

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: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet S Parts I-III Date/Time Prepared: 2/28/2012 10:24 am
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 2/28/2012 Time: 10:24 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
7. Contractor No.
8. Initial Report for this Provider CCN
9. Final Report for this Provider CCN

10. NPR Date:
11. Contractor's Vendor Code: 4
12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MI SREPRESENTATION 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 SHELBY MEMORIAL HOSPITAL for the cost reporting period beginning 09/01/2010 and ending 08/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
 ECR: Date: 2/28/2012 Time: 10:24 am
 E53g07i2W.m.rd1dUH0Sa15ZebgvMO
 Agrpp0FymiDgJ2e0C3UsEpV0Li aGv
 pof0: Bg: q00i XZy
 PI: Date: 2/28/2012 Time: 10:24 am
 619j8.F3Hp.3r7VpCNLEU7EoshOwv1
 SY4qu0IN0fFRE18orQrD.r2Va5tLKU
 WDi cog07go05F4e5

(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	16,012	335,949	1,445,962	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	7,677	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	16,012	343,626	1,445,962	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: 140019		Period: From 09/01/2010 To 08/31/2011		Worksheet S-2 Part I Date/Time Prepared: 2/28/2012 10:24 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 200 SOUTH CEDAR	PO Box:							1.00	
2.00	City: SHELBYVILLE	State: IL	Zip Code: 62565-1899	County: SHELBY					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							
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	SHELBY MEMORIAL HOSPITAL	140019	99914	1	07/01/1966	N	P	N	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	SHELBY MEMORIAL HOSPITAL S/B	14U019	99914		04/13/1993	N	P	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF	SHELBY MEMORIAL HOSPITAL SNF	145565	99914		11/07/1986	N	P	N	9.00
10.00	Hospital-Based NF						N		N	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	SHELBY MEMORIAL HOSPITAL HHA	147622	99914		08/03/1995	N	P	N	12.00
13.00	Separately Certified ASC						N	N	N	13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	SHELBY MEMORIAL HOSPITAL RHC	143446	99914		06/05/1998	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FOHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1						N	N	N	17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
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)					09/01/2010	08/31/2011		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 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 line 22 and/or line 45 is "yes", and 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 days in col. 5, and other Medicaid days in col. 6.	371	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00	
							1.00			
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	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.									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.									1 35.00

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		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.	09/01/2010	08/31/2011			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
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.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N	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. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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		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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	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 occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	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 occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS 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		
80.00	Long Term Care Hospital PPS Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					N	80.00

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			V	XIX		
			1.00	2.00		
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)(i)? 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	Y	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		10.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N	N	107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	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.	N	N	N	N	109.00
			1.00	2.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		1,000,000	3,000,000	119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		Y	Y	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.		N		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	

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		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00			
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N	145.00			
				1.00			
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			
		1.00		2.00			
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	155.00			
156.00	Subprovider - IPF	N	N	156.00			
157.00	Subprovider - IRF	N	N	157.00			
158.00	Subprovider - Other	N	N	158.00			
159.00	SNF	N	N	159.00			
160.00	HHA	N	N	160.00			
161.00	CMHC	N	N	161.00			
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N	165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0168.00			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			1.00169.00			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part II Date/Time Prepared: 2/28/2012 10:24 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
			Part A		
			Description	Y/N	Date
			0	1.00	2.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		Y	02/17/2012	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: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part II Date/Time Prepared: 2/28/2012 10:24 am
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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	1.00 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.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

		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	02/17/2012	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: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
	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	30	10,950	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)		30	10,950	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		30	10,950	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY	45.00	0	0		20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				23.00
24.00 HOSPICE	116.00	0	0		24.00
25.00 CMHC - CMHC	99.00				25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		30			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
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: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	1,743	371	2,505	1.00	
2.00 HMO		3	0		2.00	
3.00 HMO IPF		0	0		3.00	
4.00 HMO IRF		0	0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF	0	990	0	990	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	2,733	371	3,495	7.00	
8.00 INTENSIVE CARE UNIT	0	0	0	0	8.00	
9.00 CORONARY CARE UNIT	0	0	0	0	9.00	
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0	10.00	
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00	
13.00 NURSERY	0		0	0	13.00	
14.00 Total (see instructions)	0	2,733	371	3,495	14.00	
15.00 CAH visits	0	0	0	0	15.00	
16.00 SUBPROVIDER - IPF	0	0	0	0	16.00	
17.00 SUBPROVIDER - IRF	0	0	0	0	17.00	
18.00 SUBPROVIDER	0	0	0	0	18.00	
19.00 SKILLED NURSING FACILITY	0	0	0	0	19.00	
20.00 NURSING FACILITY	0		0	0	20.00	
21.00 OTHER LONG TERM CARE				0	21.00	
22.00 HOME HEALTH AGENCY	0	3,122	473	4,055	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE		0	0	0	24.00	
25.00 CMHC - CMHC	0	0	0	0	25.00	
25.10 CMHC - CORF	0	0	0	0	25.10	
26.00 RURAL HEALTH CLINIC	0	2,351	0	6,121	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	26.25	
27.00 Total (sum of lines 14-26)					27.00	
28.00 Observation Bed Days	0		53	244	28.00	
28.01 SUBPROVIDER - IPF	0	0	0	0	28.01	
28.02 SUBPROVIDER - IRF	0	0	0	0	28.02	
28.03 SUBPROVIDER	0	0	0	0	28.03	
29.00 Ambulance Trips		0			29.00	
30.00 Employee discount days (see instruction)				14	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: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	571	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	132.77	0.00	0	571	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	6.28	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	9.35	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	148.40	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Cost Center Description	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)	124	851		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	124	851		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		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
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
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: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet S-3 Part II Date/Time Prepared: 2/28/2012 10:24 am
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	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)		
	1.00	2.00	2.50	3.00	4.00		
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	6,448,908	0	6,448,908	1.00	
2.00	Non-physician anesthetist Part A		0	0	0	2.00	
3.00	Non-physician anesthetist Part B		0	0	0	3.00	
4.00	Physician-Part A		0	0	0	4.00	
4.01	Physicians - Part A - direct teaching		0	0	0	4.01	
5.00	Physician-Part B		643,134	0	643,134	5.00	
6.00	Non-physician-Part B		183,939	0	183,939	6.00	
7.00	Interns & residents (in an approved program)	21.00	0	0	0	7.00	
7.01	Contracted interns and residents (in approved programs)		0	0	0	7.01	
8.00	Home office personnel		0	0	0	8.00	
9.00	SNF	44.00	0	0	0	9.00	
10.00	Excluded area salaries (see instructions)		307,732	0	17,486	325,218	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		373,879	0	373,879	11.00	
12.00	Management and administrative services		0	0	0	12.00	
13.00	Contract labor: physician-Part A		254,330	0	254,330	13.00	
14.00	Home office salaries & wage-related costs		0	0	0	14.00	
15.00	Home office: physician Part A		0	0	0	15.00	
16.00	Teaching physician salaries (see instructions)		0	0	0	16.00	
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		1,635,725	0	1,635,725	17.00	
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0	18.00	
19.00	Excluded areas		102,005	0	102,005	19.00	
20.00	Non-physician anesthetist Part A		0	0	0	20.00	
21.00	Non-physician anesthetist Part B		0	0	0	21.00	
22.00	Physician Part A		0	0	0	22.00	
23.00	Physician Part B		93,436	0	93,436	23.00	
24.00	Wage-related costs (RHC/FOHC)		61,235	0	61,235	24.00	
25.00	Interns & residents (in an approved program)		0	0	0	25.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	52,150	0	52,150	26.00	
27.00	Administrative & General	5.00	925,952	0	925,952	27.00	
28.00	Administrative & General under contract (see inst.)		65,289	0	65,289	28.00	
29.00	Maintenance & Repairs	6.00	265,107	0	265,107	29.00	
30.00	Operation of Plant	7.00	0	0	0	30.00	
31.00	Laundry & Linen Service	8.00	39,761	0	39,761	31.00	
32.00	Housekeeping	9.00	184,061	0	-17,486	166,575	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	191,189	0	-99,244	91,945	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	99,244	99,244	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	447,600	0	447,600	38.00	
39.00	Central Services and Supply	14.00	122,460	0	122,460	39.00	
40.00	Pharmacy	15.00	0	0	0	0	40.00
41.00	Medical Records & Medical Records Library	16.00	214,827	0	214,827	41.00	
42.00	Social Service	17.00	0	0	0	0	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet S-3 Part II Date/Time Prepared: 2/28/2012 10:24 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	308,672.15	20.89	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	9,936.50	64.72	5.00
6.00	Non-physician-Part B	12,880.41	14.28	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	15,016.00	21.66	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	7,019.33	53.26	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	5,107.00	49.80	13.00
14.00	Home office salaries & wage-related costs	0.00	0.00	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	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			22.00
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	2,068.00	25.22	26.00
27.00	Administrative & General	41,044.00	22.56	27.00
28.00	Administrative & General under contract (see inst.)	390.25	167.30	28.00
29.00	Maintenance & Repairs	13,187.50	20.10	29.00
30.00	Operation of Plant	0.00	0.00	30.00
31.00	Laundry & Linen Service	4,291.00	9.27	31.00
32.00	Housekeeping	15,469.00	10.77	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	8,150.03	11.28	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	8,796.97	11.28	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	15,100.00	29.64	38.00
39.00	Central Services and Supply	7,750.00	15.80	39.00
40.00	Pharmacy	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16,774.00	12.81	41.00
42.00	Social Service	0.00	0.00	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part III
Date/Time Prepared:
2/28/2012 10:24 am

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	5,687,124	0	0	5,687,124	1.00
2.00	Excluded area salaries (see instructions)	307,732	0	17,486	325,218	2.00
3.00	Subtotal salaries (line 1 minus line 2)	5,379,392	0	-17,486	5,361,906	3.00
4.00	Subtotal other wages & related costs (see inst.)	628,209	0	0	628,209	4.00
5.00	Subtotal wage-related costs (see inst.)	1,635,725	0	0	1,635,725	5.00
6.00	Total (sum of lines 3 thru 5)	7,643,326	0	-17,486	7,625,840	6.00
7.00	Total overhead cost (see instructions)	2,508,396	0	-17,486	2,490,910	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140019

Period:
From 09/01/2010
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Worksheet S-3
Part III
Date/Time Prepared:
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	286,245.49	19.87	1.00
2.00	Excluded area salaries (see instructions)	15,016.00	21.66	2.00
3.00	Subtotal salaries (line 1 minus line 2)	271,229.49	19.77	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,126.33	51.81	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	30.51	5.00
6.00	Total (sum of lines 3 thru 5)	283,355.82	26.91	6.00
7.00	Total overhead cost (see instructions)	133,020.75	18.73	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 2/28/2012 10:24 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			192,455 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost			0 3.00
4.00	Prior Year Pension Service Cost			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			19,365 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			1,061,207 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			7,987 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)			25,666 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			131,770 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			447,096 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			6,855 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			1,892,401 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: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part V
Date/Time Prepared:
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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	693,498	0	1.00
2.00	Hospital	665,291	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	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	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	28,207	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet S-4
		Component CCN: 147622		Date/Time Prepared: 2/28/2012 10:24 am
			Home Health Agency I	PPS

		1.00					
0.00 County		SHELBY					0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	938	34	229	1,201	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	139.00	5.00	34.00	178.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.84	0.00	0.84	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.88	0.00	0.88	5.00
6.00	Direct Nursing Service			2.15	0.00	2.15	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.74	0.00	0.74	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.14	0.00	0.14	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.18	0.00	0.18	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.58	0.00	0.58	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,213	97	29	5	1,344	21.00
22.00	Skilled Nursing Visit Charges	179,256	14,356	4,385	740	198,737	22.00
23.00	Physical Therapy Visits	870	0	5	10	885	23.00
24.00	Physical Therapy Visit Charges	139,908	0	805	1,610	142,323	24.00
25.00	Occupational Therapy Visits	291	0	0	6	297	25.00
26.00	Occupational Therapy Visit Charges	55,581	0	0	1,146	56,727	26.00
27.00	Speech Pathology Visits	3	0	0	0	3	27.00
28.00	Speech Pathology Visit Charges	537	0	0	0	537	28.00
29.00	Medical Social Service Visits	4	0	1	0	5	29.00
30.00	Medical Social Service Visit Charges	836	0	209	0	1,045	30.00
31.00	Home Health Aide Visits	572	0	4	12	588	31.00
32.00	Home Health Aide Visit Charges	44,004	0	308	924	45,236	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,953	97	39	33	3,122	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	420,122	14,356	5,707	4,420	444,605	35.00
36.00	Total Number of Episodes (standard/non outlier)	150		16	2	168	36.00
37.00	Total Number of Outlier Episodes		2		0	2	37.00
38.00	Total Non-Routine Medical Supply Charges	2,524	270	120	0	2,914	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-7

