		1.00 33.06
33.07 FUNDED DEPRECIATION	A	-11,026	CAP REL COSTS-BLDG & FIXT		1.00 33.07
33.08 BOND REVENUE	B	-222	INTEREST EXPENSE		113.00 33.08
33.09 MISCELLANEOUS INCOME	B	-1,473	OTHER ADMINISTRATIVE AND GENERAL		5.06 33.09
33.10 SALE OF XRAY SILVER/FILM	B	-1,452	RADIOLOGY-DIAGNOSTIC		54.00 33.10
33.11 OFFSET LOBBYING EXPENSES	A	-27,923	OTHER ADMINISTRATIVE AND GENERAL		5.06 33.11
33.12 PURCHASE DISCOUNT	B	-24,985	PURCHASING RECEIVING AND STORES		5.03 33.12
33.13 LOSS ON 1987 BONDS	A	217,838	CAP REL COSTS-BLDG & FIXT		1.00 33.13
33.14 LOSS ON 1987 BONDS	A	75,428	CAP REL COSTS-MVBLE EQUIP		2.00 33.14
33.15 LOSS ON 1991 BONDS	A	249,185	CAP REL COSTS-BLDG & FIXT		1.00 33.15
33.16 LOSS ON 1991 BONDS	A	170,530	CAP REL COSTS-MVBLE EQUIP		2.00 33.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 140164

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

Worksheet A-8

Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
33.17 LEASEHOLD REVENUE	B	-17,901	MAMMOGRAPHY	54.02	33.17	
33.18 VENDING MACHINE INCOME	B	-243	HOUSEKEEPING	9.00	33.18	
33.19 CABLE TV	A	-305	EMERGENCY	91.00	33.19	
33.20 PATIENT'S GUEST LODGING EXPENSE	A	-288	OPERATING ROOM	50.00	33.20	
33.21 PATIENT'S GUEST LODGING EXPENSE	A	-12,064	CARDIAC CATHETERIZATION	59.00	33.21	
33.22 LEASEHOLD REVENUE	B	-497,452	CAP REL COSTS-BLDG & FIXT	1.00	33.22	
33.23 MEDICAID PROVIDER TAX	A	-4,220,412	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.23	
33.24 CABLE TV	A	-406	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	33.24	
33.25 PERSONAL PORTION OF PROVIDER VEHICLE	A	-7,127	NURSING ADMINISTRATION	13.00	33.25	
33.26 PHYSICIAN CONSULTING FEES	A	-42,737	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.26	
33.27 MISCELLANEOUS INCOME	B	-1,950	OPERATING ROOM	50.00	33.27	
33.28 PERSONAL USE OF PROVIDER VEHICLE	A	-7,154	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.28	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		5,547,248			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 140164

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

Worksheet A-8
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	EMPLOYEE OUTPATIENT PAYMENTS	9	33.00
33.01	DEBT FORGIVENESS	0	33.01
33.02	TELEVISION AND RADIO SERVICES	9	33.02
33.03	INTEREST INCOME UNRESTRICTED	0	33.03
33.04	LOSS ON 1994 BONDS	9	33.04
33.05	LOSS ON 1994 BONDS	9	33.05
33.06	AMORTIZATION OF MINER CONSTRUCTION	9	33.06
33.07	FUNDED DEPRECIATION	9	33.07
33.08	BOND REVENUE	0	33.08
33.09	MISCELLANEOUS INCOME	0	33.09
33.10	SALE OF XRAY SILVER/FILM	0	33.10
33.11	OFFSET LOBBYING EXPENSES	0	33.11
33.12	PURCHASE DISCOUNT	0	33.12
33.13	LOSS ON 1987 BONDS	9	33.13
33.14	LOSS ON 1987 BONDS	9	33.14
33.15	LOSS ON 1991 BONDS	9	33.15
33.16	LOSS ON 1991 BONDS	9	33.16
33.17	LEASEHOLD REVENUE	0	33.17
33.18	VENDING MACHINE INCOME	0	33.18
33.19	CABLE TV	0	33.19
33.20	PATIENT'S GUEST LODGING EXPENSE	0	33.20
33.21	PATIENT'S GUEST LODGING EXPENSE	0	33.21
33.22	LEASEHOLD REVENUE	9	33.22
33.23	MEDICAID PROVIDER TAX	0	33.23
33.24	CABLE TV	0	33.24
33.25	PERSONAL PORTION OF PROVIDER VEHICLE	0	33.25
33.26	PHYSICIAN CONSULTING FEES	0	33.26
33.27	MISCELLANEOUS INCOME	0	33.27

Provider CCN: 140164

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

Worksheet A-8

Date/Time Prepared:
 8/24/2012 3:00 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.28	PERSONAL USE OF PROVIDER VEHICLE	0	33.28
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: 140164

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

Worksheet A-8-1

Date/Time Prepared:
8/24/2012 3:00 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	2.00
3.00	4.00	EMPLOYEE BENEFITS	HOME OFFICE	3.00
4.00	5.02	DATA PROCESSING	HOME OFFICE	4.00
4.01	5.05	CASHIERING/ACCOUNTS RECEIVABLE	HOME OFFICE	4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE	4.02
4.03	66.00	PHYSICAL THERAPY	RENT	4.03
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	SO IL HOSP SVCS	100.00	6.00
7.00	B	SO IL HEALTHCAR	100.00	7.00
8.00	B	HEALTH SVCS OF	100.00	8.00
9.00	B	SI H CAYMAN GROU	100.00	9.00
10.00	B	SO IL MED SVCS	100.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 140164

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

Worksheet A-8-1

Date/Time Prepared: 8/24/2012 3:00 pm

		Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
		4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		124,880	0	124,880	9	1.00
2.00		3,538,949	0	3,538,949	9	2.00
3.00		3,865,271	0	3,865,271	0	3.00
4.00		3,675,365	0	3,675,365	0	4.00
4.01		3,249,786	0	3,249,786	0	4.01
4.02		8,521,858	0	8,521,858	0	4.02
4.03		91,597	111,180	-19,583	0	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	23,067,706	111,180	22,956,526		5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140164

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

Worksheet A-8-2

Date/Time Prepared:
8/24/2012 3:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	DR. A	1,683,140	1,683,140	1.00
2.00	31.00	DR. B	20,800	0	2.00
3.00	35.00	DR. C	548,653	58,583	3.00
4.00	50.00	DR. D	223,560	186,700	4.00
5.00	54.02	DR. E	44,977	0	5.00
6.00	59.00	DR. F	20,000	0	6.00
7.00	60.00	DR. G	125,000	0	7.00
8.00	54.01	DR. H	289,389	81,908	8.00
9.00	69.00	DR. I	204,378	194,066	9.00
10.00	70.00	DR. J	8,500	8,500	10.00
11.00	91.00	DR. K	1,922,953	1,922,953	11.00
200.00			5,091,350	4,135,850	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140164

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

Worksheet A-8-2

Date/Time Prepared:
8/24/2012 3:00 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	20,800	159,800	160	12,292	615	2.00
3.00	490,070	159,800	317	24,354	1,218	3.00
4.00	36,860	182,900	190	16,707	835	4.00
5.00	44,977	217,600	274	28,665	1,433	5.00
6.00	20,000	217,600	100	10,462	523	6.00
7.00	125,000	208,000	685	68,500	3,425	7.00
8.00	207,481	217,600	1,359	142,172	7,109	8.00
9.00	10,312	159,800	82	6,300	315	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
200.00	955,500		3,167	309,452	15,473	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140164

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

Worksheet A-8-2

Date/Time Prepared:
8/24/2012 3:00 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	12,292	2.00
3.00	0	0	0	0	24,354	3.00
4.00	0	0	0	0	16,707	4.00
5.00	0	0	0	0	28,665	5.00
6.00	0	0	0	0	10,462	6.00
7.00	0	0	0	0	68,500	7.00
8.00	0	0	0	0	142,172	8.00
9.00	0	0	0	0	6,300	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
200.00	0	0	0	0	309,452	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140164

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

Worksheet A-8-2
Date/Time Prepared:
8/24/2012 3:00 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	1,683,140	1.00
2.00	8,508	8,508	2.00
3.00	465,716	524,299	3.00
4.00	20,153	206,853	4.00
5.00	16,312	16,312	5.00
6.00	9,538	9,538	6.00
7.00	56,500	56,500	7.00
8.00	65,309	147,217	8.00
9.00	4,012	198,078	9.00
10.00	0	8,500	10.00
11.00	0	1,922,953	11.00
200.00	646,048	4,781,898	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140164

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	7,756,316	7,756,316				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	10,263,024		10,263,024			2.00
4.00 EMPLOYEE BENEFITS	19,617,818	30,806	12,294	19,660,918		4.00
5.01 NONPATIENT TELEPHONES	0	6,700	0	0	6,700	5.01
5.02 DATA PROCESSING	3,675,365	21,681	0	0	162	5.02
5.03 PURCHASING RECEIVING AND STORES	69,720	87,432	30,023	0	128	5.03
5.04 ADMINISTRATION	0	0	0	0	0	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	4,033,580	85,798	6,132	261,859	83	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	15,908,905	1,546,023	110,333	899,987	368	5.06
6.00 MAINTENANCE & REPAIRS	2,078,313	876,963	35,328	246,135	358	6.00
8.00 LAUNDRY & LINEN SERVICE	746,686	26,856	0	13,286	0	8.00
9.00 HOUSEKEEPING	1,468,727	50,035	14,196	316,522	88	9.00
10.00 DIETARY	557,695	122,977	46,049	111,062	69	10.00
11.00 CAFETERIA	1,006,747	135,370	0	367,241	15	11.00
13.00 NURSING ADMINISTRATION	1,842,208	156,397	183,321	555,306	216	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,195,601	89,284	162,435	308,519	34	14.00
16.00 MEDICAL RECORDS & LIBRARY	502,745	50,771	14,846	196,018	157	16.00
17.00 SOCIAL SERVICE	113,789	0	33	41,643	34	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,080,437	0	0	405,216	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	708,181	0	0	0	49	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	14,184,202	1,822,866	603,764	4,181,719	1,106	30.00
31.00 INTENSIVE CARE UNIT	3,090,176	196,000	255,401	947,284	177	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	986,290	56,736	162,603	349,365	49	35.00
43.00 NURSERY	307,971	31,377	12,374	45,579	5	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	9,184,779	558,067	1,861,157	1,984,888	712	50.00
50.01 SAME DAY SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	559,119	104,074	0	195,441	20	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,445,589	255,051	193,946	1,157,033	177	52.00
53.00 ANESTHESIOLOGY	2,059,088	11,848	155,543	0	29	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,519,139	253,716	1,428,883	918,388	412	54.00
54.01 ONCOLOGY	1,987,885	195,537	928,910	338,766	118	54.01
54.02 MAMMOGRAPHY	1,014,240	0	526,737	217,766	0	54.02
56.00 RADIOISOTOPE	1,177,871	48,946	586,135	135,828	34	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	402,599	35,763	76,759	72,109	0	58.00
59.00 CARDIAC CATHETERIZATION	5,823,383	281,771	1,327,451	784,595	329	59.00
60.00 LABORATORY	6,238,233	141,335	401,776	888,170	206	60.00
65.00 RESPIRATORY THERAPY	1,412,404	44,560	126,390	400,290	34	65.00
66.00 PHYSICAL THERAPY	2,553,726	11,412	42,757	708,447	157	66.00
69.00 ELECTROCARDIOLOGY	1,694,896	43,035	298,846	245,814	177	69.00
70.00 ELECTROENCEPHALOGRAPHY	174,390	24,132	54,813	27,976	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,913,387	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	10,230,268	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	7,394,382	54,257	18,875	894,780	83	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	1,430,790	0	15,873	154,420	0	88.00
91.00 EMERGENCY	4,418,017	248,623	569,041	1,289,466	275	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	167,828,681	7,706,199	10,263,024	19,660,918	5,861	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	21,295	0	0	0	839	192.00
192.01 FAMILY PRACTICE	0	0	0	0	0	192.01
192.02 REFERENCE LAB	0	0	0	0	0	192.02
192.03 UNUSED SPACE	0	50,117	0	0	0	192.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	167,849,976	7,756,316	10,263,024	19,660,918	6,700	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140164