Date/Time Prepared:
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		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	04/13/1993		2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	3.00
4.00		RUL	0	0	4.00
5.00		RVX	0	0	5.00
6.00		RVL	0	0	6.00
7.00		RHX	0	0	7.00
8.00		RHL	0	0	8.00
9.00		RMX	0	7	9.00
10.00		RML	0	8	10.00
11.00		RLX	0	0	11.00
12.00		RUC	0	0	12.00
13.00		RUB	0	0	13.00
14.00		RUA	0	0	14.00
15.00		RVC	0	0	15.00
16.00		RVB	0	0	16.00
17.00		RVA	0	0	17.00
18.00		RHC	0	0	18.00
19.00		RHB	0	0	19.00
20.00		RHA	0	0	20.00
21.00		RMC	0	0	21.00
22.00		RMB	0	0	22.00
23.00		RMA	0	5	23.00
24.00		RLB	0	0	24.00
25.00		RLA	0	0	25.00
26.00		ES3	0	0	26.00
27.00		ES2	0	0	27.00
28.00		ES1	0	58	28.00
29.00		HE2	0	0	29.00
30.00		HE1	0	6	30.00
31.00		HD2	0	0	31.00
32.00		HD1	0	50	32.00
33.00		HC2	0	0	33.00
34.00		HC1	0	183	34.00
35.00		HB2	0	0	35.00
36.00		HB1	0	209	36.00
37.00		LE2	0	0	37.00
38.00		LE1	0	0	38.00
39.00		LD2	0	0	39.00
40.00		LD1	0	0	40.00
41.00		LC2	0	0	41.00
42.00		LC1	0	4	42.00
43.00		LB2	0	0	43.00
44.00		LB1	0	10	44.00
45.00		CE2	0	0	45.00
46.00		CE1	0	0	46.00
47.00		CD2	0	0	47.00
48.00		CD1	0	9	48.00
49.00		CC2	0	0	49.00
50.00		CC1	0	12	50.00
51.00		CB2	0	0	51.00
52.00		CB1	0	71	52.00
53.00		CA2	0	0	53.00
54.00		CA1	0	296	54.00
55.00		SE3	0	15	55.00
56.00		SE2	0	5	56.00
57.00		SE1	0	0	57.00
58.00		SSC	0	0	58.00
59.00		SSB	0	0	59.00
60.00		SSA	0	4	60.00
61.00		IB2	0	0	61.00
62.00		IB1	0	0	62.00
63.00		IA2	0	0	63.00
64.00		IA1	0	0	64.00
65.00		BB2	0	0	65.00
66.00		BB1	0	0	66.00
67.00		BA2	0	0	67.00
68.00		BA1	0	1	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-7

Date/Time Prepared:
2/28/2012 10:24 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)		
		1.00	2.00	3.00	4.00		
69.00		PE2	0	0	0	69.00	
70.00		PE1	0	0	0	70.00	
71.00		PD2	0	0	0	71.00	
72.00		PD1	0	0	0	72.00	
73.00		PC2	0	0	0	73.00	
74.00		PC1	0	0	0	74.00	
75.00		PB2	0	0	0	75.00	
76.00		PB1	0	14	14	76.00	
77.00		PA2	0	0	0	77.00	
78.00		PA1	0	14	14	78.00	
199.00		AAA	0	9	9	199.00	
200.00	TOTAL		0	990	990	200.00	
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)		
				1.00	2.00		
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		99914	99914	201.00	
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?		
			1.00	2.00	3.00		
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)							
202.00	Staffing		0	72.48		202.00	
203.00	Recruitment		0	0.00		203.00	
204.00	Retention of employees		0	0.00		204.00	
205.00	Training		0	0.00		205.00	
206.00	OTHER (SPECIFY)		0	15.75		206.00	
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00	
					1.00		
1.00	Wage Index Factor			0.0000		1.00	
		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	195.01	195.01	0	269.98	3.00
4.00		RUL	174.43	174.43	0	263.50	4.00
5.00		RVX	146.09	146.09	0	241.45	5.00
6.00		RVL	137.14	137.14	0	215.54	6.00
7.00		RHX	122.05	122.05	0	219.66	7.00
8.00		RHL	119.37	119.37	0	194.67	8.00
9.00		RMX	136.16	136.16	0	201.49	9.00
10.00		RML	125.88	125.88	0	184.83	10.00
11.00		RLX	96.39	96.39	0	117.63	11.00
12.00		RUC	169.51	169.51	0	201.03	12.00
13.00		RUB	156.99	156.99	0	201.03	13.00
14.00		RUA	150.72	150.72	0	165.39	14.00
15.00		RVC	132.66	132.66	0	172.50	15.00
16.00		RVB	126.85	126.85	0	147.98	16.00
17.00		RVA	116.12	116.12	0	147.51	17.00
18.00		RHC	113.11	113.11	0	150.71	18.00
19.00		RHB	108.63	108.63	0	134.98	19.00
20.00		RHA	101.92	101.92	0	117.85	20.00
21.00		RMC	103.51	103.51	0	133.00	21.00
22.00		RMB	100.82	100.82	0	123.74	22.00
23.00		RMA	99.04	99.04	0	100.60	23.00
24.00		RLB	89.24	89.24	0	129.97	24.00
25.00		RLA	77.16	77.16	0	80.92	25.00
26.00		ES3	195.98	195.98	0	195.98	26.00
27.00		ES2	153.87	153.87	0	153.87	27.00
28.00		ES1	137.67	137.67	0	137.67	28.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-7

Date/Time Prepared:
2/28/2012 10:24 am

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
29.00	HE2	133.04	133.04	0	133.04	29.00
30.00	HE1	110.83	110.83	0	110.83	30.00
31.00	HD2	124.71	124.71	0	124.71	31.00
32.00	HD1	104.35	104.35	0	104.35	32.00
33.00	HC2	117.77	117.77	0	117.77	33.00
34.00	HC1	98.80	98.80	0	98.80	34.00
35.00	HB2	116.38	116.38	0	116.38	35.00
36.00	HB1	97.87	97.87	0	97.87	36.00
37.00	LE2	121.01	121.01	0	121.01	37.00
38.00	LE1	101.57	101.57	0	101.57	38.00
39.00	LD2	116.38	116.38	0	116.38	39.00
40.00	LD1	97.87	97.87	0	97.87	40.00
41.00	LC2	102.50	102.50	0	102.50	41.00
42.00	LC1	86.76	86.76	0	86.76	42.00
43.00	LB2	97.41	97.41	0	97.41	43.00
44.00	LB1	83.06	83.06	0	83.06	44.00
45.00	CE2	108.05	108.05	0	108.05	45.00
46.00	CE1	99.72	99.72	0	99.72	46.00
47.00	CD2	102.50	102.50	0	102.50	47.00
48.00	CD1	94.17	94.17	0	94.17	48.00
49.00	CC2	79.84	79.84	0	90.00	49.00
50.00	CC1	73.58	73.58	0	83.53	50.00
51.00	CB2	70.00	70.00	0	83.53	51.00
52.00	CB1	66.87	66.87	0	77.51	52.00
53.00	CA2	66.42	66.42	0	71.03	53.00
54.00	CA1	62.84	62.84	0	66.40	54.00
55.00	SE3	106.23	106.23	0	0.00	55.00
56.00	SE2	91.03	91.03	0	0.00	56.00
57.00	SE1	81.63	81.63	0	0.00	57.00
58.00	SSC	80.29	80.29	0	0.00	58.00
59.00	SSB	76.27	76.27	0	0.00	59.00
60.00	SSA	74.92	74.92	0	0.00	60.00
61.00	IB2	60.16	60.16	0	0.00	61.00
62.00	IB1	59.27	59.27	0	0.00	62.00
63.00	IA2	54.79	54.79	0	0.00	63.00
64.00	IA1	53.00	53.00	0	0.00	64.00
65.00	BB2	59.71	59.71	0	75.20	65.00
66.00	BB1	58.37	58.37	0	71.96	66.00
67.00	BA2	54.35	54.35	0	62.70	67.00
68.00	BA1	50.77	50.77	0	59.93	68.00
69.00	PE2	64.63	64.63	0	99.72	69.00
70.00	PE1	63.74	63.74	0	95.10	70.00
71.00	PD2	61.50	61.50	0	94.17	71.00
72.00	PD1	60.61	60.61	0	89.54	72.00
73.00	PC2	58.82	58.82	0	81.21	73.00
74.00	PC1	58.37	58.37	0	77.51	74.00
75.00	PB2	52.56	52.56	0	69.18	75.00
76.00	PB1	51.66	51.66	0	66.40	76.00
77.00	PA2	51.21	51.21	0	57.61	77.00
78.00	PA1	49.87	49.87	0	55.30	78.00
199.00	AAA	49.87	49.87	0	0.00	199.00
200.00	TOTAL			0		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-7

Date/Time Prepared:
2/28/2012 10:24 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
3.00	269.98	0	0	3.00
4.00	263.50	0	0	4.00
5.00	241.45	0	0	5.00
6.00	215.54	0	0	6.00
7.00	219.66	0	0	7.00
8.00	194.67	0	0	8.00
9.00	201.49	0	0	9.00
10.00	184.83	0	0	10.00
11.00	117.63	0	0	11.00
12.00	201.03	0	0	12.00
13.00	201.03	0	0	13.00
14.00	165.39	0	0	14.00
15.00	172.50	0	0	15.00
16.00	147.98	0	0	16.00
17.00	147.51	0	0	17.00
18.00	150.71	0	0	18.00
19.00	134.98	0	0	19.00
20.00	117.85	0	0	20.00
21.00	133.00	0	0	21.00
22.00	123.74	0	0	22.00
23.00	100.60	0	0	23.00
24.00	129.97	0	0	24.00
25.00	80.92	0	0	25.00
26.00	195.98	0	0	26.00
27.00	153.87	0	0	27.00
28.00	137.67	0	0	28.00
29.00	133.04	0	0	29.00
30.00	110.83	0	0	30.00
31.00	124.71	0	0	31.00
32.00	104.35	0	0	32.00
33.00	117.77	0	0	33.00
34.00	98.80	0	0	34.00
35.00	116.38	0	0	35.00
36.00	97.87	0	0	36.00
37.00	121.01	0	0	37.00
38.00	101.57	0	0	38.00
39.00	116.38	0	0	39.00
40.00	97.87	0	0	40.00
41.00	102.50	0	0	41.00
42.00	86.76	0	0	42.00
43.00	97.41	0	0	43.00
44.00	83.06	0	0	44.00
45.00	108.05	0	0	45.00
46.00	99.72	0	0	46.00
47.00	102.50	0	0	47.00
48.00	94.17	0	0	48.00
49.00	90.00	0	0	49.00
50.00	83.53	0	0	50.00
51.00	83.53	0	0	51.00
52.00	77.51	0	0	52.00
53.00	71.03	0	0	53.00
54.00	66.40	0	0	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	0	56.00
57.00	0.00	0	0	57.00
58.00	0.00	0	0	58.00
59.00	0.00	0	0	59.00
60.00	0.00	0	0	60.00
61.00	0.00	0	0	61.00
62.00	0.00	0	0	62.00
63.00	0.00	0	0	63.00
64.00	0.00	0	0	64.00
65.00	75.20	0	0	65.00
66.00	71.96	0	0	66.00
67.00	62.70	0	0	67.00
68.00	59.93	0	0	68.00
69.00	99.72	0	0	69.00
70.00	95.10	0	0	70.00
71.00	94.17	0	0	71.00
72.00	89.54	0	0	72.00
73.00	81.21	0	0	73.00
74.00	77.51	0	0	74.00
75.00	69.18	0	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-7
Date/Time Prepared:
2/28/2012 10:24 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
76.00	66.40	0	0	76.00
77.00	57.61	0	0	77.00
78.00	55.30	0	0	78.00
199.00	0.00	0	0	199.00
200.00 TOTAL		0	0	200.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140019 Component CCN: 143446	Period: From 09/01/2010 To 08/31/2011	Worksheet S-8 Date/Time Prepared: 2/28/2012 10:24 am
			Rural Health Clinic (RHC) I	Cost
				1.00
1.00	Clinic Address and Identification			
	Street	200 SOUTH CEDAR		1.00
		City	State	Zip Code
		1.00	2.00	3.00
2.00	City, State, Zip Code, County		SHELBYVILLE	IL62565 2.00
				1.00
3.00	FQHCs 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 FQHC? 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	from
		1.00	2.00	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
				XIX
				4.00
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)			N 0 0 0 15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140019 Component CCN: 143446	Period: From 09/01/2010 To 08/31/2011	Worksheet S-8 Date/Time Prepared: 2/28/2012 10:24 am
			Rural Health Clinic (RHC) I	Cost
		County		
		4.00		
2.00	City, State, Zip Code, County	SHELBY		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: 140019 Component CCN: 143446		Period: From 09/01/2010 To 08/31/2011		Worksheet S-8 Date/Time Prepared: 2/28/2012 10:24 am	
				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: 140019 Component CCN: 143446	Period: From 09/01/2010 To 08/31/2011	Worksheet S-8 Date/Time Prepared: 2/28/2012 10:24 am
		Rural Health Clinic (RHC) I	Cost

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet S-10 Date/Time Prepared: 2/28/2012 10:24 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.478270	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		434,360	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		233,677	5.00	
6.00	Medicaid charges		2,312,329	6.00	
7.00	Medicaid cost (line 1 times line 6)		1,105,918	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)		437,881	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		37,305	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		437,881	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,008,646	11,032	1,019,678	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	482,405	5,276	487,681	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)	482,405	5,276	487,681	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)		1,767,469	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		100,092	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		1,667,377	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		797,456	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,285,137	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		1,723,018	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A
Date/Time Prepared:
2/28/2012 10:24 am

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		918,278	918,278	-175,102	743,176	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	462,539	462,539	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	52,150	1,749,372	1,801,522	149,823	1,951,345	4.00
5.00 ADMINISTRATION & GENERAL	925,952	1,770,716	2,696,668	-214,627	2,482,041	5.00
6.00 MAINTENANCE & REPAIRS	265,107	93,756	358,863	0	358,863	6.00
7.00 OPERATION OF PLANT	0	292,588	292,588	-10,502	282,086	7.00
8.00 LAUNDRY & LINEN SERVICE	39,761	26,308	66,069	0	66,069	8.00
9.00 HOUSEKEEPING	184,061	13,274	197,335	-17,486	179,849	9.00
10.00 DIETARY	191,189	212,894	404,083	-209,755	194,328	10.00
11.00 CAFETERIA	0	0	0	209,755	209,755	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	447,600	9,336	456,936	0	456,936	13.00
14.00 CENTRAL SERVICES & SUPPLY	122,460	15,219	137,679	-5,323	132,356	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	214,827	37,914	252,741	0	252,741	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	64,289	64,289	0	64,289	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	778,600	303,614	1,082,214	0	1,082,214	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	1,273	1,273	0	1,273	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	155,930	121,359	277,289	-26,550	250,739	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	1,640	1,640	0	1,640	53.00
54.00 RADIOLOGY-DIAGNOSTIC	418,379	351,092	769,471	0	769,471	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	449,009	590,105	1,039,114	0	1,039,114	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	178,920	54,403	233,323	-34,142	199,181	65.00
66.00 PHYSICAL THERAPY	257,918	27,150	285,068	0	285,068	66.00
66.01 CARDIAC REHAB	37,757	2,139	39,896	0	39,896	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
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	25,015	25,015	33,736	58,751	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	947,971	947,971	4,207	952,178	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	567,362	42,608	609,970	-3,757	606,213	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	422,625	28,513	451,138	-4,924	446,214	90.00
91.00 EMERGENCY	349,286	645,728	995,014	0	995,014	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A
Date/Time Prepared:
2/28/2012 10:24 am

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	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	82,283	94,836	177,119	-4,909	172,210	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	307,732	71,700	379,432	-3,243	376,189	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	198,564	198,564	-198,564	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,448,908	8,711,654	15,160,562	-48,824	15,111,738	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	114	114	48,824	48,938	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FARM EXPENSE	0	13,940	13,940	0	13,940	194.01
200.00 TOTAL (SUM OF LINES 118-199)	6,448,908	8,725,708	15,174,616	0	15,174,616	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A
Date/Time Prepared:
2/28/2012 10:24 am

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	-198,776	544,400	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	462,539	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-177,223	1,774,122	4.00
5.00	ADMINISTRATIVE & GENERAL	-490,537	1,991,504	5.00
6.00	MAINTENANCE & REPAIRS	0	358,863	6.00
7.00	OPERATION OF PLANT	0	282,086	7.00
8.00	LAUNDRY & LINEN SERVICE	0	66,069	8.00
9.00	HOUSEKEEPING	0	179,849	9.00
10.00	DIETARY	0	194,328	10.00
11.00	CAFETERIA	-40,213	169,542	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	456,936	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	132,356	14.00
15.00	PHARMACY	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	-9,649	243,092	16.00
17.00	SOCIAL SERVICE	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	-64,289	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-48,516	1,033,698	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	1,273	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	250,739	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,640	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	769,471	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	1,039,114	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	-14,360	184,821	65.00
66.00	PHYSICAL THERAPY	0	285,068	66.00
66.01	CARDIAC REHAB	0	39,896	66.01
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,521	56,230	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	952,178	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	606,213	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-259,711	186,503	90.00
91.00	EMERGENCY	-355,425	639,589	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A
Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	172,210	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	-44,971	331,218	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-1,706,191	13,405,547	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	48,938	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	FARM EXPENSE	0	13,940	194.01
200.00	TOTAL (SUM OF LINES 118-199)	-1,706,191	13,468,425	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - TO RECLASS MEDICAL CENTER SALARIES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	17,486	0	1.00	
	TOTALS		17,486	0		
B - TO RECLASS FIRE INSURANCE EXPENSE						
1.00	OTHER CAP REL COSTS	3.00	0	19,838	1.00	
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,577	2.00	
	TOTALS		0	23,415		
C - TO RECLASS TELEPHONE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,521	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
	TOTALS		0	12,521		
D - TO RECLASS EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS	4.00	0	130,458	1.00	
	TOTALS		0	130,458		
E - TO RECLASS RENTAL EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	41,770	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
	TOTALS		0	41,770		
F - TO RECLASS MEDICAL CENTER UTILITIES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,502	1.00	
	TOTALS		0	10,502		
G - TO RECLASS PHYSICIAN BLDG DEPR						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	17,259	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	17,259		
H - TO RECLASS DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	404,360	1.00	
	TOTALS		0	404,360		
I - TO RECLASS PROPERTY INSURANCE						
1.00	OTHER CAP REL COSTS	3.00	0	29,832	1.00	
	TOTALS		0	29,832		
J - TO RECLASS CAFETERIA EXPENSE						
1.00	CAFETERIA	11.00	99,244	110,511	1.00	
	TOTALS		99,244	110,511		
K - TO RECLASS REAL ESTATE TAXES						
1.00	OTHER CAP REL COSTS	3.00	0	14,692	1.00	
	TOTALS		0	14,692		
L - TO RECLASS ONCOLOGY PHARM COSTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,924	1.00	
	TOTALS		0	4,924		
M - TO RECLASS INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	198,564	1.00	
	TOTALS		0	198,564		
N - TO RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33,736	1.00	
	TOTALS		0	33,736		
O - TO RECLASS PENSION AUDIT COSTS						
1.00	EMPLOYEE BENEFITS	4.00	0	19,365	1.00	
	TOTALS		0	19,365		
500.00	Grand Total: Increases		116,730	1,051,909	500.00	

RECLASSIFICATIONS

Provider CCN: 140019

Period: From 09/01/2010 To 08/31/2011

Worksheet A-6
Date/Time Prepared: 2/28/2012 10:24 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - TO RECLASS MEDICAL CENTER SALARIES							
1.00	HOUSEKEEPING	9.00	17,486	0	0		1.00
	TOTALS		17,486	0			
B - TO RECLASS FIRE INSURANCE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	23,415	5		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	23,415			
C - TO RECLASS TELEPHONE EXPENSE							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,788	0		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	717	0		2.00
3.00	RURAL HEALTH CLINIC	88.00	0	3,757	0		3.00
4.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	16	0		4.00
5.00	HOME HEALTH AGENCY	101.00	0	3,243	0		5.00
	TOTALS		0	12,521			
D - TO RECLASS EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	130,458	0		1.00
	TOTALS		0	130,458			
E - TO RECLASS RENTAL EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,386	10		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	535	10		2.00
3.00	OPERATING ROOM	50.00	0	26,550	10		3.00
4.00	RESPIRATORY THERAPY	65.00	0	406	10		4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	4,893	10		5.00
	TOTALS		0	41,770			
F - TO RECLASS MEDICAL CENTER UTILITIES							
1.00	OPERATION OF PLANT	7.00	0	10,502	0		1.00
	TOTALS		0	10,502			
G - TO RECLASS PHYSICIAN BLDG DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,824	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,435	9		2.00
	TOTALS		0	17,259			
H - TO RECLASS DEPRECIATION EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	404,360	9		1.00
	TOTALS		0	404,360			
I - TO RECLASS PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	29,832	5		1.00
	TOTALS		0	29,832			
J - TO RECLASS CAFETERIA EXPENSE							
1.00	DIETARY	10.00	99,244	110,511	0		1.00
	TOTALS		99,244	110,511			
K - TO RECLASS REAL ESTATE TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,692	0		1.00
	TOTALS		0	14,692			
L - TO RECLASS ONCOLOGY PHARM COSTS							
1.00	CLINIC	90.00	0	4,924	0		1.00
	TOTALS		0	4,924			
M - TO RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	198,564	11		1.00
	TOTALS		0	198,564			
N - TO RECLASS MEDICAL SUPPLIES							
1.00	RESPIRATORY THERAPY	65.00	0	33,736	0		1.00
	TOTALS		0	33,736			
O - TO RECLASS PENSION AUDIT COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	19,365	0		1.00
	TOTALS		0	19,365			
500.00	Grand Total: Decreases		116,730	1,051,909			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/28/2012 10:24 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	825,826	0	0	0	0	1.00
2.00	Land Improvements	245,904	0	0	0	0	2.00
3.00	Buildings and Fixtures	10,860,799	0	0	0	1,270	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	3,751,341	44,225	0	44,225	0	5.00
6.00	Movable Equipment	8,237,081	614,825	0	614,825	151,592	6.00
7.00	HIT designated Assets	143,483	33,995	0	33,995	0	7.00
8.00	Subtotal (sum of lines 1-7)	24,064,434	693,045	0	693,045	152,862	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	24,064,434	693,045	0	693,045	152,862	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	918,278	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	918,278	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	14,969,387	0	14,969,387	0.629527	31,269	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,809,404	0	8,809,404	0.370473	18,401	2.00
3.00	Total (sum of lines 1-2)	23,778,791	0	23,778,791	1.000000	49,670	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/28/2012 10:24 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	825,826	0				1.00
2.00	Land Improvements	245,904	0				2.00
3.00	Buildings and Fixtures	10,859,529	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	3,795,566	0				5.00
6.00	Movable Equipment	8,700,314	0				6.00
7.00	HIT designated Assets	177,478	0				7.00
8.00	Subtotal (sum of lines 1-7)	24,604,617	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	24,604,617	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	918,278				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	918,278				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	9,249	0	40,518	503,882	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,443	0	23,844	396,925	41,770	2.00
3.00	Total (sum of lines 1-2)	14,692	0	64,362	900,807	41,770	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	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	31,269	9,249	0	544,400	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	18,401	5,443	0	462,539	2.00
3.00	Total (sum of lines 1-2)	0	49,670	14,692	0	1,006,939	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8