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

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	3,697,208					5.02
5.03	PURCHASING RECEIVING AND STORES	27,214	214,517				5.03
5.04	ADMINISTRATIVE	0	0	0			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	112,743	788	0	4,500,983		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	248,813	0	0	0	18,714,429	5.06
6.00	MAINTENANCE & REPAIRS	147,733	0	0	0	3,384,830	6.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	786,828	8.00
9.00	HOUSEKEEPING	15,551	38	0	0	1,865,157	9.00
10.00	DIETARY	62,203	8	0	0	900,063	10.00
11.00	CAFETERIA	0	27	0	0	1,509,400	11.00
13.00	NURSING ADMINISTRATION	206,048	0	0	0	2,943,496	13.00
14.00	CENTRAL SERVICES & SUPPLY	38,877	1,403	0	0	1,796,153	14.00
16.00	MEDICAL RECORDS & LIBRARY	101,080	0	0	0	865,617	16.00
17.00	SOCIAL SERVICE	7,775	0	0	0	163,274	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,485,653	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	708,230	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	672,574	24,883	0	249,112	21,740,226	30.00
31.00	INTENSIVE CARE UNIT	248,813	10,279	0	37,259	4,785,389	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	73,866	25	0	47,429	1,676,363	35.00
43.00	NURSERY	0	4,175	0	14,138	415,619	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	311,016	104,523	0	638,778	14,643,920	50.00
50.01	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	RECOVERY ROOM	0	790	0	67,311	926,755	51.00
52.00	DELIVERY ROOM & LABOR ROOM	167,171	5,618	0	53,540	5,278,125	52.00
53.00	ANESTHESIOLOGY	7,775	12,932	0	81,666	2,328,881	53.00
54.00	RADIOLOGY-DIAGNOSTIC	174,947	5,820	0	509,693	6,810,998	54.00
54.01	ONCOLOGY	101,080	16	0	122,306	3,674,618	54.01
54.02	MAMMOGRAPHY	0	592	0	69,441	1,828,776	54.02
56.00	RADIOISOTOPE	19,439	275	0	83,084	2,051,612	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58	0	101,518	688,806	58.00
59.00	CARDIAC CATHETERIZATION	151,621	24,561	0	240,616	8,634,327	59.00
60.00	LABORATORY	136,070	4,538	0	564,057	8,374,385	60.00
65.00	RESPIRATORY THERAPY	42,765	1,753	0	70,624	2,098,820	65.00
66.00	PHYSICAL THERAPY	147,733	741	0	92,489	3,557,462	66.00
69.00	ELECTROCARDIOLOGY	54,428	474	0	202,898	2,540,568	69.00
70.00	ELECTROENCEPHALOGRAPHY	11,663	14	0	7,498	300,486	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	371,524	12,284,911	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	400,123	10,630,391	72.00
73.00	DRUGS CHARGED TO PATIENTS	69,979	199	0	262,487	8,695,042	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	147,733	236	0	15,268	1,764,320	88.00
91.00	EMERGENCY	186,610	9,751	0	198,124	6,919,907	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,693,320	214,517	0	4,500,983	167,773,837	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	3,888	0	0	0	26,022	192.00
192.01	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	REFERENCE LAB	0	0	0	0	0	192.02
192.03	UNUSED SPACE	0	0	0	0	50,117	192.03
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,697,208	214,517	0	4,500,983	167,849,976	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140164

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	OTHER	MAINTENANCE &	LAUNDRY &	HOUSEKEEPING	DIETARY	
	ADMINISTRATIVE	REPAIRS	LINEN SERVICE			
	AND GENERAL					
	5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06	18,714,429					5.06
6.00	424,749	3,809,579				6.00
8.00	98,736	20,057	905,621			8.00
9.00	234,051	37,368	0	2,136,576		9.00
10.00	112,945	91,844	0	52,299	1,157,151	10.00
11.00	189,409	101,100	0	57,569	0	11.00
13.00	369,368	116,804	0	66,511	0	13.00
14.00	225,392	66,681	0	37,970	0	14.00
16.00	108,623	37,918	0	21,591	0	16.00
17.00	20,489	0	0	0	0	17.00
19.00	0	0	0	0	0	19.00
21.00	186,429	0	0	0	0	21.00
22.00	88,873	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	2,728,098	1,361,394	770,075	775,214	983,957	30.00
31.00	600,499	146,381	91,332	83,353	116,699	31.00
35.00	210,360	42,373	44,214	24,128	56,495	35.00
43.00	52,154	23,434	0	13,344	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	1,837,607	416,788	0	237,330	0	50.00
50.01	0	0	0	0	0	50.01
51.00	116,295	77,727	0	44,260	0	51.00
52.00	662,331	190,483	0	108,466	0	52.00
53.00	292,242	8,849	0	5,039	0	53.00
54.00	854,685	189,486	0	107,899	0	54.00
54.01	461,113	146,036	0	83,157	0	54.01
54.02	229,486	0	0	0	0	54.02
56.00	257,449	36,555	0	20,815	0	56.00
58.00	86,436	26,709	0	15,209	0	58.00
59.00	1,083,487	210,439	0	119,829	0	59.00
60.00	1,050,868	105,555	0	60,106	0	60.00
65.00	263,373	33,280	0	18,950	0	65.00
66.00	446,412	8,523	0	4,853	0	66.00
69.00	318,806	32,140	0	18,302	0	69.00
70.00	37,707	18,023	0	10,263	0	70.00
71.00	1,541,584	0	0	0	0	71.00
72.00	1,333,965	0	0	0	0	72.00
73.00	1,091,106	40,521	0	23,074	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	221,397	0	0	0	0	88.00
91.00	868,351	185,682	0	105,732	0	91.00
92.00						92.00
SPECIAL PURPOSE COST CENTERS						
113.00						113.00
118.00	18,704,875	3,772,150	905,621	2,115,263	1,157,151	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
192.00	3,265	0	0	0	0	192.00
192.01	0	0	0	0	0	192.01
192.02	0	0	0	0	0	192.02
192.03	6,289	37,429	0	21,313	0	192.03
200.00						200.00
201.00	0	0	0	0	0	201.00
202.00	18,714,429	3,809,579	905,621	2,136,576	1,157,151	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140164

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11.00	13.00	14.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	1,857,478					11.00
13.00 NURSING ADMINISTRATION	37,999	3,534,178				13.00
14.00 CENTRAL SERVICES & SUPPLY	62,587	0	2,188,783			14.00
16.00 MEDICAL RECORDS & LIBRARY	40,234	0	0	1,073,983		16.00
17.00 SOCIAL SERVICE	4,470	0	0	0	188,233	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	44,705	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	487,281	1,470,327	684	59,455	160,060	30.00
31.00 INTENSIVE CARE UNIT	91,645	276,529	4,058	8,893	18,983	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	29,058	87,680	0	11,320	9,190	35.00
43.00 NURSERY	4,470	13,489	26	3,374	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	192,230	580,037	1,296,099	152,195	0	50.00
50.01 SAME DAY SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	15,647	47,212	91	16,065	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	125,173	377,698	497	12,778	0	52.00
53.00 ANESTHESIOLOGY	0	0	16,538	19,491	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	98,350	0	55,163	121,648	0	54.00
54.01 ONCOLOGY	31,293	0	402	29,191	0	54.01
54.02 MAMMOGRAPHY	0	0	16,668	16,573	0	54.02
56.00 RADIOISOTOPE	8,941	0	0	19,830	0	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	6,706	0	338	24,229	0	58.00
59.00 CARDIAC CATHETERIZATION	75,998	229,317	771,413	57,428	0	59.00
60.00 LABORATORY	118,467	0	0	134,623	0	60.00
65.00 RESPIRATORY THERAPY	49,175	13,489	10,015	16,856	0	65.00
66.00 PHYSICAL THERAPY	67,057	0	6,735	22,074	0	66.00
69.00 ELECTROCARDIOLOGY	29,058	0	6,493	48,425	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	4,470	0	1,344	1,790	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	977	88,671	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	95,497	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	55,881	0	0	62,647	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	31,293	0	610	3,644	0	88.00
91.00 EMERGENCY	145,290	438,400	632	47,286	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,857,478	3,534,178	2,188,783	1,073,983	188,233	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	0	0	0	0	192.00
192.01 FAMILY PRACTICE	0	0	0	0	0	192.01
192.02 REFERENCE LAB	0	0	0	0	0	192.02
192.03 UNUSED SPACE	0	0	0	0	0	192.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,857,478	3,534,178	2,188,783	1,073,983	188,233	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140164

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

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Part I
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Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		19.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS	0					19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,672,082				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	841,808			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	152,554	76,803	30,766,128	-229,357	30.00
31.00 INTENSIVE CARE UNIT	0	2,808	1,413	6,227,982	-4,221	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0	0	2,191,181	0	35.00
43.00 NURSERY	0	0	0	525,910	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	70,097	35,290	19,461,593	-105,387	50.00
50.01 SAME DAY SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	1,244,052	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	6,755,551	0	52.00
53.00 ANESTHESIOLOGY	0	2,716	1,367	2,675,123	-4,083	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	4,883	2,458	8,245,570	-7,341	54.00
54.01 ONCOLOGY	0	0	0	4,425,810	0	54.01
54.02 MAMMOGRAPHY	0	0	0	2,091,503	0	54.02
56.00 RADIOISOTOPE	0	0	0	2,395,202	0	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	848,433	0	58.00
59.00 CARDIAC CATHETERIZATION	0	2,441	1,229	11,185,908	-3,670	59.00
60.00 LABORATORY	0	0	0	9,844,004	0	60.00
65.00 RESPIRATORY THERAPY	0	25,848	13,013	2,542,819	-38,861	65.00
66.00 PHYSICAL THERAPY	0	73,546	37,027	4,223,689	-110,573	66.00
69.00 ELECTROCARDIOLOGY	0	2,716	1,367	2,997,875	-4,083	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	14,801	7,451	396,335	-22,252	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,916,143	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,059,853	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	9,968,271	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	250,635	126,182	2,398,081	-376,817	88.00
91.00 EMERGENCY	0	58,348	29,375	8,799,003	-87,723	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	661,393	332,975	166,186,019	-994,368	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	0	0	29,287	0	192.00
192.01 FAMILY PRACTICE	0	1,010,689	508,833	1,519,522	-1,519,522	192.01
192.02 REFERENCE LAB	0	0	0	0	0	192.02
192.03 UNUSED SPACE	0	0	0	115,148	0	192.03
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,672,082	841,808	167,849,976	-2,513,890	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140164

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	NONPATIENT TELEPHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING RECEIVING AND STORES		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	MAINTENANCE & REPAIRS		6.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	30,536,771	30.00
31.00	INTENSIVE CARE UNIT	6,223,761	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,191,181	35.00
43.00	NURSERY	525,910	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	19,356,206	50.00
50.01	SAME DAY SURGERY	0	50.01
51.00	RECOVERY ROOM	1,244,052	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,755,551	52.00
53.00	ANESTHESIOLOGY	2,671,040	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,238,229	54.00
54.01	ONCOLOGY	4,425,810	54.01
54.02	MAMMOGRAPHY	2,091,503	54.02
56.00	RADIOISOTOPE	2,395,202	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	848,433	58.00
59.00	CARDIAC CATHETERIZATION	11,182,238	59.00
60.00	LABORATORY	9,844,004	60.00
65.00	RESPIRATORY THERAPY	2,503,958	65.00
66.00	PHYSICAL THERAPY	4,113,116	66.00
69.00	ELECTROCARDIOLOGY	2,993,792	69.00
70.00	ELECTROENCEPHALOGRAPHY	374,083	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,916,143	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,059,853	72.00
73.00	DRUGS CHARGED TO PATIENTS	9,968,271	73.00
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	2,021,264	88.00
91.00	EMERGENCY	8,711,280	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	165,191,651	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	29,287	192.00
192.01	FAMILY PRACTICE	0	192.01
192.02	REFERENCE LAB	0	192.02
192.03	UNUSED SPACE	115,148	192.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	165,336,086	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140164

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

Worksheet B Part II Date/Time Prepared: 8/24/2012 3:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	30,806	12,294	43,100	43,100
5.01	NONPATIENT TELEPHONES	0	6,700	0	6,700	0
5.02	DATA PROCESSING	0	21,681	0	21,681	0
5.03	PURCHASING RECEIVING AND STORES	0	87,432	30,023	117,455	0
5.04	ADMINISTRATIVE	0	0	0	0	0
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	85,798	6,132	91,930	574
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	1,546,023	110,333	1,656,356	1,973
6.00	MAINTENANCE & REPAIRS	0	876,963	35,328	912,291	539
8.00	LAUNDRY & LINEN SERVICE	0	26,856	0	26,856	29
9.00	HOUSEKEEPING	0	50,035	14,196	64,231	694
10.00	DIETARY	0	122,977	46,049	169,026	243
11.00	CAFETERIA	0	135,370	0	135,370	805
13.00	NURSING ADMINISTRATION	0	156,397	183,321	339,718	1,217
14.00	CENTRAL SERVICES & SUPPLY	0	89,284	162,435	251,719	676
16.00	MEDICAL RECORDS & LIBRARY	0	50,771	14,846	65,617	430
17.00	SOCIAL SERVICE	0	0	33	33	91
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	888
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,822,866	603,764	2,426,630	9,175
31.00	INTENSIVE CARE UNIT	0	196,000	255,401	451,401	2,076
35.00	NEONATAL INTENSIVE CARE UNIT	0	56,736	162,603	219,339	766
43.00	NURSERY	0	31,377	12,374	43,751	100
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	558,067	1,861,157	2,419,224	4,350
50.01	SAME DAY SURGERY	0	0	0	0	0
51.00	RECOVERY ROOM	0	104,074	0	104,074	428
52.00	DELIVERY ROOM & LABOR ROOM	0	255,051	193,946	448,997	2,536
53.00	ANESTHESIOLOGY	0	11,848	155,543	167,391	0
54.00	RADIOLOGY-DIAGNOSTIC	0	253,716	1,428,883	1,682,599	2,013
54.01	ONCOLOGY	0	195,537	928,910	1,124,447	742
54.02	MAMMOGRAPHY	0	0	526,737	526,737	477
56.00	RADIOISOTOPE	0	48,946	586,135	635,081	298
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	35,763	76,759	112,522	158
59.00	CARDIAC CATHETERIZATION	0	281,771	1,327,451	1,609,222	1,720
60.00	LABORATORY	0	141,335	401,776	543,111	1,947
65.00	RESPIRATORY THERAPY	0	44,560	126,390	170,950	877
66.00	PHYSICAL THERAPY	0	11,412	42,757	54,169	1,553
69.00	ELECTROCARDIOLOGY	0	43,035	298,846	341,881	539
70.00	ELECTROENCEPHALOGRAPHY	0	24,132	54,813	78,945	61
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	54,257	18,875	73,132	1,961
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	15,873	15,873	338
91.00	EMERGENCY	0	248,623	569,041	817,664	2,826
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,706,199	10,263,024	17,969,223	43,100
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	FAMILY PRACTICE	0	0	0	0	0
192.02	REFERENCE LAB	0	0	0	0	0
192.03	UNUSED SPACE	0	50,117	0	50,117	0
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	7,756,316	10,263,024	18,019,340	43,100

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140164

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

Worksheet B
Part II
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES	6,700					5.01
5.02 DATA PROCESSING	162	21,843				5.02
5.03 PURCHASING RECEIVING AND STORES	128	161	117,744			5.03
5.04 ADMINING	0	0	0	0		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	83	666	433	0	93,686	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	368	1,470	0	0	0	5.06
6.00 MAINTENANCE & REPAIRS	358	873	0	0	0	6.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	88	92	21	0	0	9.00
10.00 DIETARY	69	367	4	0	0	10.00
11.00 CAFETERIA	15	0	15	0	0	11.00
13.00 NURSING ADMINISTRATION	216	1,217	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	34	230	770	0	0	14.00
16.00 MEDICAL RECORDS & LIBRARY	157	597	0	0	0	16.00
17.00 SOCIAL SERVICE	34	46	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	49	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,106	3,973	13,657	0	5,197	30.00
31.00 INTENSIVE CARE UNIT	177	1,470	5,642	0	777	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	49	436	14	0	989	35.00
43.00 NURSERY	5	0	2,292	0	295	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	712	1,837	57,370	0	13,114	50.00
50.01 SAME DAY SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	20	0	434	0	1,404	51.00
52.00 DELIVERY ROOM & LABOR ROOM	177	988	3,084	0	1,117	52.00
53.00 ANESTHESIOLOGY	29	46	7,098	0	1,704	53.00
54.00 RADIOLOGY-DIAGNOSTIC	412	1,034	3,194	0	10,633	54.00
54.01 ONCOLOGY	118	597	9	0	2,552	54.01
54.02 MAMMOGRAPHY	0	0	325	0	1,449	54.02
56.00 RADIOISOTOPE	34	115	151	0	1,733	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	32	0	2,118	58.00
59.00 CARDIAC CATHETERIZATION	329	896	13,481	0	5,020	59.00
60.00 LABORATORY	206	804	2,491	0	11,767	60.00
65.00 RESPIRATORY THERAPY	34	253	962	0	1,473	65.00
66.00 PHYSICAL THERAPY	157	873	407	0	1,929	66.00
69.00 ELECTROCARDIOLOGY	177	322	260	0	4,233	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	69	8	0	156	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,751	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,347	72.00
73.00 DRUGS CHARGED TO PATIENTS	83	413	109	0	5,476	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	873	129	0	319	88.00
91.00 EMERGENCY	275	1,102	5,352	0	4,133	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,861	21,820	117,744	0	93,686	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	839	23	0	0	0	192.00
192.01 FAMILY PRACTICE	0	0	0	0	0	192.01
192.02 REFERENCE LAB	0	0	0	0	0	192.02
192.03 UNUSED SPACE	0	0	0	0	0	192.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,700	21,843	117,744	0	93,686	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140164

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

Worksheet B
Part II
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	OTHER	MAINTENANCE &	LAUNDRY &	HOUSEKEEPING	DIETARY	
	ADMINISTRATIVE AND GENERAL	REPAIRS	LINEN SERVICE			
	5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06	1,660,167					5.06
6.00	37,680	951,741				6.00
8.00	8,759	5,011	40,655			8.00
9.00	20,763	9,336	0	95,225		9.00
10.00	10,020	22,945	0	2,331	205,005	10.00
11.00	16,803	25,258	0	2,566	0	11.00
13.00	32,767	29,181	0	2,964	0	13.00
14.00	19,995	16,659	0	1,692	0	14.00
16.00	9,636	9,473	0	962	0	16.00
17.00	1,818	0	0	0	0	17.00
19.00	0	0	0	0	0	19.00
21.00	16,538	0	0	0	0	21.00
22.00	7,884	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	241,999	340,113	34,570	34,550	174,321	30.00
31.00	53,271	36,570	4,100	3,715	20,675	31.00
35.00	18,661	10,586	1,985	1,075	10,009	35.00
43.00	4,627	5,854	0	595	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	163,016	104,126	0	10,578	0	50.00
50.01	0	0	0	0	0	50.01
51.00	10,317	19,418	0	1,973	0	51.00
52.00	58,756	47,588	0	4,834	0	52.00
53.00	25,925	2,211	0	225	0	53.00
54.00	75,820	47,339	0	4,809	0	54.00
54.01	40,906	36,484	0	3,706	0	54.01
54.02	20,358	0	0	0	0	54.02
56.00	22,839	9,132	0	928	0	56.00
58.00	7,668	6,673	0	678	0	58.00
59.00	96,117	52,574	0	5,341	0	59.00
60.00	93,224	26,371	0	2,679	0	60.00
65.00	23,364	8,314	0	845	0	65.00
66.00	39,602	2,129	0	216	0	66.00
69.00	28,282	8,030	0	816	0	69.00
70.00	3,345	4,503	0	457	0	70.00
71.00	136,756	0	0	0	0	71.00
72.00	118,338	0	0	0	0	72.00
73.00	96,793	10,123	0	1,028	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	19,640	0	0	0	0	88.00
91.00	77,032	46,389	0	4,712	0	91.00
92.00						92.00
SPECIAL PURPOSE COST CENTERS						
113.00						113.00
118.00	1,659,319	942,390	40,655	94,275	205,005	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
192.00	290	0	0	0	0	192.00
192.01	0	0	0	0	0	192.01
192.02	0	0	0	0	0	192.02
192.03	558	9,351	0	950	0	192.03
200.00						200.00
201.00	0	0	0	0	0	201.00
202.00	1,660,167	951,741	40,655	95,225	205,005	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140164