Date/Time Prepared:
2/28/2012 10:24 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Bas is/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)	B	-198,564	CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00	Television and radio service (chapter 21)		0		0.00 8.00
9.00	Parking lot (chapter 21)		0		0.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-678,012		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-40,213	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	-9,649	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines		0		0.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00 25.00
26.00	Depreciation - buildings and fixtures		0	CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment		0	CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist	A	-64,289	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	OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	SELF INSURANCE EXPENSE	A	-177,024	EMPLOYEE BENEFITS	4.00 33.00
33.01	ADVERTISING	A	-203,184	ADMINISTRATIVE & GENERAL	5.00 33.01
33.02	FOUNDATION EXPENSE	A	-21,610	ADMINISTRATIVE & GENERAL	5.00 33.02
33.03	SURETY BONDS	A	-50	ADMINISTRATIVE & GENERAL	5.00 33.03
33.04	MISCELLANEOUS INCOME	B	-706	ADMINISTRATIVE & GENERAL	5.00 33.04
33.05	NURSING SERVICES SOLD - HOSPITAL	B	-23,673	HOME HEALTH AGENCY	101.00 33.05
33.06	SUPPLIES SOLD - HOSPITAL	B	-2,521	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 33.06
33.07	LIFELINE INCOME	B	-21,298	HOME HEALTH AGENCY	101.00 33.07
33.08	DEPRECIATION EXPENSE	A	-212	CAP REL COSTS-BLDG & FIXT	1.00 33.08
33.09	SWITCHBOARD SALARY EXPENSE	A	-657	ADMINISTRATIVE & GENERAL	5.00 33.09
33.10	SWITCHBOARD BENEFIT EXPENSE	A	-199	EMPLOYEE BENEFITS	4.00 33.10
33.11	PATIENT TELEPHONES	A	-3,705	ADMINISTRATIVE & GENERAL	5.00 33.11
33.12	LOBBYING DUES	A	-10,141	ADMINISTRATIVE & GENERAL	5.00 33.12
33.13	FRA TAX	A	-250,484	ADMINISTRATIVE & GENERAL	5.00 33.13
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,706,191		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8
Date/Time Prepared:
2/28/2012 10:24 am

		Wkst. A-7 Ref.		
		5.00		
1.00	Investment income - buildings and fixtures (chapter 2)	11		1.00
2.00	Investment income - movable equipment (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 - buildings and fixtures	0		26.00
27.00	Depreciation - movable equipment	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	SELF INSURANCE EXPENSE	0		33.00
33.01	ADVERTISING	0		33.01
33.02	FOUNDATION EXPENSE	0		33.02
33.03	SURETY BONDS	0		33.03
33.04	MISCELLANEOUS INCOME	0		33.04
33.05	NURSING SERVICES SOLD - HOSPITAL	0		33.05
33.06	SUPPLIES SOLD - HOSPITAL	0		33.06
33.07	LIFELINE INCOME	0		33.07
33.08	DEPRECIATION EXPENSE	9		33.08
33.09	SWITCHBOARD SALARY EXPENSE	0		33.09
33.10	SWITCHBOARD BENEFIT EXPENSE	0		33.10
33.11	PATIENT TELEPHONES	0		33.11
33.12	LOBBYING DUES	0		33.12
33.13	FRA TAX	0		33.13
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:
2/28/2012 10:24 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	65.00	RESPIRATORY THERAPY / AGGREGATE	14,360	14,360	1.00
2.00	90.00	CLINIC / AGGREGATE	259,711	259,711	2.00
3.00	91.00	EMERGENCY / AGGREGATE	609,755	355,425	3.00
4.00	30.00	ADULTS & PEDS / AGGREGATE	48,516	48,516	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
200.00		TOTAL (lines 1.00 through 199.00)	932,342	678,012	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:
2/28/2012 10:24 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	254,330	159,800	5,107	392,355	19,618	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	254,330		5,107	392,355	19,618	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:
2/28/2012 10:24 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	392,355	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	392,355	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-2
Date/Time Prepared:
2/28/2012 10:24 am

	RCE	Adj ustment	
	Di sal lowance	18.00	
1.00	17.00	0	14,360
2.00		0	259,711
3.00		0	355,425
4.00		0	48,516
5.00		0	0
6.00		0	0
7.00		0	0
8.00		0	0
9.00		0	0
10.00		0	0
200.00		0	678,012

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	544,400	544,400				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	462,539		462,539			2.00
4.00 EMPLOYEE BENEFITS	1,774,122	6,908	5,870	1,786,900		4.00
5.00 ADMINISTRATIVE & GENERAL	1,991,504	66,536	56,531	258,504	2,373,075	5.00
6.00 MAINTENANCE & REPAIRS	358,863	11,301	9,602	74,064	453,830	6.00
7.00 OPERATION OF PLANT	282,086	14,137	12,011	0	308,234	7.00
8.00 LAUNDRY & LINEN SERVICE	66,069	12,350	10,493	11,108	100,020	8.00
9.00 HOUSEKEEPING	179,849	4,958	4,212	46,537	235,556	9.00
10.00 DIETARY	194,328	15,358	13,048	25,687	248,421	10.00
11.00 CAFETERIA	169,542	5,868	4,985	27,726	208,121	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	456,936	5,638	4,790	125,047	592,411	13.00
14.00 CENTRAL SERVICES & SUPPLY	132,356	32,059	27,238	34,212	225,865	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	243,092	9,728	8,265	60,017	321,102	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,033,698	88,260	74,989	217,520	1,414,467	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	1,273	24,970	21,216	0	47,459	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	250,739	50,064	42,536	43,563	386,902	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	1,640	983	836	0	3,459	53.00
54.00 RADIOLOGY-DIAGNOSTIC	769,471	43,262	36,757	116,884	966,374	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,039,114	17,103	14,531	125,441	1,196,189	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	184,821	12,063	10,249	49,985	257,118	65.00
66.00 PHYSICAL THERAPY	285,068	31,592	26,842	72,055	415,557	66.00
66.01 CARDIAC REHAB	39,896	11,703	9,943	10,548	72,090	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
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	56,230	246	209	0	56,685	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	952,178	6,228	5,292	0	963,698	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	606,213	22,160	18,827	158,506	805,706	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	186,503	17,161	14,580	118,070	336,314	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
91.00 EMERGENCY	639,589	12,588	10,695	97,581	760,453	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	172,210	14,620	12,422	22,988	222,240	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	331,218	6,556	5,570	85,972	429,316	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,405,547	544,400	462,539	1,782,015	13,400,662	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	48,938	0	0	4,885	53,823	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FARM EXPENSE	13,940	0	0	0	13,940	194.01
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	13,468,425	544,400	462,539	1,786,900	13,468,425	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140019		Period: From 09/01/2010 To 08/31/2011		Worksheet B Part I Date/Time Prepared: 2/28/2012 10:24 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
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
5.00	ADMINISTRATIVE & GENERAL	2,373,075					5.00
6.00	MAINTENANCE & REPAIRS	97,065	550,895				6.00
7.00	OPERATION OF PLANT	65,925	16,943	391,102			7.00
8.00	LAUNDRY & LINEN SERVICE	21,392	14,801	10,842	147,055		8.00
9.00	HOUSEKEEPING	50,381	5,942	4,352	0	296,231	9.00
10.00	DIETARY	53,132	18,406	13,482	0	10,624	10.00
11.00	CAFETERIA	44,513	7,032	5,151	0	4,059	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	126,705	6,757	4,950	0	3,900	13.00
14.00	CENTRAL SERVICES & SUPPLY	48,308	38,423	28,143	0	22,178	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	68,677	11,658	8,539	0	6,729	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	302,527	105,782	77,481	88,248	61,060	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	10,151	29,927	21,921	2,191	17,274	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	82,751	60,001	43,949	2,438	34,634	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	740	1,179	863	0	680	53.00
54.00	RADIOLOGY-DIAGNOSTIC	206,688	51,849	37,978	15,605	29,928	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	255,841	20,498	15,014	0	11,832	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	54,992	14,458	10,590	208	8,345	65.00
66.00	PHYSICAL THERAPY	88,879	37,863	27,733	12,224	21,855	66.00
66.01	CARDIAC REHAB	15,419	14,026	10,273	0	8,096	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
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	12,124	295	216	0	170	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	206,116	7,465	5,468	0	4,309	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	172,324	26,558	19,453	410	15,330	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	71,931	20,567	15,065	21	11,871	90.00
91.00	EMERGENCY	162,646	15,086	11,050	25,651	8,708	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00

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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	47,533	17,522	12,834	0	10,114	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	91,822	7,857	5,755	0	4,535	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,358,582	550,895	391,102	146,996	296,231	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	11,512	0	0	59	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FARM EXPENSE	2,981	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,373,075	550,895	391,102	147,055	296,231	202.00

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
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
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	344,065					10.00
11.00 CAFETERIA	178,600	447,476				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	31,618	0	766,341		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	16,228	0	21,471	400,616	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	35,123	0	0	5,072	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	165,465	90,035	0	390,838	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	12,511	0	49,875	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	39,902	0	0	17,968	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	47,260	0	0	287,282	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	17,384	0	104,274	0	65.00
66.00 PHYSICAL THERAPY	0	19,076	0	0	0	66.00
66.01 CARDIAC REHAB	0	3,553	0	13,859	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
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	40,739	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	25,903	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	40,725	0	0	14,797	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	24,551	0	68,446	4,583	90.00
91.00 EMERGENCY	0	28,838	0	117,578	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	13,342	0	0	4,272	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	27,330	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	344,065	447,476	0	766,341	400,616	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FARM EXPENSE	0	0	0	0	0	194.01
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)	344,065	447,476	0	766,341	400,616	202.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	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
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	0					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	456,900				16.00
17.00 SOCIAL SERVICE	0	0	0			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	233,631	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	1,138	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	118,481	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	33,623	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	11,334	0	0	0	66.00
66.01 CARDIAC REHAB	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
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
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	58,693	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	456,900	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FARM EXPENSE	0	0	0	0	0	194.01
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	456,900	0	0	0	202.00

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	20.00	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS							
1.00							1.00
2.00							2.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00							7.00
8.00							8.00
9.00							9.00
10.00							10.00
11.00							11.00
12.00							12.00
13.00							13.00
14.00							14.00
15.00							15.00
16.00							16.00
17.00							17.00
18.00							18.00
19.00							19.00
20.00	0						20.00
21.00	0	0					21.00
22.00	0	0	0				22.00
23.00	0	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	0	0	0	0	2,929,534		30.00
31.00	0	0	0	0	0		31.00
32.00	0	0	0	0	0		32.00
33.00	0	0	0	0	0		33.00
34.00	0	0	0	0	0		34.00
40.00	0	0	0	0	0		40.00
41.00	0	0	0	0	0		41.00
42.00	0	0	0	0	0		42.00
43.00	0	0	0	0	0		43.00
44.00	0	0	0	0	128,923		44.00
45.00	0	0	0	0	0		45.00
46.00	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	0	0	0	0	674,199		50.00
51.00	0	0	0	0	0		51.00
52.00	0	0	0	0	0		52.00
53.00	0	0	0	0	6,921		53.00
54.00	0	0	0	0	1,484,773		54.00
55.00	0	0	0	0	0		55.00
56.00	0	0	0	0	0		56.00
57.00	0	0	0	0	0		57.00
58.00	0	0	0	0	0		58.00
59.00	0	0	0	0	0		59.00
60.00	0	0	0	0	1,867,539		60.00
60.01	0	0	0	0	0		60.01
61.00	0	0	0	0	0		61.00
62.00	0	0	0	0	0		62.00
63.00	0	0	0	0	0		63.00
64.00	0	0	0	0	0		64.00
65.00	0	0	0	0	467,369		65.00
66.00	0	0	0	0	634,521		66.00
66.01	0	0	0	0	137,316		66.01
67.00	0	0	0	0	0		67.00
68.00	0	0	0	0	0		68.00
69.00	0	0	0	0	0		69.00
70.00	0	0	0	0	0		70.00
71.00	0	0	0	0	110,229		71.00
72.00	0	0	0	0	0		72.00
73.00	0	0	0	0	1,212,959		73.00
74.00	0	0	0	0	0		74.00
75.00	0	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	0	0	0	0	1,095,303		88.00
89.00	0	0	0	0	0		89.00
90.00	0	0	0	0	553,349		90.00
91.00	0	0	0	0	1,188,703		91.00
92.00	0	0	0	0	0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00	22.00			
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	327,857	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	566,615	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	13,386,110	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	65,394	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 FARM EXPENSE	0	0	0	0	0	16,921	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	0	13,468,425	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	2,929,534	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	128,923	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	674,199	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	6,921	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,484,773	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	1,867,539	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	467,369	65.00
66.00	PHYSICAL THERAPY	0	634,521	66.00
66.01	CARDIAC REHAB	0	137,316	66.01
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	110,229	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,212,959	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	1,095,303	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	553,349	90.00
91.00	EMERGENCY	0	1,188,703	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	327,857	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	566,615	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	13,386,110	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	65,394	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	FARM EXPENSE	0	16,921	194.01
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	13,468,425	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	6,908	5,870	12,778	12,778
5.00	ADMINISTRATIVE & GENERAL	0	66,536	56,531	123,067	1,848
6.00	MAINTENANCE & REPAIRS	0	11,301	9,602	20,903	530
7.00	OPERATION OF PLANT	0	14,137	12,011	26,148	0
8.00	LAUNDRY & LINEN SERVICE	0	12,350	10,493	22,843	79
9.00	HOUSEKEEPING	0	4,958	4,212	9,170	333
10.00	DIETARY	0	15,358	13,048	28,406	184
11.00	CAFETERIA	0	5,868	4,985	10,853	198
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	5,638	4,790	10,428	894
14.00	CENTRAL SERVICES & SUPPLY	0	32,059	27,238	59,297	245
15.00	PHARMACY	0	0	0	0	0
16.00	MEDICAL RECORDS & LIBRARY	0	9,728	8,265	17,993	429
17.00	SOCIAL SERVICE	0	0	0	0	0
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	88,260	74,989	163,249	1,556
31.00	INTENSIVE CARE UNIT	0	0	0	0	0
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	0	0	0	0
44.00	SKILLED NURSING FACILITY	0	24,970	21,216	46,186	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	50,064	42,536	92,600	312
51.00	RECOVERY ROOM	0	0	0	0	0
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	0	983	836	1,819	0
54.00	RADIOLOGY-DIAGNOSTIC	0	43,262	36,757	80,019	836
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	RADIOISOTOPE	0	0	0	0	0
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	17,103	14,531	31,634	897
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	12,063	10,249	22,312	357
66.00	PHYSICAL THERAPY	0	31,592	26,842	58,434	515
66.01	CARDIAC REHAB	0	11,703	9,943	21,646	75
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	246	209	455	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	6,228	5,292	11,520	0
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	22,160	18,827	40,987	1,134
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	17,161	14,580	31,741	844
91.00	EMERGENCY	0	12,588	10,695	23,283	698