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

Worksheet B
Part II
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11.00	13.00	14.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6.00						6.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00	180,832					11.00
13.00	3,699	410,979				13.00
14.00	6,093	0	297,868			14.00
16.00	3,917	0	0	90,789		16.00
17.00	435	0	0	0	2,457	17.00
19.00	0	0	0	0	0	19.00
21.00	0	0	0	0	0	21.00
22.00	4,352	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	47,439	170,979	93	5,011	2,089	30.00
31.00	8,922	32,157	552	750	248	31.00
35.00	2,829	10,196	0	954	120	35.00
43.00	435	1,569	4	284	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	18,714	67,451	176,384	13,095	0	50.00
50.01	0	0	0	0	0	50.01
51.00	1,523	5,490	12	1,354	0	51.00
52.00	12,186	43,921	68	1,077	0	52.00
53.00	0	0	2,251	1,643	0	53.00
54.00	9,575	0	7,507	10,253	0	54.00
54.01	3,047	0	55	2,460	0	54.01
54.02	0	0	2,268	1,397	0	54.02
56.00	870	0	0	1,671	0	56.00
58.00	653	0	46	2,042	0	58.00
59.00	7,399	26,667	104,979	4,840	0	59.00
60.00	11,533	0	0	11,347	0	60.00
65.00	4,787	1,569	1,363	1,421	0	65.00
66.00	6,528	0	917	1,861	0	66.00
69.00	2,829	0	884	4,082	0	69.00
70.00	435	0	183	151	0	70.00
71.00	0	0	133	7,474	0	71.00
72.00	0	0	0	8,049	0	72.00
73.00	5,440	0	0	5,280	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	3,047	0	83	307	0	88.00
91.00	14,145	50,980	86	3,986	0	91.00
92.00						92.00
SPECIAL PURPOSE COST CENTERS						
113.00						113.00
118.00	180,832	410,979	297,868	90,789	2,457	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
192.00	0	0	0	0	0	192.00
192.01	0	0	0	0	0	192.01
192.02	0	0	0	0	0	192.02
192.03	0	0	0	0	0	192.03
200.00						200.00
201.00	0	0	0	0	0	201.00
202.00	180,832	410,979	297,868	90,789	2,457	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140164

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

Worksheet B
Part II
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		19.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6.00						6.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
13.00						13.00
14.00						14.00
16.00						16.00
17.00						17.00
19.00	0					19.00
21.00		17,426				21.00
22.00			12,285			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00				3,510,902	0	30.00
31.00				622,503	0	31.00
35.00				278,008	0	35.00
43.00				59,811	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00				3,049,971	0	50.00
50.01				0	0	50.01
51.00				146,447	0	51.00
52.00				625,329	0	52.00
53.00				208,523	0	53.00
54.00				1,855,188	0	54.00
54.01				1,215,123	0	54.01
54.02				553,011	0	54.02
56.00				672,852	0	56.00
58.00				132,590	0	58.00
59.00				1,928,585	0	59.00
60.00				705,480	0	60.00
65.00				216,212	0	65.00
66.00				110,341	0	66.00
69.00				392,335	0	69.00
70.00				88,313	0	70.00
71.00				152,114	0	71.00
72.00				134,734	0	72.00
73.00				199,838	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00				40,609	0	88.00
91.00				1,028,682	0	91.00
92.00					0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00						113.00
118.00	0	0	0	17,927,501	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00				0	0	190.00
192.00				1,152	0	192.00
192.01				0	0	192.01
192.02				0	0	192.02
192.03				60,976	0	192.03
200.00	0	17,426	12,285	29,711	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	17,426	12,285	18,019,340	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140164

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

Worksheet B
Part II
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	NONPATIENT TELEPHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING RECEIVING AND STORES		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	MAINTENANCE & REPAIRS		6.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	3,510,902	30.00
31.00	INTENSIVE CARE UNIT	622,503	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	278,008	35.00
43.00	NURSERY	59,811	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	3,049,971	50.00
50.01	SAME DAY SURGERY	0	50.01
51.00	RECOVERY ROOM	146,447	51.00
52.00	DELIVERY ROOM & LABOR ROOM	625,329	52.00
53.00	ANESTHESIOLOGY	208,523	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,855,188	54.00
54.01	ONCOLOGY	1,215,123	54.01
54.02	MAMMOGRAPHY	553,011	54.02
56.00	RADIOISOTOPE	672,852	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	132,590	58.00
59.00	CARDIAC CATHETERIZATION	1,928,585	59.00
60.00	LABORATORY	705,480	60.00
65.00	RESPIRATORY THERAPY	216,212	65.00
66.00	PHYSICAL THERAPY	110,341	66.00
69.00	ELECTROCARDIOLOGY	392,335	69.00
70.00	ELECTROENCEPHALOGRAPHY	88,313	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	152,114	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	134,734	72.00
73.00	DRUGS CHARGED TO PATIENTS	199,838	73.00
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	40,609	88.00
91.00	EMERGENCY	1,028,682	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,927,501	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,152	192.00
192.01	FAMILY PRACTICE	0	192.01
192.02	REFERENCE LAB	0	192.02
192.03	UNUSED SPACE	60,976	192.03
200.00	Cross Foot Adjustments	29,711	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	18,019,340	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140164

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

Worksheet B-1
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	DATA PROCESSING (# OF PCS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	284,767					1.00
2.00		4,705,053				2.00
4.00	1,131	5,636	52,422,352			4.00
5.01	246	0	0	1,365		5.01
5.02	796	0	0	33	951	5.02
5.03	3,210	13,764	0	26	7	5.03
5.04	0	0	0	0	0	5.04
5.05	3,150	2,811	698,202	17	29	5.05
5.06	56,761	50,582	2,399,657	75	64	5.06
6.00	32,197	16,196	656,275	73	38	6.00
8.00	986	0	35,425	0	0	8.00
9.00	1,837	6,508	843,951	18	4	9.00
10.00	4,515	21,111	296,128	14	16	10.00
11.00	4,970	0	979,185	3	0	11.00
13.00	5,742	84,043	1,480,627	44	53	13.00
14.00	3,278	74,468	822,612	7	10	14.00
16.00	1,864	6,806	522,648	32	26	16.00
17.00	0	15	111,035	7	2	17.00
19.00	0	0	0	0	0	19.00
21.00	0	0	1,080,437	0	0	21.00
22.00	0	0	0	10	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	66,925	276,794	11,149,771	225	173	30.00
31.00	7,196	117,088	2,525,767	36	64	31.00
35.00	2,083	74,545	931,521	10	19	35.00
43.00	1,152	5,673	121,528	1	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	20,489	853,242	5,292,356	145	80	50.00
50.01	0	0	0	0	0	50.01
51.00	3,821	0	521,110	4	0	51.00
52.00	9,364	88,914	3,085,026	36	43	52.00
53.00	435	71,308	0	6	2	53.00
54.00	9,315	655,067	2,448,721	84	45	54.00
54.01	7,179	425,856	903,261	24	26	54.01
54.02	0	241,481	580,634	0	0	54.02
56.00	1,797	268,712	362,162	7	5	56.00
58.00	1,313	35,190	192,267	0	0	58.00
59.00	10,345	608,566	2,091,985	67	39	59.00
60.00	5,189	184,193	2,368,149	42	35	60.00
65.00	1,636	57,943	1,067,303	7	11	65.00
66.00	419	19,602	1,888,951	32	38	66.00
69.00	1,580	137,005	655,420	36	14	69.00
70.00	886	25,129	74,592	0	3	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	1,992	8,653	2,385,775	17	18	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	0	7,277	411,735	0	38	88.00
91.00	9,128	260,875	3,438,136	56	48	91.00
92.00						92.00
SPECIAL PURPOSE COST CENTERS						
113.00						113.00
118.00	282,927	4,705,053	52,422,352	1,194	950	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
192.00	0	0	0	171	0	192.00
192.01	0	0	0	0	0	192.01
192.02	0	0	0	0	0	192.02
192.03	1,840	0	0	0	0	192.03
200.00						200.00
201.00						201.00
202.00	7,756,316	10,263,024	19,660,918	6,700	3,697,208	202.00
203.00	27.237412	2.181277	0.375048	4.908425	3,887.705573	203.00
204.00			43,100	6,700	21,843	204.00
205.00			0.000822	4.908425	22.968454	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140164

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

Worksheet B-1

Date/Time Prepared: 8/24/2012 3:00 pm

Cost Center Description	PURCHASING RECEIVING AND STORES (PURCH SUPPLIES)	ADMITTING (IP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES	8,888,248					5.03
5.04 ADMITTING	0	271,261,735				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	32,666	0	558,910,059			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	1	0	0	-18,714,429	149,135,547	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	3,384,830	6.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	786,828	8.00
9.00 HOUSEKEEPING	1,563	0	0	0	1,865,157	9.00
10.00 DIETARY	339	0	0	0	900,063	10.00
11.00 CAFETERIA	1,122	0	0	0	1,509,400	11.00
13.00 NURSING ADMINISTRATION	0	0	0	0	2,943,496	13.00
14.00 CENTRAL SERVICES & SUPPLY	58,131	0	0	0	1,796,153	14.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	865,617	16.00
17.00 SOCIAL SERVICE	0	0	0	0	163,274	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,485,653	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	708,230	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,030,976	23,948,510	30,934,006	0	21,740,226	30.00
31.00 INTENSIVE CARE UNIT	425,889	4,617,397	4,626,784	0	4,785,389	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	1,031	5,889,585	5,889,585	0	1,676,363	35.00
43.00 NURSERY	173,003	1,748,125	1,755,677	0	415,619	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,330,836	45,280,038	79,311,730	0	14,643,920	50.00
50.01 SAME DAY SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	32,749	4,738,087	8,358,555	0	926,755	51.00
52.00 DELIVERY ROOM & LABOR ROOM	232,775	3,765,661	6,648,415	0	5,278,125	52.00
53.00 ANESTHESIOLOGY	535,800	6,361,738	10,141,029	0	2,328,881	53.00
54.00 RADIOLOGY-DIAGNOSTIC	241,143	17,841,306	63,292,272	0	6,810,998	54.00
54.01 ONCOLOGY	683	135,942	15,187,651	0	3,674,618	54.01
54.02 MAMMOGRAPHY	24,513	0	8,623,000	0	1,828,776	54.02
56.00 RADIOISOTOPE	11,384	2,245,978	10,317,161	0	2,051,612	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,399	1,962,396	12,606,224	0	688,806	58.00
59.00 CARDIAC CATHETERIZATION	1,017,645	13,706,920	29,879,086	0	8,634,327	59.00
60.00 LABORATORY	188,025	33,480,824	70,043,140	0	8,374,385	60.00
65.00 RESPIRATORY THERAPY	72,646	7,697,592	8,769,920	0	2,098,820	65.00
66.00 PHYSICAL THERAPY	30,718	2,086,714	11,485,023	0	3,557,462	66.00
69.00 ELECTROCARDIOLOGY	19,620	9,607,736	25,195,322	0	2,540,568	69.00
70.00 ELECTROENCEPHALOGRAPHY	570	646,128	931,130	0	300,486	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	24,910,954	46,134,812	0	12,284,911	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	29,849,121	49,686,205	0	10,630,391	72.00
73.00 DRUGS CHARGED TO PATIENTS	8,252	25,766,070	32,594,944	0	8,695,042	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	9,758	0	1,895,922	0	1,764,320	88.00
91.00 EMERGENCY	404,011	4,974,913	24,602,466	0	6,919,907	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,888,248	271,261,735	558,910,059	-18,714,429	149,059,408	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	0	0	0	26,022	192.00
192.01 FAMILY PRACTICE	0	0	0	0	0	192.01
192.02 REFERENCE LAB	0	0	0	0	0	192.02
192.03 UNUSED SPACE	0	0	0	0	50,117	192.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	214,517	0	4,500,983		18,714,429	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.024135	0.000000	0.008053		0.125486	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	117,744	0	93,686		1,660,167	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.013247	0.000000	0.000168		0.011132	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140164