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		1.00		0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	14,620	12,422	27,042	164	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	6,556	5,570	12,126	615	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	544,400	462,539	1,006,939	12,743	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	35	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FARM EXPENSE	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	544,400	462,539	1,006,939	12,778	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140019		Period: From 09/01/2010 To 08/31/2011		Worksheet B Part II Date/Time Prepared: 2/28/2012 10:24 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
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
5.00	ADMINISTRATIVE & GENERAL	124,915					5.00
6.00	MAINTENANCE & REPAIRS	5,109	26,542				6.00
7.00	OPERATION OF PLANT	3,470	816	30,434			7.00
8.00	LAUNDRY & LINEN SERVICE	1,126	713		844	25,605	8.00
9.00	HOUSEKEEPING	2,652	286			0	12,780
10.00	DIETARY	2,797	887	1,049		0	458
11.00	CAFETERIA	2,343	339	401		0	175
12.00	MAINTENANCE OF PERSONNEL	0	0	0		0	0
13.00	NURSING ADMINISTRATION	6,669	326	385		0	168
14.00	CENTRAL SERVICES & SUPPLY	2,543	1,851	2,190		0	957
15.00	PHARMACY	0	0	0		0	0
16.00	MEDICAL RECORDS & LIBRARY	3,615	562	665		0	290
17.00	SOCIAL SERVICE	0	0	0		0	0
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0		0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0		0	0
20.00	NURSING SCHOOL	0	0	0		0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		0	0
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0		0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,928	5,094	6,029	15,367	2,637	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	0
32.00	CORONARY CARE UNIT	0	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0	0
43.00	NURSERY	0	0	0	0	0	0
44.00	SKILLED NURSING FACILITY	534	1,442	1,706	382	745	44.00
45.00	NURSING FACILITY	0	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,356	2,891	3,420	424	1,494	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0
53.00	ANESTHESIOLOGY	39	57	67	0	29	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,879	2,498	2,955	2,717	1,291	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0
56.00	RADIOISOTOPE	0	0	0	0	0	0
57.00	CT SCAN	0	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0
60.00	LABORATORY	13,467	988	1,168	0	510	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0
65.00	RESPIRATORY THERAPY	2,895	697	824	36	360	65.00
66.00	PHYSICAL THERAPY	4,678	1,824	2,158	2,128	943	66.00
66.01	CARDIAC REHAB	812	676	799	0	349	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	638	14	17	0	7	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	10,849	360	425	0	186	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	9,071	1,280	1,514	71	661	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0
90.00	CLINIC	3,786	991	1,172	4	512	90.00
91.00	EMERGENCY	8,561	727	860	4,466	376	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	2,502	844	999	0	436	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	4,833	379	448	0	196	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	124,152	26,542	30,434	25,595	12,780	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	606	0	0	10	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FARM EXPENSE	157	0	0	0	0	194.01
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)	124,915	26,542	30,434	25,605	12,780	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140019		Period: From 09/01/2010 To 08/31/2011		Worksheet B Part II Date/Time Prepared: 2/28/2012 10:24 am	
Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY		
	10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS							
1.00							1.00
2.00							2.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00							7.00
8.00							8.00
9.00							9.00
10.00	33,781						10.00
11.00	17,535	31,844					11.00
12.00	0	0	0				12.00
13.00	0	2,250	0	21,120			13.00
14.00	0	1,155	0	592	68,830		14.00
15.00	0	0	0	0	0	0	15.00
16.00	0	2,500	0	0	871		16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	16,246	6,408	0	10,771	0		30.00
31.00	0	0	0	0	0	0	31.00
32.00	0	0	0	0	0	0	32.00
33.00	0	0	0	0	0	0	33.00
34.00	0	0	0	0	0	0	34.00
40.00	0	0	0	0	0	0	40.00
41.00	0	0	0	0	0	0	41.00
42.00	0	0	0	0	0	0	42.00
43.00	0	0	0	0	0	0	43.00
44.00	0	0	0	0	0	0	44.00
45.00	0	0	0	0	0	0	45.00
46.00	0	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	0	890	0	1,375	0		50.00
51.00	0	0	0	0	0	0	51.00
52.00	0	0	0	0	0	0	52.00
53.00	0	0	0	0	0	0	53.00
54.00	0	2,840	0	0	3,087		54.00
55.00	0	0	0	0	0	0	55.00
56.00	0	0	0	0	0	0	56.00
57.00	0	0	0	0	0	0	57.00
58.00	0	0	0	0	0	0	58.00
59.00	0	0	0	0	0	0	59.00
60.00	0	3,363	0	0	49,360		60.00
60.01	0	0	0	0	0	0	60.01
61.00	0	0	0	0	0	0	61.00
62.00	0	0	0	0	0	0	62.00
63.00	0	0	0	0	0	0	63.00
64.00	0	0	0	0	0	0	64.00
65.00	0	1,237	0	2,874	0		65.00
66.00	0	1,357	0	0	0		66.00
66.01	0	253	0	382	0		66.01
67.00	0	0	0	0	0	0	67.00
68.00	0	0	0	0	0	0	68.00
69.00	0	0	0	0	0	0	69.00
70.00	0	0	0	0	0	0	70.00
71.00	0	0	0	0	6,999		71.00
72.00	0	0	0	0	0	0	72.00
73.00	0	0	0	0	4,450		73.00
74.00	0	0	0	0	0	0	74.00
75.00	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	0	2,898	0	0	2,542		88.00
89.00	0	0	0	0	0	0	89.00
90.00	0	1,747	0	1,886	787		90.00
91.00	0	2,052	0	3,240	0		91.00
92.00	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	0	0	0	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	949	0	0	734	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	1,945	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	33,781	31,844	0	21,120	68,830	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FARM EXPENSE	0	0	0	0	0	194.01
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)	33,781	31,844	0	21,120	68,830	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140019

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	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
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	0					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	26,925				16.00
17.00 SOCIAL SERVICE	0	0	0			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	13,768	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0		31.00
32.00 CORONARY CARE UNIT	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	0	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	67	0	0		50.00
51.00 RECOVERY ROOM	0	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	6,982	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0	0		56.00
57.00 CT SCAN	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	0	1,981	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	668	0	0		66.00
66.01 CARDIAC REHAB	0	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	0	0	0	0		90.00
91.00 EMERGENCY	0	3,459	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	26,925	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0		193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01 FARM EXPENSE	0	0	0	0		194.01
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)	0	26,925	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	20.00	21.00	22.00	23.00			
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
5.00 ADMINISTRATIVE & GENERAL							5.00
6.00 MAINTENANCE & REPAIRS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
12.00 MAINTENANCE OF PERSONNEL							12.00
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY							15.00
16.00 MEDICAL RECORDS & LIBRARY							16.00
17.00 SOCIAL SERVICE							17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)							18.00
19.00 NONPHYSICIAN ANESTHETISTS							19.00
20.00 NURSING SCHOOL	0						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD		0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			0				22.00
23.00 PARAMED PRGM-(SPECIFY)				0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS					257,053		30.00
31.00 INTENSIVE CARE UNIT					0		31.00
32.00 CORONARY CARE UNIT					0		32.00
33.00 BURN INTENSIVE CARE UNIT					0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT					0		34.00
40.00 SUBPROVIDER - IPF					0		40.00
41.00 SUBPROVIDER - IRF					0		41.00
42.00 SUBPROVIDER					0		42.00
43.00 NURSERY					0		43.00
44.00 SKILLED NURSING FACILITY					50,995		44.00
45.00 NURSING FACILITY					0		45.00
46.00 OTHER LONG TERM CARE					0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM					107,829		50.00
51.00 RECOVERY ROOM					0		51.00
52.00 DELIVERY ROOM & LABOR ROOM					0		52.00
53.00 ANESTHESIOLOGY					2,011		53.00
54.00 RADIOLOGY-DIAGNOSTIC					114,104		54.00
55.00 RADIOLOGY-THERAPEUTIC					0		55.00
56.00 RADIOISOTOPE					0		56.00
57.00 CT SCAN					0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)					0		58.00
59.00 CARDIAC CATHETERIZATION					0		59.00
60.00 LABORATORY					103,368		60.00
60.01 BLOOD LABORATORY					0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY					0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS					0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.					0		63.00
64.00 INTRAVENOUS THERAPY					0		64.00
65.00 RESPIRATORY THERAPY					31,592		65.00
66.00 PHYSICAL THERAPY					72,705		66.00
66.01 CARDIAC REHAB					24,992		66.01
67.00 OCCUPATIONAL THERAPY					0		67.00
68.00 SPEECH PATHOLOGY					0		68.00
69.00 ELECTROCARDIOLOGY					0		69.00
70.00 ELECTROENCEPHALOGRAPHY					0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS					8,130		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS					0		72.00
73.00 DRUGS CHARGED TO PATIENTS					27,790		73.00
74.00 RENAL DIALYSIS					0		74.00
75.00 ASC (NON-DISTINCT PART)					0		75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC					60,158		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER					0		89.00
90.00 CLINIC					43,470		90.00
91.00 EMERGENCY					47,722		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00	22.00			
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS					0	94.00	
95.00 AMBULANCE SERVICES					0	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED					33,670	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD					0	97.00	
98.00 OTHER REIMBURSABLE COST CENTERS					0	98.00	
99.00 CMHC					0	99.00	
99.10 CORF					0	99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM					0	100.00	
101.00 HOME HEALTH AGENCY					20,542	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION					0	105.00	
106.00 HEART ACQUISITION					0	106.00	
107.00 LIVER ACQUISITION					0	107.00	
108.00 LUNG ACQUISITION					0	108.00	
109.00 PANCREAS ACQUISITION					0	109.00	
110.00 INTESTINAL ACQUISITION					0	110.00	
111.00 ISLET ACQUISITION					0	111.00	
113.00 INTEREST EXPENSE					0	113.00	
114.00 UTILIZATION REVIEW-SNF					0	114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00	
116.00 HOSPICE					0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	1,006,131	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00	
191.00 RESEARCH					0	191.00	
192.00 PHYSICIANS' PRIVATE OFFICES					651	192.00	
193.00 NONPAID WORKERS					0	193.00	
194.00 OTHER NONREIMBURSABLE COST CENTERS					0	194.00	
194.01 FARM EXPENSE					157	194.01	
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	0	0	0	1,006,939	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	257,053	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	50,995	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	107,829	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	2,011	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	114,104	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	103,368	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	31,592	65.00
66.00	PHYSICAL THERAPY	0	72,705	66.00
66.01	CARDIAC REHAB	0	24,992	66.01
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,130	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	27,790	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	60,158	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	43,470	90.00
91.00	EMERGENCY	0	47,722	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	33,670	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	20,542	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,006,131	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	651	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	FARM EXPENSE	0	157	194.01
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,006,939	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	66,430				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		66,430			2.00
4.00	EMPLOYEE BENEFITS	843	843	6,396,101		4.00
5.00	ADMINISTRATIVE & GENERAL	8,119	8,119	925,295	-2,373,075	11,095,350
6.00	MAINTENANCE & REPAIRS	1,379	1,379	265,107	0	453,830
7.00	OPERATION OF PLANT	1,725	1,725	0	0	308,234
8.00	LAUNDRY & LINEN SERVICE	1,507	1,507	39,761	0	100,020
9.00	HOUSEKEEPING	605	605	166,575	0	235,556
10.00	DIETARY	1,874	1,874	91,945	0	248,421
11.00	CAFETERIA	716	716	99,244	0	208,121
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	688	688	447,600	0	592,411
14.00	CENTRAL SERVICES & SUPPLY	3,912	3,912	122,460	0	225,865
15.00	PHARMACY	0	0	0	0	0
16.00	MEDICAL RECORDS & LIBRARY	1,187	1,187	214,827	0	321,102
17.00	SOCIAL SERVICE	0	0	0	0	0
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,770	10,770	778,600	0	1,414,467
31.00	INTENSIVE CARE UNIT	0	0	0	0	0
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	0	0	0	0
44.00	SKILLED NURSING FACILITY	3,047	3,047	0	0	47,459
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	6,109	6,109	155,930	0	386,902
51.00	RECOVERY ROOM	0	0	0	0	0
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	120	120	0	0	3,459
54.00	RADIOLOGY-DIAGNOSTIC	5,279	5,279	418,379	0	966,374
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	RADIO SOTOPE	0	0	0	0	0
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	2,087	2,087	449,009	0	1,196,189
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	1,472	1,472	178,920	0	257,118
66.00	PHYSICAL THERAPY	3,855	3,855	257,918	0	415,557
66.01	CARDIAC REHAB	1,428	1,428	37,757	0	72,090
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30	30	0	0	56,685
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	760	760	0	0	963,698
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	2,704	2,704	567,362	0	805,706
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	2,094	2,094	422,625	0	336,314
91.00	EMERGENCY	1,536	1,536	349,286	0	760,453