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

Worksheet B-1

Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS	187,276					6.00
8.00	LAUNDRY & LINEN SERVICE	986	34,001				8.00
9.00	HOUSEKEEPING	1,837	0	184,453			9.00
10.00	DIETARY	4,515	0	4,515	102,003		10.00
11.00	CAFETERIA	4,970	0	4,970	0	831	11.00
13.00	NURSING ADMINISTRATION	5,742	0	5,742	0	17	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,278	0	3,278	0	28	14.00
16.00	MEDICAL RECORDS & LIBRARY	1,864	0	1,864	0	18	16.00
17.00	SOCIAL SERVICE	0	0	0	0	2	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	20	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	66,925	28,912	66,925	86,736	218	30.00
31.00	INTENSIVE CARE UNIT	7,196	3,429	7,196	10,287	41	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,083	1,660	2,083	4,980	13	35.00
43.00	NURSERY	1,152	0	1,152	0	2	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	20,489	0	20,489	0	86	50.00
50.01	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	RECOVERY ROOM	3,821	0	3,821	0	7	51.00
52.00	DELIVERY ROOM & LABOR ROOM	9,364	0	9,364	0	56	52.00
53.00	ANESTHESIOLOGY	435	0	435	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,315	0	9,315	0	44	54.00
54.01	ONCOLOGY	7,179	0	7,179	0	14	54.01
54.02	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	RADIOLOGY	1,797	0	1,797	0	4	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,313	0	1,313	0	3	58.00
59.00	CARDIAC CATHETERIZATION	10,345	0	10,345	0	34	59.00
60.00	LABORATORY	5,189	0	5,189	0	53	60.00
65.00	RESPIRATORY THERAPY	1,636	0	1,636	0	22	65.00
66.00	PHYSICAL THERAPY	419	0	419	0	30	66.00
69.00	ELECTROCARDIOLOGY	1,580	0	1,580	0	13	69.00
70.00	ELECTROENCEPHALOGRAPHY	886	0	886	0	2	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,992	0	1,992	0	25	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	14	88.00
91.00	EMERGENCY	9,128	0	9,128	0	65	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	185,436	34,001	182,613	102,003	831	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	0	0	0	0	192.00
192.01	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	REFERENCE LAB	0	0	0	0	0	192.02
192.03	UNUSED SPACE	1,840	0	1,840	0	0	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,809,579	905,621	2,136,576	1,157,151	1,857,478	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.342057	26.635128	11.583308	11.344284	2,235.232250	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	951,741	40,655	95,225	205,005	180,832	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.082023	1.195700	0.516256	2.009794	217.607702	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140164

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

Worksheet B-1

Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	13.00	14.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	524					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	22,142,775				14.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	558,910,059			16.00
17.00 SOCIAL SERVICE	0	0	0	34,001		17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	100	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	218	6,922	30,934,006	28,912		30.00
31.00 INTENSIVE CARE UNIT	41	41,056	4,626,784	3,429		31.00
35.00 NEONATAL INTENSIVE CARE UNIT	13	0	5,889,585	1,660		35.00
43.00 NURSERY	2	267	1,755,677	0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	86	13,111,976	79,311,730	0	0	50.00
50.01 SAME DAY SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	7	920	8,358,555	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	56	5,032	6,648,415	0	0	52.00
53.00 ANESTHESIOLOGY	0	167,301	10,141,029	0	100	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	558,054	63,292,272	0	0	54.00
54.01 ONCOLOGY	0	4,062	15,187,651	0	0	54.01
54.02 MAMMOGRAPHY	0	168,622	8,623,000	0	0	54.02
56.00 RADIOISOTOPE	0	0	10,317,161	0	0	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	3,415	12,606,224	0	0	58.00
59.00 CARDIAC CATHETERIZATION	34	7,803,956	29,879,086	0	0	59.00
60.00 LABORATORY	0	0	70,043,140	0	0	60.00
65.00 RESPIRATORY THERAPY	2	101,321	8,769,920	0	0	65.00
66.00 PHYSICAL THERAPY	0	68,134	11,485,023	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	65,690	25,195,322	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	13,601	931,130	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,885	46,134,812	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	49,686,205	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	32,594,944	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	6,171	1,895,922	0	0	88.00
91.00 EMERGENCY	65	6,390	24,602,466	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	524	22,142,775	558,910,059	34,001	100	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	0	0	0	0	192.00
192.01 FAMILY PRACTICE	0	0	0	0	0	192.01
192.02 REFERENCE LAB	0	0	0	0	0	192.02
192.03 UNUSED SPACE	0	0	0	0	0	192.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,534,178	2,188,783	1,073,983	188,233	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6,744.614504	0.098849	0.001922	5.536102	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	410,979	297,868	90,789	2,457	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	784.311069	0.013452	0.000162	0.072263	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140164

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

Worksheet B-1
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING RECEIVING AND STORES			5.03
5.04	ADMINISTRATIVE			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	MAINTENANCE & REPAIRS			6.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	54,792		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		54,792	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	4,999	4,999	30.00
31.00	INTENSIVE CARE UNIT	92	92	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
43.00	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	2,297	2,297	50.00
50.01	SAME DAY SURGERY	0	0	50.01
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	89	89	53.00
54.00	RADIOLOGY-DIAGNOSTIC	160	160	54.00
54.01	ONCOLOGY	0	0	54.01
54.02	MAMMOGRAPHY	0	0	54.02
56.00	RADIOISOTOPE	0	0	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	80	80	59.00
60.00	LABORATORY	0	0	60.00
65.00	RESPIRATORY THERAPY	847	847	65.00
66.00	PHYSICAL THERAPY	2,410	2,410	66.00
69.00	ELECTROCARDIOLOGY	89	89	69.00
70.00	ELECTROENCEPHALOGRAPHY	485	485	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	8,213	8,213	88.00
91.00	EMERGENCY	1,912	1,912	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	21,673	21,673	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	FAMILY PRACTICE	33,119	33,119	192.01
192.02	REFERENCE LAB	0	0	192.02
192.03	UNUSED SPACE	0	0	192.03
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,672,082	841,808	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	30.516900	15.363703	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	17,426	12,285	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.318039	0.224212	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet C Part I Date/Time Prepared: 8/24/2012 3:00 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	30,536,771		30,536,771	0	30,536,771	30.00
31.00	INTENSIVE CARE UNIT	6,223,761		6,223,761	8,508	6,232,269	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,191,181		2,191,181	465,716	2,656,897	35.00
43.00	NURSERY	525,910		525,910	0	525,910	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	19,356,206		19,356,206	20,153	19,376,359	50.00
50.01	SAME DAY SURGERY	0		0	0	0	50.01
51.00	RECOVERY ROOM	1,244,052		1,244,052	0	1,244,052	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,755,551		6,755,551	0	6,755,551	52.00
53.00	ANESTHESIOLOGY	2,671,040		2,671,040	0	2,671,040	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,238,229		8,238,229	0	8,238,229	54.00
54.01	ONCOLOGY	4,425,810		4,425,810	65,309	4,491,119	54.01
54.02	MAMMOGRAPHY	2,091,503		2,091,503	16,312	2,107,815	54.02
56.00	RADIOISOTOPE	2,395,202		2,395,202	0	2,395,202	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	848,433		848,433	0	848,433	58.00
59.00	CARDIAC CATHETERIZATION	11,182,238		11,182,238	9,538	11,191,776	59.00
60.00	LABORATORY	9,844,004		9,844,004	56,500	9,900,504	60.00
65.00	RESPIRATORY THERAPY	2,503,958	0	2,503,958	0	2,503,958	65.00
66.00	PHYSICAL THERAPY	4,113,116	0	4,113,116	0	4,113,116	66.00
69.00	ELECTROCARDIOLOGY	2,993,792		2,993,792	4,012	2,997,804	69.00
70.00	ELECTROENCEPHALOGRAPHY	374,083		374,083	0	374,083	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,916,143		13,916,143	0	13,916,143	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,059,853		12,059,853	0	12,059,853	72.00
73.00	DRUGS CHARGED TO PATIENTS	9,968,271		9,968,271	0	9,968,271	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	2,021,264		2,021,264	0	2,021,264	88.00
91.00	EMERGENCY	8,711,280		8,711,280	0	8,711,280	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,786,925		3,786,925		3,786,925	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	168,978,576	0	168,978,576	646,048	169,624,624	200.00
201.00	Less Observation Beds	3,786,925		3,786,925		3,786,925	201.00
202.00	Total (see instructions)	165,191,651	0	165,191,651	646,048	165,837,699	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet C Part I Date/Time Prepared: 8/24/2012 3:00 pm
		Title XVIIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	25,271,833		25,271,833		30.00
31.00	INTENSIVE CARE UNIT	4,626,784		4,626,784		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	5,888,517		5,888,517		35.00
43.00	NURSERY	1,755,677		1,755,677		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	45,211,468	33,409,915	78,621,383	0.246195	50.00
50.01	SAME DAY SURGERY	0	0	0	0.000000	50.01
51.00	RECOVERY ROOM	4,738,087	3,395,449	8,133,536	0.152953	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,765,661	2,848,266	6,613,927	1.021413	52.00
53.00	ANESTHESIOLOGY	6,361,738	3,698,817	10,060,555	0.265496	53.00
54.00	RADIOLOGY-DIAGNOSTIC	17,841,306	44,739,045	62,580,351	0.131642	54.00
54.01	ONCOLOGY	135,942	14,887,585	15,023,527	0.294592	54.01
54.02	MAMMOGRAPHY	855	8,503,524	8,504,379	0.245932	54.02
56.00	RADIOISOTOPE	2,245,978	7,883,342	10,129,320	0.236462	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,962,396	10,300,644	12,263,040	0.069186	58.00
59.00	CARDIAC CATHETERIZATION	13,706,920	15,978,032	29,684,952	0.376697	59.00
60.00	LABORATORY	33,480,824	35,726,321	69,207,145	0.142240	60.00
65.00	RESPIRATORY THERAPY	7,697,592	1,064,218	8,761,810	0.285781	65.00
66.00	PHYSICAL THERAPY	2,086,714	9,022,184	11,108,898	0.370254	66.00
69.00	ELECTROCARDIOLOGY	8,956,068	14,629,283	23,585,351	0.126934	69.00
70.00	ELECTROENCEPHALOGRAPHY	646,128	283,302	929,430	0.402486	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,910,954	21,000,221	45,911,175	0.303110	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	29,849,121	19,712,983	49,562,104	0.243328	72.00
73.00	DRUGS CHARGED TO PATIENTS	25,766,070	6,688,342	32,454,412	0.307147	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	1,895,922	1,895,922		88.00
91.00	EMERGENCY	4,974,913	19,413,489	24,388,402	0.357189	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	853,836	4,758,213	5,612,049	0.674785	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	272,735,382	279,839,097	552,574,479		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	272,735,382	279,839,097	552,574,479		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140164