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			4.00	5A		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	1,784	1,784	82,283	0	222,240	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	800	800	307,732	0	429,316	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	66,430	66,430	6,378,615	-2,373,075	11,027,587	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	17,486	0	53,823	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FARM EXPENSE	0	0	0	0	13,940	194.01
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)	544,400	462,539	1,786,900		2,373,075	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.195093	6.962803	0.279373		0.213880	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			12,778		124,915	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001998		0.011258	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
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
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	56,089					6.00
7.00 OPERATION OF PLANT	1,725	54,364				7.00
8.00 LAUNDRY & LINEN SERVICE	1,507	1,507	89,995			8.00
9.00 HOUSEKEEPING	605	605	0	52,252		9.00
10.00 DIETARY	1,874	1,874	0	1,874	40,839	10.00
11.00 CAFETERIA	716	716	0	716	21,199	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	688	688	0	688	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,912	3,912	0	3,912	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,187	1,187	0	1,187	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	10,770	10,770	54,006	10,770	19,640	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	3,047	3,047	1,341	3,047	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,109	6,109	1,492	6,109	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	120	120	0	120	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,279	5,279	9,550	5,279	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,087	2,087	0	2,087	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,472	1,472	127	1,472	0	65.00
66.00 PHYSICAL THERAPY	3,855	3,855	7,481	3,855	0	66.00
66.01 CARDIAC REHAB	1,428	1,428	0	1,428	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
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	30	30	0	30	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	760	760	0	760	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	2,704	2,704	251	2,704	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	2,094	2,094	13	2,094	0	90.00
91.00 EMERGENCY	1,536	1,536	15,698	1,536	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	1,784	1,784	0	1,784	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	800	800	0	800	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	56,089	54,364	89,959	52,252	40,839	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	36	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FARM EXPENSE	0	0	0	0	0	194.01
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)	550,895	391,102	147,055	296,231	344,065	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9.821801	7.194136	1.634035	5.669276	8.424912	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	26,542	30,434	25,605	12,780	33,781	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.473212	0.559819	0.284516	0.244584	0.827175	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description	CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
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
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	213,702					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	15,100	0	93,836			13.00
14.00 CENTRAL SERVICES & SUPPLY	7,750	0	2,629	577,743		14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	16,774	0	0	7,315	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	42,998	0	47,857	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,975	0	6,107	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	19,056	0	0	25,913	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	22,570	0	0	414,298	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	8,302	0	12,768	0	0	65.00
66.00 PHYSICAL THERAPY	9,110	0	0	0	0	66.00
66.01 CARDIAC REHAB	1,697	0	1,697	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
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	58,751	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	37,355	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	19,449	0	0	21,340	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	11,725	0	8,381	6,610	0	90.00
91.00 EMERGENCY	13,772	0	14,397	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description		CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	6,372	0	0	6,161	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	13,052	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	213,702	0	93,836	577,743	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	FARM EXPENSE	0	0	0	0	0	194.01
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)	447,476	0	766,341	400,616	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.093925	0.000000	8.166812	0.693416	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	31,844	0	21,120	68,830	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.149011	0.000000	0.225074	0.119136	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
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
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	10,844					16.00
17.00 SOCIAL SERVICE	0	0				17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0		0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	5,545	0	0		0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0		0	31.00
32.00 CORONARY CARE UNIT	0	0	0		0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00 SUBPROVIDER - IPF	0	0	0		0	40.00
41.00 SUBPROVIDER - IRF	0	0	0		0	41.00
42.00 SUBPROVIDER	0	0	0		0	42.00
43.00 NURSERY	0	0	0		0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00 NURSING FACILITY	0	0	0		0	45.00
46.00 OTHER LONG TERM CARE	0	0	0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	27	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,812	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	798	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	269	0	0	0	0	66.00
66.01 CARDIAC REHAB	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
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
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	1,393	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,844	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FARM EXPENSE	0	0	0	0	0	194.01
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)	456,900	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	42.133899	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	26,925	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.482940	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
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
5.00	ADMINISTRATIVE & GENERAL				5.00
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		0		22.00
23.00	PARAMED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	56.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	66.00
66.01	CARDIAC REHAB	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	0	0	90.00
91.00	EMERGENCY	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
99.00 CMHC	0	0	0		99.00
99.10 CORF	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
105.00 KIDNEY ACQUISITION	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 HOSPICE	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 RESEARCH	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0		193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
194.01 FARM EXPENSE	0	0	0		194.01
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 2/28/2012 10:24 am		
		Title XVII	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		2,929,534	0	2,929,534	30.00
31.00	INTENSIVE CARE UNIT		0	0	0	31.00
32.00	CORONARY CARE UNIT		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	SUBPROVIDER - IPF		0	0	0	40.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		0	0	0	43.00
44.00	SKILLED NURSING FACILITY		128,923	0	128,923	44.00
45.00	NURSING FACILITY		0	0	0	45.00
46.00	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		674,199	0	674,199	50.00
51.00	RECOVERY ROOM		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	ANESTHESIOLOGY		6,921	0	6,921	53.00
54.00	RADIOLOGY-DIAGNOSTIC		1,484,773	0	1,484,773	54.00
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	RADIOISOTOPE		0	0	0	56.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		1,867,539	0	1,867,539	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	467,369	0	467,369	65.00
66.00	PHYSICAL THERAPY	0	634,521	0	634,521	66.00
66.01	CARDIAC REHAB	0	137,316	0	137,316	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	110,229	0	110,229	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,212,959	0	1,212,959	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		1,095,303	0	1,095,303	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		553,349	0	553,349	90.00
91.00	EMERGENCY		1,188,703	0	1,188,703	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		243,480	0	243,480	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	AMBULANCE SERVICES		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		327,857	0	327,857	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	CMHC		0	0	0	99.00
99.10	CORF		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	HOME HEALTH AGENCY		566,615	0	566,615	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION		0	0	0	105.00
106.00	HEART ACQUISITION		0	0	0	106.00
107.00	LIVER ACQUISITION		0	0	0	107.00
108.00	LUNG ACQUISITION		0	0	0	108.00
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	HOSPICE		0	0	0	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140019		Period: From 09/01/2010 To 08/31/2011		Worksheet C Part I Date/Time Prepared: 2/28/2012 10:24 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
200.00 Subtotal (see instructions)	13,629,590	0	13,629,590	0	13,629,590	200.00	
201.00 Less Observation Beds	243,480		243,480		243,480	201.00	
202.00 Total (see instructions)	13,386,110	0	13,386,110	0	13,386,110	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140019		Period: From 09/01/2010 To 08/31/2011		Worksheet C Part I Date/Time Prepared: 2/28/2012 10:24 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,133,353		4,133,353			30.00
31.00	INTENSIVE CARE UNIT	0		0			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - I PF	0		0			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	0		0			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	27,888	777,005	804,893	0.837626	0.000000	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	5,440	238,817	244,257	0.028335	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,006,848	5,994,986	7,001,834	0.212055	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	1,470,523	4,916,819	6,387,342	0.292381	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	383,279	1,076,735	1,460,014	0.320113	0.000000	65.00
66.00	PHYSICAL THERAPY	98,813	959,854	1,058,667	0.599358	0.000000	66.00
66.01	CARDIAC REHAB	617	123,797	124,414	1.103702	0.000000	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	544,121	150,877	694,998	0.158603	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	872,094	854,770	1,726,864	0.702406	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	627,636	627,636			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	5,280	995,334	1,000,614	0.553009	0.000000	90.00
91.00	EMERGENCY	275,375	1,756,599	2,031,974	0.584999	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	65,702	273,988	339,690	0.716771	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	272,149	272,149	1.204697	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	589,020	589,020			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE	0	0	0			113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	8,889,333	19,608,386	28,497,719			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 2/28/2012 10:24 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	8,889,333	19,608,386	28,497,719			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 2/28/2012 10:24 am
Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.837626		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.028335		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.212055		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.292381		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.320113		65.00
66.00	PHYSICAL THERAPY	0.599358		66.00
66.01	CARDIAC REHAB	1.103702		66.01
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.158603		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.702406		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.553009		90.00
91.00	EMERGENCY	0.584999		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.716771		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	1.204697		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
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: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 2/28/2012 10:24 am
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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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,929,534		2,929,534	0	0	30.00
31.00 INTENSIVE CARE UNIT	0		0	0	0	31.00
32.00 CORONARY CARE UNIT	0		0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00 SUBPROVIDER	0		0	0	0	42.00
43.00 NURSERY	0		0	0	0	43.00
44.00 SKILLED NURSING FACILITY	128,923		128,923	0	0	44.00
45.00 NURSING FACILITY	0		0	0	0	45.00
46.00 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	674,199		674,199	0	0	50.00
51.00 RECOVERY ROOM	0		0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00 ANESTHESIOLOGY	6,921		6,921	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,484,773		1,484,773	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00 RADIOISOTOPE	0		0	0	0	56.00
57.00 CT SCAN	0		0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00 LABORATORY	1,867,539		1,867,539	0	0	60.00
60.01 BLOOD LABORATORY	0		0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00 RESPIRATORY THERAPY	467,369	0	467,369	0	0	65.00
66.00 PHYSICAL THERAPY	634,521	0	634,521	0	0	66.00
66.01 CARDIAC REHAB	137,316	0	137,316	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
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	110,229		110,229	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,212,959		1,212,959	0	0	73.00
74.00 RENAL DIALYSIS	0		0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	1,095,303		1,095,303	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 CLINIC	553,349		553,349	0	0	90.00
91.00 EMERGENCY	1,188,703		1,188,703	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	243,480		243,480	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00 AMBULANCE SERVICES	0		0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	327,857		327,857	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00 CMHC	0		0	0	0	99.00
99.10 CORF	0		0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00 HOME HEALTH AGENCY	566,615		566,615	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00 HEART ACQUISITION	0		0	0	0	106.00
107.00 LIVER ACQUISITION	0		0	0	0	107.00
108.00 LUNG ACQUISITION	0		0	0	0	108.00
109.00 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00 ISLET ACQUISITION	0		0	0	0	111.00
113.00 INTEREST EXPENSE	0		0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00 HOSPICE	0		0	0	0	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140019		Period: From 09/01/2010 To 08/31/2011		Worksheet C Part I Date/Time Prepared: 2/28/2012 10:24 am	
		Title XIX		Hospital			
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		
200.00 Subtotal (see instructions)	13,629,590	0	13,629,590	0	0	200.00	
201.00 Less Observation Beds	243,480		243,480			201.00	
202.00 Total (see instructions)	13,386,110	0	13,386,110	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
2/28/2012 10:24 am