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

Worksheet C
Part I
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
35.00	NEONATAL INTENSIVE CARE UNIT				35.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.246452			50.00
50.01	SAME DAY SURGERY	0.000000			50.01
51.00	RECOVERY ROOM	0.152953			51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.021413			52.00
53.00	ANESTHESIOLOGY	0.265496			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.131642			54.00
54.01	ONCOLOGY	0.298939			54.01
54.02	MAMMOGRAPHY	0.247851			54.02
56.00	RADIOISOTOPE	0.236462			56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.069186			58.00
59.00	CARDIAC CATHETERIZATION	0.377018			59.00
60.00	LABORATORY	0.143056			60.00
65.00	RESPIRATORY THERAPY	0.285781			65.00
66.00	PHYSICAL THERAPY	0.370254			66.00
69.00	ELECTROCARDIOLOGY	0.127104			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.402486			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.303110			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.243328			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.307147			73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
91.00	EMERGENCY	0.357189			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.674785			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet C Part I Date/Time Prepared: 8/24/2012 3:00 pm
		Title XIX	Hospital	Cost

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	30,536,771		30,536,771	0	0 30.00
31.00	INTENSIVE CARE UNIT	6,223,761		6,223,761	0	0 31.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,191,181		2,191,181	0	0 35.00
43.00	NURSERY	525,910		525,910	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	19,356,206		19,356,206	0	0 50.00
50.01	SAME DAY SURGERY	0		0	0	0 50.01
51.00	RECOVERY ROOM	1,244,052		1,244,052	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,755,551		6,755,551	0	0 52.00
53.00	ANESTHESIOLOGY	2,671,040		2,671,040	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,238,229		8,238,229	0	0 54.00
54.01	ONCOLOGY	4,425,810		4,425,810	0	0 54.01
54.02	MAMMOGRAPHY	2,091,503		2,091,503	0	0 54.02
56.00	RADIOISOTOPE	2,395,202		2,395,202	0	0 56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	848,433		848,433	0	0 58.00
59.00	CARDIAC CATHETERIZATION	11,182,238		11,182,238	0	0 59.00
60.00	LABORATORY	9,844,004		9,844,004	0	0 60.00
65.00	RESPIRATORY THERAPY	2,503,958	0	2,503,958	0	0 65.00
66.00	PHYSICAL THERAPY	4,113,116	0	4,113,116	0	0 66.00
69.00	ELECTROCARDIOLOGY	2,993,792		2,993,792	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	374,083		374,083	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,916,143		13,916,143	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,059,853		12,059,853	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	9,968,271		9,968,271	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	2,021,264		2,021,264	0	0 88.00
91.00	EMERGENCY	8,711,280		8,711,280	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,786,925		3,786,925	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	168,978,576	0	168,978,576	0	0 200.00
201.00	Less Observation Beds	3,786,925		3,786,925		0 201.00
202.00	Total (see instructions)	165,191,651	0	165,191,651	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet C Part I Date/Time Prepared: 8/24/2012 3:00 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	25,271,833		25,271,833		30.00
31.00	INTENSIVE CARE UNIT	4,626,784		4,626,784		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	5,888,517		5,888,517		35.00
43.00	NURSERY	1,755,677		1,755,677		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	45,211,468	33,409,915	78,621,383	0.246195	50.00
50.01	SAME DAY SURGERY	0	0	0	0.000000	50.01
51.00	RECOVERY ROOM	4,738,087	3,395,449	8,133,536	0.152953	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,765,661	2,848,266	6,613,927	1.021413	52.00
53.00	ANESTHESIOLOGY	6,361,738	3,698,817	10,060,555	0.265496	53.00
54.00	RADIOLOGY-DIAGNOSTIC	17,841,306	44,739,045	62,580,351	0.131642	54.00
54.01	ONCOLOGY	135,942	14,887,585	15,023,527	0.294592	54.01
54.02	MAMMOGRAPHY	855	8,503,524	8,504,379	0.245932	54.02
56.00	RADIOISOTOPE	2,245,978	7,883,342	10,129,320	0.236462	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,962,396	10,300,644	12,263,040	0.069186	58.00
59.00	CARDIAC CATHETERIZATION	13,706,920	15,978,032	29,684,952	0.376697	59.00
60.00	LABORATORY	33,480,824	35,726,321	69,207,145	0.142240	60.00
65.00	RESPIRATORY THERAPY	7,697,592	1,064,218	8,761,810	0.285781	65.00
66.00	PHYSICAL THERAPY	2,086,714	9,022,184	11,108,898	0.370254	66.00
69.00	ELECTROCARDIOLOGY	8,956,068	14,629,283	23,585,351	0.126934	69.00
70.00	ELECTROENCEPHALOGRAPHY	646,128	283,302	929,430	0.402486	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,910,954	21,000,221	45,911,175	0.303110	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	29,849,121	19,712,983	49,562,104	0.243328	72.00
73.00	DRUGS CHARGED TO PATIENTS	25,766,070	6,688,342	32,454,412	0.307147	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	1,895,922	1,895,922	1.066111	88.00
91.00	EMERGENCY	4,974,913	19,413,489	24,388,402	0.357189	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	853,836	4,758,213	5,612,049	0.674785	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	272,735,382	279,839,097	552,574,479		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	272,735,382	279,839,097	552,574,479		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140164

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

Worksheet C
Part I
Date/Time Prepared:
8/24/2012 3:00 pm

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
35.00	NEONATAL INTENSIVE CARE UNIT				35.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
50.01	SAME DAY SURGERY	0.000000			50.01
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
54.01	ONCOLOGY	0.000000			54.01
54.02	MAMMOGRAPHY	0.000000			54.02
56.00	RADIOISOTOPE	0.000000			56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
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 PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000			88.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140164		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part I Date/Time Prepared: 8/24/2012 3:00 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		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	3,510,902	0	3,510,902	33,005	106.37	30.00
31.00	INTENSIVE CARE UNIT	622,503		622,503	3,429	181.54	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	278,008		278,008	1,660	167.47	35.00
43.00	NURSERY	59,811		59,811	3,371	17.74	43.00
200.00	Total (lines 30-199)	4,471,224		4,471,224	41,465		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140164		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part I Date/Time Prepared: 8/24/2012 3:00 pm	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII	Hospital	PPS	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,321	1,523,325				30.00
31.00	INTENSIVE CARE UNIT	1,936	351,461				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	16,257	1,874,786				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet D Part II Date/Time Prepared: 8/24/2012 3:00 pm
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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	3,049,971	78,621,383	0.038793	22,112,969	857,828	50.00
50.01	SAME DAY SURGERY	0	0	0.000000	0	0	50.01
51.00	RECOVERY ROOM	146,447	8,133,536	0.018005	2,085,170	37,543	51.00
52.00	DELIVERY ROOM & LABOR ROOM	625,329	6,613,927	0.094547	53,803	5,087	52.00
53.00	ANESTHESIOLOGY	208,523	10,060,555	0.020727	2,852,202	59,118	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,855,188	62,580,351	0.029645	10,754,197	318,808	54.00
54.01	ONCOLOGY	1,215,123	15,023,527	0.080881	85,035	6,878	54.01
54.02	MAMMOGRAPHY	553,011	8,504,379	0.065027	855	56	54.02
56.00	RADIOISOTOPE	672,852	10,129,320	0.066426	1,846,182	122,634	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	132,590	12,263,040	0.010812	1,119,740	12,107	58.00
59.00	CARDIAC CATHETERIZATION	1,928,585	29,684,952	0.064968	6,453,248	419,255	59.00
60.00	LABORATORY	705,480	69,207,145	0.010194	19,136,084	195,073	60.00
65.00	RESPIRATORY THERAPY	216,212	8,761,810	0.024677	4,702,243	116,037	65.00
66.00	PHYSICAL THERAPY	110,341	11,108,898	0.009933	1,392,683	13,834	66.00
69.00	ELECTROCARDIOLOGY	392,335	23,585,351	0.016635	5,651,111	94,006	69.00
70.00	ELECTROENCEPHALOGRAPHY	88,313	929,430	0.095018	279,658	26,573	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	152,114	45,911,175	0.003313	11,241,091	37,242	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	134,734	49,562,104	0.002718	17,147,778	46,608	72.00
73.00	DRUGS CHARGED TO PATIENTS	199,838	32,454,412	0.006157	15,021,134	92,485	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	40,609	1,895,922	0.021419	0	0	88.00
91.00	EMERGENCY	1,028,682	24,388,402	0.042179	2,534,132	106,887	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	435,394	5,612,049	0.077582	584,646	45,358	92.00
200.00	Total (Lines 50-199)	13,891,671	515,031,668		125,053,961	2,613,417	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140164		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part III Date/Time Prepared: 8/24/2012 3:00 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
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: 140164		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part III Date/Time Prepared: 8/24/2012 3:00 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	33,005	0.00	14,321	0	0	30.00
31.00	INTENSIVE CARE UNIT	3,429	0.00	1,936	0	0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,660	0.00	0	0	0	35.00
43.00	NURSERY	3,371	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	41,465		16,257	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140164		Period: From 04/01/2011 To 03/31/2012		Worksheet D Part III Date/Time Prepared: 8/24/2012 3:00 pm	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
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: 140164

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

Worksheet D
Part IV
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	SAME DAY SURGERY	0	0	0	0	0	50.01
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
54.01	ONCOLOGY	0	0	0	0	0	54.01
54.02	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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 PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140164

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

Worksheet D
Part IV
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	78,621,383	0.000000	0.000000	22,112,969	50.00	
50.01	SAME DAY SURGERY	0	0	0.000000	0.000000	0	50.01	
51.00	RECOVERY ROOM	0	8,133,536	0.000000	0.000000	2,085,170	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	6,613,927	0.000000	0.000000	53,803	52.00	
53.00	ANESTHESIOLOGY	0	10,060,555	0.000000	0.000000	2,852,202	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	62,580,351	0.000000	0.000000	10,754,197	54.00	
54.01	ONCOLOGY	0	15,023,527	0.000000	0.000000	85,035	54.01	
54.02	MAMMOGRAPHY	0	8,504,379	0.000000	0.000000	855	54.02	
56.00	RADIOISOTOPE	0	10,129,320	0.000000	0.000000	1,846,182	56.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	12,263,040	0.000000	0.000000	1,119,740	58.00	
59.00	CARDIAC CATHETERIZATION	0	29,684,952	0.000000	0.000000	6,453,248	59.00	
60.00	LABORATORY	0	69,207,145	0.000000	0.000000	19,136,084	60.00	
65.00	RESPIRATORY THERAPY	0	8,761,810	0.000000	0.000000	4,702,243	65.00	
66.00	PHYSICAL THERAPY	0	11,108,898	0.000000	0.000000	1,392,683	66.00	
69.00	ELECTROCARDIOLOGY	0	23,585,351	0.000000	0.000000	5,651,111	69.00	
70.00	ELECTROENCEPHALOGRAPHY	0	929,430	0.000000	0.000000	279,658	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	45,911,175	0.000000	0.000000	11,241,091	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	49,562,104	0.000000	0.000000	17,147,778	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	32,454,412	0.000000	0.000000	15,021,134	73.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	1,895,922	0.000000	0.000000	0	88.00	
91.00	EMERGENCY	0	24,388,402	0.000000	0.000000	2,534,132	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,612,049	0.000000	0.000000	584,646	92.00	
200.00	Total (Lines 50-199)	0	515,031,668			125,053,961	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140164

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

Worksheet D
Part IV
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	OPERATING ROOM	0	10,059,861	0	0	0	50.00
50.01	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	RECOVERY ROOM	0	2,803,929	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,023,611	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	13,462,645	0	0	0	54.00
54.01	ONCOLOGY	0	7,031,894	0	0	0	54.01
54.02	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	RADIOISOTOPE	0	5,290,083	0	0	0	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,528,925	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	7,071,532	0	0	0	59.00
60.00	LABORATORY	0	1,557,598	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	382,468	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	810	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	5,138,667	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	51,148	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,357,405	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	11,879,098	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,604,445	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	EMERGENCY	0	3,877,817	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,537,146	0	0	0	92.00
200.00	Total (Lines 50-199)	0	83,659,082	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140164

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

Worksheet D
Part IV
Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0	50.00
50.01	SAME DAY SURGERY	0	0	50.01
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
54.01	ONCOLOGY	0	0	54.01
54.02	MAMMOGRAPHY	0	0	54.02
56.00	RADIOISOTOPE	0	0	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
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 PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet D Part V Date/Time Prepared: 8/24/2012 3:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.246195	10,059,861	0	0	50.00
50.01	SAME DAY SURGERY	0.000000	0	0	0	50.01
51.00	RECOVERY ROOM	0.152953	2,803,929	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.021413	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.265496	1,023,611	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.131642	13,462,645	0	0	54.00
54.01	ONCOLOGY	0.294592	7,031,894	0	0	54.01
54.02	MAMMOGRAPHY	0.245932	0	0	0	54.02
56.00	RADIOISOTOPE	0.236462	5,290,083	0	0	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.069186	2,528,925	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.376697	7,071,532	0	0	59.00
60.00	LABORATORY	0.142240	1,557,598	0	0	60.00
65.00	RESPIRATORY THERAPY	0.285781	382,468	0	0	65.00
66.00	PHYSICAL THERAPY	0.370254	810	0	0	66.00
69.00	ELECTROCARDIOLOGY	0.126934	5,138,667	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.402486	51,148	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.303110	6,357,405	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.243328	11,879,098	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.307147	3,604,445	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
91.00	EMERGENCY	0.357189	3,877,817	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.674785	1,537,146	0	0	92.00
200.00	Subtotal (see instructions)		83,659,082	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		83,659,082	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet D Part V Date/Time Prepared: 8/24/2012 3:00 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	2,476,687	0	0		50.00
50.01 SAME DAY SURGERY	0	0	0		50.01
51.00 RECOVERY ROOM	428,869	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	271,765	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,772,250	0	0		54.00
54.01 ONCOLOGY	2,071,540	0	0		54.01
54.02 MAMMOGRAPHY	0	0	0		54.02
56.00 RADIOISOTOPE	1,250,904	0	0		56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	174,966	0	0		58.00
59.00 CARDIAC CATHETERIZATION	2,663,825	0	0		59.00
60.00 LABORATORY	221,553	0	0		60.00
65.00 RESPIRATORY THERAPY	109,302	0	0		65.00
66.00 PHYSICAL THERAPY	300	0	0		66.00
69.00 ELECTROCARDIOLOGY	652,272	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	20,586	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,926,993	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	2,890,517	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,107,094	0	0		73.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
91.00 EMERGENCY	1,385,114	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,037,243	0	0		92.00
200.00 Subtotal (see instructions)	20,461,780	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	20,461,780	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 8/24/2012 3:00 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		33,005	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,005	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)		28,912	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)		14,321	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)		30,536,771	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)		30,536,771	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		19,797,799	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		19,797,799	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.542433	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)		684.76	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)		30,536,771	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)		925.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,250,076	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)		13,250,076	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140164		Period: From 04/01/2011 To 03/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 8/24/2012 3:00 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,232,269	3,429	1,817.52	1,936	3,518,719		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	2,656,897	1,660	1,600.54	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,890,289		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,659,084		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,874,786		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,613,417		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,488,203		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					42,170,881		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)					4,093		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					925.22		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,786,925		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140164		Period: From 04/01/2011 To 03/31/2012		Worksheet D-1 Date/Time Prepared: 8/24/2012 3:00 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,510,902	30,536,771	0.114973	3,786,925	435,394	90.00
91.00	Nursing School cost	0	30,536,771	0.000000	3,786,925	0	91.00
92.00	Allied health cost	0	30,536,771	0.000000	3,786,925	0	92.00
93.00	All other Medical Education	0	30,536,771	0.000000	3,786,925	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet D-3 Date/Time Prepared: 8/24/2012 3:00 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		10,910,880		30.00
31.00	INTENSIVE CARE UNIT		2,648,448		31.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.246452	22,112,969	5,449,785	50.00
50.01	SAME DAY SURGERY	0.000000	0	0	50.01
51.00	RECOVERY ROOM	0.152953	2,085,170	318,933	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.021413	53,803	54,955	52.00
53.00	ANESTHESIOLOGY	0.265496	2,852,202	757,248	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.131642	10,754,197	1,415,704	54.00
54.01	ONCOLOGY	0.298939	85,035	25,420	54.01
54.02	MAMMOGRAPHY	0.247851	855	212	54.02
56.00	RADIOISOTOPE	0.236462	1,846,182	436,552	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.069186	1,119,740	77,470	58.00
59.00	CARDIAC CATHETERIZATION	0.377018	6,453,248	2,432,991	59.00
60.00	LABORATORY	0.143056	19,136,084	2,737,532	60.00
65.00	RESPIRATORY THERAPY	0.285781	4,702,243	1,343,812	65.00
66.00	PHYSICAL THERAPY	0.370254	1,392,683	515,646	66.00
69.00	ELECTROCARDIOLOGY	0.127104	5,651,111	718,279	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.402486	279,658	112,558	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.303110	11,241,091	3,407,287	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.243328	17,147,778	4,172,535	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.307147	15,021,134	4,613,696	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	EMERGENCY	0.357189	2,534,132	905,164	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.674785	584,646	394,510	92.00
200.00	Total (sum of lines 50-94 and 96-98)		125,053,961	29,890,289	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		125,053,961		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part A Date/Time Prepared: 8/24/2012 3:00 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		33,605,973	1.00
2.00	Outlier payments for discharges. (see instructions)		865,003	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		622,233	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		147.82	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)		5.17	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)		5.17	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		16.08	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)		5.17	12.00
13.00	Total allowable FTE count for the prior year.		5.17	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.		5.17	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.17	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		5.17	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.034975	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.035821	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.034975	21.00
22.00	IME payment adjustment (see instructions)		647,837	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).		7.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		10.91	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)		7.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.047355	26.00
27.00	IME payments adjustment. (see instructions)		0.012484	27.00
28.00	IME Adjustment (see instructions)		427,305	28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,075,142	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.02	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		27.83	31.00
32.00	Sum of lines 30 and 31		33.85	32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.14	33.00
34.00	Disproportionate share adjustment (see instructions)		5,760,064	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)		4,184	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		372	0 41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		8.89	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00 45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		41,306,182	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part A Date/Time Prepared: 8/24/2012 3:00 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		41,306,182	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,917,160	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).		386,867	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		44,610,209	59.00
60.00	Primary payer payments		4,100	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		44,606,109	61.00
62.00	Deductibles billed to program beneficiaries		3,362,288	62.00
63.00	Coinurance billed to program beneficiaries		68,563	63.00
64.00	Allowable bad debts (see instructions)		576,839	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		403,787	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,579,045	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)		41,579,045	71.00
72.00	Interim payments		42,277,414	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)		-698,369	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: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part B Date/Time Prepared: 8/24/2012 3:00 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			20,461,780 2.00
3.00	PPS payments			16,925,660 3.00
4.00	Outlier payment (see instructions)			170,670 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.872 5.00
6.00	Line 2 times line 5			17,842,672 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			95.82 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			17,096,330 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)			3,598,138 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)			13,498,192 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			172,233 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)			13,670,425 30.00
31.00	Primary payer payments			18,670 31.00
32.00	Subtotal (line 30 minus line 31)			13,651,755 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)			548,439 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			383,907 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			14,035,662 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)			14,035,662 40.00
41.00	Interim payments			13,479,521 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)			556,141 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: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet E Part B Date/Time Prepared: 8/24/2012 3:00 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140164