		Title XIX			Hospital	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,133,353		4,133,353		30.00
31.00	INTENSIVE CARE UNIT	0		0		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - I PF	0		0		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	0		0		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	27,888	777,005	804,893	0.837626	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	5,440	238,817	244,257	0.028335	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,006,848	5,994,986	7,001,834	0.212055	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	1,470,523	4,916,819	6,387,342	0.292381	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	383,279	1,076,735	1,460,014	0.320113	65.00
66.00	PHYSICAL THERAPY	98,813	959,854	1,058,667	0.599358	66.00
66.01	CARDIAC REHAB	617	123,797	124,414	1.103702	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	544,121	150,877	694,998	0.158603	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	872,094	854,770	1,726,864	0.702406	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	627,636	627,636	1.745125	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	5,280	995,334	1,000,614	0.553009	90.00
91.00	EMERGENCY	275,375	1,756,599	2,031,974	0.584999	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	65,702	273,988	339,690	0.716771	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	272,149	272,149	1.204697	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0	0.000000	99.00
99.10	CORF	0	0	0	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	HOME HEALTH AGENCY	0	589,020	589,020	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	HOSPICE	0	0	0		116.00
200.00	Subtotal (see instructions)	8,889,333	19,608,386	28,497,719		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 2/28/2012 10:24 am	
			Title XIX	Hospital		
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		
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	8,889,333	19,608,386	28,497,719			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 2/28/2012 10:24 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
66.01	CARDIAC REHAB	0.000000		66.01
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
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
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140019

Period: From 09/01/2010 To 08/31/2011

Worksheet C Part II Date/Time Prepared: 2/28/2012 10:24 am

Cost Center Description		Title XIX			Hospital		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	674,199	107,829	566,370	10,783	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	6,921	2,011	4,910	201	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,484,773	114,104	1,370,669	11,410	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,867,539	103,368	1,764,171	10,337	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	467,369	31,592	435,777	3,159	0	65.00
66.00	PHYSICAL THERAPY	634,521	72,705	561,816	7,270	0	66.00
66.01	CARDIAC REHAB	137,316	24,992	112,324	2,499	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
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	110,229	8,130	102,099	813	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,212,959	27,790	1,185,169	2,779	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	1,095,303	60,158	1,035,145	6,016	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	553,349	43,470	509,879	4,347	0	90.00
91.00	EMERGENCY	1,188,703	47,722	1,140,981	4,772	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	243,480	22,816	220,664	2,282	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	327,857	33,670	294,187	3,367	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	566,615	20,542	546,073	2,054	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	10,571,133	720,899	9,850,234	72,089	0	200.00
201.00	Less Observation Beds	243,480	22,816	220,664	2,282	0	201.00
202.00	Total (line 200 minus line 201)	10,327,653	698,083	9,629,570	69,807	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet C Part II Date/Time Prepared: 2/28/2012 10:24 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
Title XIX Hospital					
ANCI LLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	663,416	804,893	0.824229	50.00
51.00	RECOVERY ROOM	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	6,720	244,257	0.027512	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,473,363	7,001,834	0.210425	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0.000000	56.00
57.00	CT SCAN	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	59.00
60.00	LABORATORY	1,857,202	6,387,342	0.290763	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	464,210	1,460,014	0.317949	65.00
66.00	PHYSICAL THERAPY	627,251	1,058,667	0.592491	66.00
66.01	CARDIAC REHAB	134,817	124,414	1.083616	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	109,416	694,998	0.157434	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,210,180	1,726,864	0.700796	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	1,089,287	627,636	1.735539	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	CLINIC	549,002	1,000,614	0.548665	90.00
91.00	EMERGENCY	1,183,931	2,031,974	0.582651	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	241,198	339,690	0.710053	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	324,490	272,149	1.192325	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	98.00
99.00	CMHC	0	0	0.000000	99.00
99.10	CORF	0	0	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	HOME HEALTH AGENCY	564,561	589,020	0.958475	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION	0	0	0.000000	105.00
106.00	HEART ACQUISITION	0	0	0.000000	106.00
107.00	LIVER ACQUISITION	0	0	0.000000	107.00
108.00	LUNG ACQUISITION	0	0	0.000000	108.00
109.00	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	ISLET ACQUISITION	0	0	0.000000	111.00
113.00	INTEREST EXPENSE	0	0	0.000000	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0.000000	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	HOSPICE	0	0	0.000000	116.00
200.00	Subtotal (sum of lines 50 thru 199)	10,499,044	0		200.00
201.00	Less Observation Beds	241,198	0		201.00
202.00	Total (line 200 minus line 201)	10,257,846	24,364,366		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part I Date/Time Prepared: 2/28/2012 10:24 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	257,053	16,354	240,699	2,749	87.56	30.00
31.00 INTENSIVE CARE UNIT	0		0	0	0.00	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	0		0	0	0.00	43.00
44.00 SKILLED NURSING FACILITY	50,995		50,995	0	0.00	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
200.00 Total (lines 30-199)	308,048		291,694	2,749		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part I Date/Time Prepared: 2/28/2012 10:24 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	1,743	152,617		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	1,743	152,617		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part II
Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	107,829	804,893	0.133967	11,926	1,598	50.00	
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00	
53.00	ANESTHESIOLOGY	2,011	244,257	0.008233	2,976	25	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	114,104	7,001,834	0.016296	915,317	14,916	54.00	
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00	
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00	
57.00	CT SCAN	0	0	0.000000	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00	
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00	
60.00	LABORATORY	103,368	6,387,342	0.016183	1,195,323	19,344	60.00	
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00	
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00	
65.00	RESPIRATORY THERAPY	31,592	1,460,014	0.021638	276,174	5,976	65.00	
66.00	PHYSICAL THERAPY	72,705	1,058,667	0.068676	29,256	2,009	66.00	
66.01	CARDIAC REHAB	24,992	124,414	0.200878	378	76	66.01	
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00	
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,130	694,998	0.011698	359,665	4,207	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	27,790	1,726,864	0.016093	569,108	9,159	73.00	
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00	
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	60,158	627,636	0.095849	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	CLINIC	43,470	1,000,614	0.043443	364	16	90.00	
91.00	EMERGENCY	47,722	2,031,974	0.023486	208,192	4,890	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	22,816	339,690	0.067167	28,908	1,942	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00	
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	33,670	272,149	0.123719	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00	
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00	
200.00	Total (lines 50-199)	700,357	23,775,346		3,597,587	64,158	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140019		Period: From 09/01/2010 To 08/31/2011		Worksheet D Part III Date/Time Prepared: 2/28/2012 10:24 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part III Date/Time Prepared: 2/28/2012 10:24 am	
		Title XVIII	Hospital	PPS	

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,749	0.00	1,743	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0.00	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	0	0.00	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	45.00
200.00 Total (lines 30-199)	2,749		1,743	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part III Date/Time Prepared: 2/28/2012 10:24 am
		Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	CT SCAN	0	0	0	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	LABORATORY	0	0	0	0	0	60.00	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00	
66.01	CARDIAC REHAB	0	0	0	0	0	66.01	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
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	
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	CLINIC	0	0	0	0	0	90.00	
91.00	EMERGENCY	0	0	0	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
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: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	804,893	0.000000	0.000000	11,926	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	244,257	0.000000	0.000000	2,976	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	7,001,834	0.000000	0.000000	915,317	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	6,387,342	0.000000	0.000000	1,195,323	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	1,460,014	0.000000	0.000000	276,174	65.00
66.00	PHYSICAL THERAPY	0	1,058,667	0.000000	0.000000	29,256	66.00
66.01	CARDIAC REHAB	0	124,414	0.000000	0.000000	378	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	694,998	0.000000	0.000000	359,665	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,726,864	0.000000	0.000000	569,108	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	627,636	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	1,000,614	0.000000	0.000000	364	90.00
91.00	EMERGENCY	0	2,031,974	0.000000	0.000000	208,192	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	339,690	0.000000	0.000000	28,908	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	272,149	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	23,775,346			3,597,587	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	446,277	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	132,850	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,707,667	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	64,595	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	493,009	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	CARDIAC REHAB	0	95,934	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
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	82,542	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	687,134	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	31,441	0	0	0	90.00
91.00	EMERGENCY	0	505,253	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	111,726	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	5,358,428	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
66.01	CARDIAC REHAB	0	0		66.01
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
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
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 2/28/2012 10:24 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.837626	446,277	0	0		50.00
51.00 RECOVERY ROOM	0.000000	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.028335	132,850	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.212055	2,707,667	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00 RADIOISOTOPE	0.000000	0	0	0		56.00
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.292381	64,595	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0.320113	493,009	0	0		65.00
66.00 PHYSICAL THERAPY	0.599358	0	0	0		66.00
66.01 CARDIAC REHAB	1.103702	95,934	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.000000	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.000000	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.158603	82,542	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.702406	687,134	0	0		73.00
74.00 RENAL DIALYSIS	0.000000	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 CLINIC	0.553009	31,441	0	0		90.00
91.00 EMERGENCY	0.584999	505,253	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.716771	111,726	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00 AMBULANCE SERVICES	0.000000		0			95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	1.204697	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00 Subtotal (see instructions)		5,358,428	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)		5,358,428	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 2/28/2012 10:24 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	373,813	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	3,764	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	574,174	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	18,886	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	157,819	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
66.01 CARDIAC REHAB	105,883	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,091	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	482,647	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	17,387	0	0		90.00
91.00 EMERGENCY	295,572	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	80,082	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0			95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	2,123,118	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)	2,123,118	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140019