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

Worksheet E-1
Part I
Date/Time Prepared:
8/24/2012 3:00 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		41,963,119		13,479,521	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		09/23/2011	162,116		0	3.02
3.03		03/22/2012	152,179		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)		314,295		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)		42,277,414		13,479,521	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		556,141	6.01
6.02	SETTLEMENT TO PROGRAM		698,369		0	6.02
7.00	Total Medicare program liability (see instructions)		41,579,045		14,035,662	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet E-4 Date/Time Prepared: 8/24/2012 3:00 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.80	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			15.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			16.08	6.00
7.00	Enter the lesser of line 5 or line 6			15.80	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	16.08	0.00	16.08	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	15.80	0.00	15.80	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	15.80	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.22	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.54	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.85	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	14.85	0.00		17.00
18.00	Per resident amount	77,753.63	0.00		18.00
19.00	Approved amount for resident costs	1,154,641	0	1,154,641	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.28	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,154,641	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	16,257	241		26.00
27.00	Total Inpatient Days	34,001	34,001		27.00
28.00	Ratio of inpatient days to total inpatient days	0.478133	0.007088		28.00
29.00	Program direct GME amount	552,072	8,184		29.00
30.00	Reduction for direct GME payments for Medicare managed care		1,156		30.00
31.00	Net Program direct GME amount			559,100	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet E-4 Date/Time Prepared: 8/24/2012 3:00 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		46,659,084	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		4,100	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		46,654,984	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		20,789,452	42.00
43.00	Primary payer payments (see instructions)		18,670	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,770,782	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		67,425,766	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.691946	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.308054	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		559,100	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		386,867	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		172,233	50.00

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

Provider CCN: 140164

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

Worksheet G

Date/Time Prepared:
8/24/2012 3:00 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,102,120	0	6,041	0	1.00
2.00	Temporary investments	2,663,297	0	0	0	2.00
3.00	Notes receivable	553,007	0	0	0	3.00
4.00	Accounts receivable	156,175,493	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-109,323,465	0	0	0	6.00
7.00	Inventory	3,343,948	0	0	0	7.00
8.00	Prepaid expenses	1,782,282	0	0	0	8.00
9.00	Other current assets	1,970,495	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)	58,267,177	0	6,041	0	11.00
FIXED ASSETS						
12.00	Land	4,337,860	0	0	0	12.00
13.00	Land improvements	3,260,498	0	0	0	13.00
14.00	Accumulated depreciation	-2,373,819	0	0	0	14.00
15.00	Buildings	103,163,547	0	0	0	15.00
16.00	Accumulated depreciation	-55,655,043	0	0	0	16.00
17.00	Leasehold improvements	163,698	0	0	0	17.00
18.00	Accumulated depreciation	-58,370	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	356,995	0	0	0	21.00
22.00	Accumulated depreciation	-134,230	0	0	0	22.00
23.00	Major movable equipment	54,109,416	0	0	0	23.00
24.00	Accumulated depreciation	-37,802,147	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	956,987	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	70,325,392	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	185,574,979	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	110,297	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	185,685,276	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	314,277,845	0	6,041	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,780,140	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,299,848	0	0	0	38.00
39.00	Payroll taxes payable	6,656,708	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,120,613	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	6,016,292	0	0	0	43.00
44.00	Other current liabilities	10,421,900	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	37,295,501	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	76,953,410	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	141,067	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	77,094,477	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	114,389,978	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	199,887,867	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	6,041	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	199,887,867	0	6,041	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	314,277,845	0	6,041	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140164

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

Worksheet G-1

Date/Time Prepared:
8/24/2012 3:00 pm

	General Fund		Special Purpose Fund		
	1.00	2.00	3.00	4.00	
	1.00		209,978,163		
2.00		-10,085,339			2.00
3.00		199,892,824		0	3.00
4.00					4.00
5.00	0		0		5.00
6.00	43		0		6.00
7.00	0		5,000		7.00
8.00	0		6,033		8.00
9.00	0		0		9.00
10.00		43		11,033	10.00
11.00		199,892,867		11,033	11.00
12.00	0		0		12.00
13.00	0		0		13.00
14.00	5,000		0		14.00
15.00	0		4,992		15.00
16.00	0		0		16.00
17.00	0		0		17.00
18.00		5,000		4,992	18.00
19.00		199,887,867		6,041	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140164

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

Worksheet G-1

Date/Time Prepared:
8/24/2012 3:00 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00						1.00
			0		0	
2.00						2.00
3.00			0		0	3.00
4.00						4.00
	0		0			
5.00	0					5.00
	0					
6.00	0					6.00
	0					
7.00	0					7.00
	0					
8.00	0					8.00
	0					
9.00	0					9.00
10.00			0		0	10.00
11.00			0		0	11.00
12.00	0			0		12.00
	0			0		
13.00	0			0		13.00
	0			0		
14.00	0			0		14.00
	0			0		
15.00	0			0		15.00
	0			0		
16.00	0			0		16.00
	0			0		
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: 140164

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

Worksheet G-2 Parts

Date/Time Prepared:
8/24/2012 3:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	32,130,641		32,130,641	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)	32,130,641		32,130,641	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,626,784		4,626,784	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	5,889,585		5,889,585	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,516,369		10,516,369	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	42,647,010		42,647,010	17.00
18.00	Ancillary services	235,058,118	279,309,008	514,367,126	18.00
19.00	Outpatient services	0	1,895,922	1,895,922	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	277,705,128	281,204,930	558,910,058	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		162,302,728		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)		162,302,728		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140164

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

Worksheet G-3

Date/Time Prepared:
8/24/2012 3:00 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	558,910,058	1.00
2.00	Less contractual allowances and discounts on patients' accounts	362,126,257	2.00
3.00	Net patient revenues (line 1 minus line 2)	196,783,801	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	162,302,728	4.00
5.00	Net income from service to patients (line 3 minus line 4)	34,481,073	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	420	6.00
7.00	Income from investments	-858,405	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	24,985	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	876,238	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	1,452	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	61,485	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	10,436	21.00
22.00	Rental of hospital space	515,352	22.00
23.00	Governmental appropriations	284,231	23.00
24.00	MISCELLANEOUS	3,423	24.00
25.00	Total other income (sum of lines 6-24)	919,617	25.00
26.00	Total (line 5 plus line 25)	35,400,690	26.00
27.00	LOSS ON EQUIPMENT	95,765	27.00
27.01	CORPORATE ALLOCATION	32,450,703	27.01
27.02	CONTRIBUTIONS TO AFFILIATES	12,939,561	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	45,486,029	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-10,085,339	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet L Parts I-III Date/Time Prepared: 8/24/2012 3:00 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,684,971	1.00
2.00	Capital DRG outlier payments		130,966	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		92.90	3.00
4.00	Number of interns & residents (see instructions)		12.17	4.00
5.00	Indirect medical education percentage (see instructions)		3.77	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		101,223	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,917,160	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

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 140164

Period: From 04/01/2011

Worksheet M-1

Component CCN: 143454

To 03/31/2012

Date/Time Prepared: 8/24/2012 3:00 pm

		Title XVIII		Rural Health Clinic (RHC) I	Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	0	0	0	0	0	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	131,218	0	131,218	0	131,218	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1-9)	131,218	0	131,218	0	131,218	10.00
11.00	Physician Services Under Agreement	540,852	0	540,852	0	540,852	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	151,410	0	151,410	0	151,410	13.00
14.00	Subtotal (sum of lines 11-13)	692,262	0	692,262	0	692,262	14.00
15.00	Medical Supplies	0	96,492	96,492	-6,171	90,321	15.00
16.00	Transportation (Health Care Staff)	0	5,150	5,150	0	5,150	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	37,911	37,911	0	37,911	20.00
21.00	Subtotal (sum of lines 15-20)	0	139,553	139,553	-6,171	133,382	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	823,480	101,642	925,122	-6,171	918,951	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	280,517	85,148	365,665	0	365,665	29.00
30.00	Administrative Costs	0	108,263	108,263	0	108,263	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	280,517	193,411	473,928	0	473,928	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,103,997	295,053	1,399,050	-6,171	1,392,879	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet M-1
	Component CCN: 143454	Date/Time Prepared: 8/24/2012 3:00 pm	
	Title XVIII	Rural Health Clinic (RHC) I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00	Physician	0	0
2.00	Physician Assistant	0	0
3.00	Nurse Practitioner	0	0
4.00	Visiting Nurse	0	131,218
5.00	Other Nurse	0	0
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	0
10.00	Subtotal (sum of lines 1-9)	0	131,218
11.00	Physician Services Under Agreement	0	540,852
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	151,410
14.00	Subtotal (sum of lines 11-13)	0	692,262
15.00	Medical Supplies	0	90,321
16.00	Transportation (Health Care Staff)	0	5,150
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	0
20.00	Allowable GME Costs	0	37,911
21.00	Subtotal (sum of lines 15-20)	0	133,382
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	918,951
COSTS OTHER THAN RHC/FQHC SERVICES			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0
FACILITY OVERHEAD			
29.00	Facility Costs	0	365,665
30.00	Administrative Costs	0	108,263
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	473,928
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	1,392,879

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet M-2		
		Component CCN: 143454		Date/Time Prepared: 8/24/2012 3:00 pm		
		Title XVIII	Rural Health Clinic (RHC) I	Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.00	0	4,200	0	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.00	0	2,100	0	3.00
4.00	Subtotal (sum of lines 1-3)	0.00	0		0	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	0.00	0		0	8.00
9.00	Physician Services Under Agreements		14,422		14,422	9.00
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)				918,951	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				918,951	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)				473,928	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				590,474	15.00
16.00	Total overhead (sum of lines 14 and 15)				1,064,402	16.00
17.00	Allowable GME overhead (see instructions)				107,185	17.00
18.00	Subtract line 17 from line 16				957,217	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				957,217	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				1,876,168	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet M-3
		Component CCN: 143454		Date/Time Prepared: 8/24/2012 3:00 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		1,876,168	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		19,839	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,856,329	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		0	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		14,422	5.00
6.00	Total adjusted visits (line 4 plus line 5)		14,422	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		128.72	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	78.07	78.54	8.00
9.00	Rate for Program covered visits (see instructions)	78.07	78.54	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	3,008	996	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	234,835	78,226	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	14,611	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	234,835	92,837	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		227,096	16.04
16.05	Total program cost (see instructions)		227,096	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		43,802	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		88,881	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		227,096	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		122	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		227,218	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		227,218	26.00
27.00	Interim payments		213,163	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		14,055	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet M-4
		Component CCN: 143454		Date/Time Prepared: 8/24/2012 3:00 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	131,218	131,218	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000000	0.010273	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	0	1,348	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	0	7,844	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	0	9,192	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	918,951	918,951	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	1,064,402	1,064,402	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.000000	0.010003	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	0	10,647	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	0	19,839	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	0	652	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	0.00	30.43	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	0	4	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	0	122	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		19,839	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		122	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140164	Period: From 04/01/2011 To 03/31/2012	Worksheet M-5
	Component CCN: 143454		Date/Time Prepared: 8/24/2012 3:00 pm
	Title VIII	Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		213,163	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	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			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		213,163	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			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		14,055	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		227,218	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00