Period: From 09/01/2010

Worksheet D

Component CCN: 145565

To 08/31/2011

Part IV
Date/Time Prepared: 2/28/2012 10:24 am

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
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
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 CARDIAC REHAB	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
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
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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: 140019 Component CCN: 145565	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/28/2012 10:24 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	804,893	0.000000	0.000000	0	50.00
51.00 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	244,257	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	7,001,834	0.000000	0.000000	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	6,387,342	0.000000	0.000000	0	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	1,460,014	0.000000	0.000000	0	65.00
66.00 PHYSICAL THERAPY	0	1,058,667	0.000000	0.000000	0	66.00
66.01 CARDIAC REHAB	0	124,414	0.000000	0.000000	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	694,998	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,726,864	0.000000	0.000000	0	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	627,636	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	1,000,614	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	2,031,974	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	339,690	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	272,149	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	23,775,346			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140019 Component CCN: 145565	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/28/2012 10:24 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
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
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 CARDIAC REHAB	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
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
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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: 140019 Component CCN: 145565	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/28/2012 10:24 am PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
66.01 CARDIAC REHAB	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
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
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/28/2012 10:24 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,739	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,749	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,749	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)		990	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,743	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)		990	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		184.15	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		188.27	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		117.79	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		117.79	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,929,534	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)		186,387	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)		186,387	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,743,147	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,132,986	28.00
29.00	Private room charges (excluding swing-bed charges)		59,010	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,073,976	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.875570	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,118.22	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)		2,743,147	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)		997.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,739,287	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,739,287	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet D-1 Date/Time Prepared: 2/28/2012 10:24 am	
Title XVIII			Hospital	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,259,523	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,998,810	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)					152,617	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					64,158	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					216,775	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,782,035	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)					186,387	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					186,387	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)					244	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					997.87	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					243,480	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140019		Period: From 09/01/2010 To 08/31/2011		Worksheet D-1 Date/Time Prepared: 2/28/2012 10:24 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	257,053	2,743,147	0.093707	243,480	22,816	90.00
91.00	Nursing School cost	0	2,743,147	0.000000	243,480	0	91.00
92.00	Allied health cost	0	2,743,147	0.000000	243,480	0	92.00
93.00	All other Medical Education	0	2,743,147	0.000000	243,480	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140019 Component CCN: 145565	Period: From 09/01/2010 To 08/31/2011	Worksheet D-1 Date/Time Prepared: 2/28/2012 10:24 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			0 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)			0 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)		128,923	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)		128,923	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		128,923	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140019 Component CCN: 145565		Period: From 09/01/2010 To 08/31/2011		Worksheet D-1 Date/Time Prepared: 2/28/2012 10:24 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					128,923	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0.00	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140019 Component CCN: 145565		Period: From 09/01/2010 To 08/31/2011		Worksheet D-1 Date/Time Prepared: 2/28/2012 10:24 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet D-3 Date/Time Prepared: 2/28/2012 10:24 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,376,618		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.837626	11,926	9,990	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.028335	2,976	84	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.212055	915,317	194,098	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.292381	1,195,323	349,490	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.320113	276,174	88,407	65.00
66.00	PHYSICAL THERAPY	0.599358	29,256	17,535	66.00
66.01	CARDIAC REHAB	1.103702	378	417	66.01
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.158603	359,665	57,044	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.702406	569,108	399,745	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.553009	364	201	90.00
91.00	EMERGENCY	0.584999	208,192	121,792	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.716771	28,908	20,720	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	1.204697	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		3,597,587	1,259,523	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		3,597,587		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet D-3	
		Component CCN: 14U019		Date/Time Prepared: 2/28/2012 10:24 am	
		Title XVIII	Swing Beds - SNF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.837626	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.028335	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.212055	86,655	18,376	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.292381	271,322	79,329	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.320113	101,118	32,369	65.00
66.00	PHYSICAL THERAPY	0.599358	63,841	38,264	66.00
66.01	CARDIAC REHAB	1.103702	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.158603	160,323	25,428	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.702406	247,396	173,772	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.553009	40	22	90.00
91.00	EMERGENCY	0.584999	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.716771	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	1.204697	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		930,695	367,560	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)		930,695		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part A Date/Time Prepared: 2/28/2012 10:24 am
		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	2,310,207		1.00
2.00	Outlier payments for discharges. (see instructions)	0		2.00
3.00	Managed Care Simulated Payments	0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	26.62		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	0.00		12.00
13.00	Total allowable FTE count for the prior year.	0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00
22.00	IME payment adjustment (see instructions)	0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment. (see instructions)	0.000000		27.00
28.00	IME Adjustment (see instructions)	0		28.00
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	7.30		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	14.73		31.00
32.00	Sum of lines 30 and 31	22.03		32.00
33.00	Allowable disproportionate share percentage (see instructions)	7.33		33.00
34.00	Disproportionate share adjustment (see instructions)	169,338		34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0		46.00
47.00	Subtotal (see instructions)	2,479,545		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	2,875,343		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	2,875,343		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part A Date/Time Prepared: 2/28/2012 10:24 am	
		Title XVII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		185,211		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		3,060,554		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		3,060,554		61.00
62.00	Deductibles billed to program beneficiaries		395,724		62.00
63.00	Coinsurance billed to program beneficiaries		0		63.00
64.00	Allowable bad debts (see instructions)		90,284		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		63,199		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		90,284		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		2,728,029		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation		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		421,828		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)		3,149,857		71.00
72.00	Interim payments		3,133,845		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)		16,012		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, 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: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 2/28/2012 10:24 am
		Title XVII	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 OPPI (see instructions)		2,123,118	2.00
3.00	PPS payments		1,401,833	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.849	5.00
6.00	Line 2 times line 5		1,802,527	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		77.77	7.00
8.00	Transitional corridor payment (see instructions)		340,590	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)		1,742,423	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)		360,079	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,382,344	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,382,344	30.00
31.00	Primary payer payments		332	31.00
32.00	Subtotal (line 30 minus line 31)		1,382,012	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)		52,704	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		36,893	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		52,704	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		1,418,905	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-3	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		1,418,908	40.00
41.00	Interim payments		1,082,959	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)		335,949	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		33,970	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: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 2/28/2012 10:24 am
		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: 140019		Period: From 09/01/2010 To 08/31/2011		Worksheet E-1 Part I Date/Time Prepared: 2/28/2012 10:24 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		3,787,661		1,082,959	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/26/2011	653,816		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)		-653,816		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,133,845		1,082,959	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		16,012		335,949	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		3,149,857		1,418,908	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140019

Period:

Worksheet E-1

Component CCN: 14U019

From 09/01/2010
To 08/31/2011

Part I
Date/Time Prepared:
2/28/2012 10:24 am

Title XVIII

Swing Beds - SNF

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		204,056		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		204,056		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		204,056		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet E-1 Part II Date/Time Prepared: 2/28/2012 10:24 am
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		851	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		1,743	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2		3	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		2,505	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		28,497,719	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		1,019,678	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,445,962	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial /interim HIT payment(s)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)		1,445,962	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 140019

Period:

Worksheet E-2

Component CCN: 14U019

From 09/01/2010
To 08/31/2011

Date/Time Prepared:
2/28/2012 10:24 am

Title XVIII

Swing Beds - SNF

PPS

		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	252,950	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	990	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	252,950	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	252,950	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	252,950	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	48,894	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	204,056	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	204,056	0	19.00
20.00	Interim payments	204,056	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	4,901	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140019 Component CCN: 145565	Period: From 09/01/2010 To 08/31/2011	Worksheet E-3 Part VI Date/Time Prepared: 2/28/2012 10:24 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		0	15.00
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet G

Date/Time Prepared:
2/28/2012 10:24 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,266,751	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	5,241,016	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,496,639	0	0	0	6.00
7.00	Inventory	186,157	0	0	0	7.00
8.00	Prepaid expenses	282,916	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	6,480,201	0	0	0	11.00
FIXED ASSETS						
12.00	Land	825,826	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	-331,497	0	0	0	14.00
15.00	Buildings	13,397,240	0	0	0	15.00
16.00	Accumulated depreciation	-6,927,689	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	3,863,954	0	0	0	19.00
20.00	Accumulated depreciation	-3,321,967	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	8,809,404	0	0	0	23.00
24.00	Accumulated depreciation	-7,379,448	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	8,935,823	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	22,534,938	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	100,679	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,635,617	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	38,051,641	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	910,567	0	0	0	37.00
38.00	Salaries, wages, and fees payable	481,096	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,000,000	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	627,318	0	0	0	43.00
44.00	Other current liabilities	156,853	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,175,834	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	11,175,834	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	26,875,807				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	26,875,807	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	38,051,641	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet G-1

Date/Time Prepared:
2/28/2012 10:24 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		23,674,044	
2.00	Net income (loss) (from Wkst. G-3, line 29)		3,192,916		0	2.00
3.00	Total (sum of line 1 and line 2)		26,866,960			3.00
4.00	NET ASSETS RELEASED FROM RESTRICTION	22,011		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		22,011		0	10.00
11.00	Subtotal (line 3 plus line 10)		26,888,971		0	11.00
12.00	DECREASE IN TEMPORARILY RESTRICTED	13,164		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		13,164		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		26,875,807		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet G-1

Date/Time Prepared:
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		Endowment Fund		Plant Fund			
		5.00	6.00	7.00	8.00		
		1.00	Fund balances at beginning of period		0		
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00	
3.00	Total (sum of line 1 and line 2)		0		0	3.00	
4.00	NET ASSETS RELEASED FROM RESTRICTION	0		0		4.00	
5.00		0		0		5.00	
6.00		0		0		6.00	
7.00		0		0		7.00	
8.00		0		0		8.00	
9.00		0		0		9.00	
10.00	Total additions (sum of line 4-9)		0		0	10.00	
11.00	Subtotal (line 3 plus line 10)		0		0	11.00	
12.00	DECREASE IN TEMPORARILY RESTRICTED	0		0		12.00	
13.00		0		0		13.00	
14.00		0		0		14.00	
15.00		0		0		15.00	
16.00		0		0		16.00	
17.00		0		0		17.00	
18.00	Total deductions (sum of lines 12-17)		0		0	18.00	
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0	19.00	

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet G-2 Parts

Date/Time Prepared:
2/28/2012 10:24 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	3,141,798		3,141,798	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	985,540		985,540	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	4,127,338		4,127,338	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,127,338		4,127,338	17.00
18.00	Ancillary services	4,677,617	18,425,238	23,102,855	18.00
19.00	Outpatient services	0	272,149	272,149	19.00
20.00	RURAL HEALTH CLINIC	0	627,636	627,636	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		589,020	589,020	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	PROFESSIONAL FEES	26,945	67,499	94,444	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	8,831,900	19,981,542	28,813,442	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		15,174,616		29.00
30.00	BAD DEBTS	1,767,469			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)		1,767,469		36.00
37.00	DISBURSEMENT RESTRICTED FUNDS FDTN	21,276			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)		21,276		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		16,920,809		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140019

Period:
From 09/01/2010
To 08/31/2011

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	28,813,442	1.00
2.00	Less contractual allowances and discounts on patients' accounts	13,293,966	2.00
3.00	Net patient revenues (line 1 minus line 2)	15,519,476	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	16,920,809	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,401,333	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	509,029	6.00
7.00	Income from investments	2,211,440	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	40,213	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	2,521	17.00
18.00	Revenue from sale of medical records and abstracts	9,649	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	73,220	22.00
23.00	Governmental appropriations	0	23.00
24.00	NET ASSETS RELEASED FROM RESTRICTION	29,162	24.00
24.01	FARM INCOME	75,888	24.01
24.02	GAIN ON SALE OF EQUIPMENT	1,450	24.02
24.03	LIFELINE INCOME	21,298	24.03
24.04	NURSING SERVICES	23,673	24.04
24.05	PROFESSIONAL FEES	3,000	24.05
24.06	MISCELLANEOUS INCOME	706	24.06
24.07	EHR INCENTIVE PAYMENT	1,593,000	24.07
25.00	Total other income (sum of lines 6-24)	4,594,249	25.00
26.00	Total (line 5 plus line 25)	3,192,916	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,192,916	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140019

Period: From 09/01/2010

Worksheet H

HHA CCN: 147622

To 08/31/2011

Date/Time Prepared: 2/28/2012 10:24 am

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00			0		0	1.00
2.00			0		0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	63,660	0	0	0	19,386	5.00
HHA REIMBURSABLE SERVICES						
6.00	140,331	0	12,030	0	0	6.00
7.00	61,541	0	7,495	0	0	7.00
8.00	0	0	167	3,544	0	8.00
9.00	0	0	340	2,156	0	9.00
10.00	42,200	0	0	930	0	10.00
11.00	0	0	4,582	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	21,070	0	23.00
24.00	307,732	0	24,614	27,700	19,386	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140019

Period: From 09/01/2010

Worksheet H

HHA CCN: 147622

To 08/31/2011

Date/Time Prepared: 2/28/2012 10:24 am

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	Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00 Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	4.00
5.00 Administrative and General	83,046	-3,243	79,803	355	80,158	5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	152,361	0	152,361	-23,673	128,688	6.00
7.00 Physical Therapy	69,036	0	69,036	0	69,036	7.00
8.00 Occupational Therapy	3,711	0	3,711	0	3,711	8.00
9.00 Speech Pathology	2,496	0	2,496	0	2,496	9.00
10.00 Medical Social Services	43,130	0	43,130	0	43,130	10.00
11.00 Home Health Aide	4,582	0	4,582	0	4,582	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	12.00
13.00 Drugs	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	22.00
23.00 TELEMEDICINE	21,070	0	21,070	-21,653	-583	23.00
24.00 Total (sum of lines 1-23)	379,432	-3,243	376,189	-44,971	331,218	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140019	Period: From 09/01/2010	Worksheet H-1 Part I
		HHA CCN: 147622	To 08/31/2011	Date/Time Prepared: 2/28/2012 10:24 am
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	80,158	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	128,688	0	0	0	6.00
7.00	Physical Therapy	69,036	0	0	0	7.00
8.00	Occupational Therapy	3,711	0	0	0	8.00
9.00	Speech Pathology	2,496	0	0	0	9.00
10.00	Medical Social Services	43,130	0	0	0	10.00
11.00	Home Health Aide	4,582	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	TELEMEDICINE	-583	0	0	0	23.00
24.00	Total (sum of lines 1-23)	331,218	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 140019

Period: From 09/01/2010

Worksheet H-1

HHA CCN: 147622

To 08/31/2011

Part I
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		Subtotal (col s. 0-4)	Administrative & General	Total (col s. 4A + 5)	
		4A.00	5.00	6.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0			1.00
2.00	Capital Related - Movable Equipment	0			2.00
3.00	Plant Operation & Maintenance	0			3.00
4.00	Transportation				4.00
5.00	Administrative and General	80,158	80,158		5.00
HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	128,688	41,087	169,775	6.00
7.00	Physical Therapy	69,036	22,042	91,078	7.00
8.00	Occupational Therapy	3,711	1,185	4,896	8.00
9.00	Speech Pathology	2,496	797	3,293	9.00
10.00	Medical Social Services	43,130	13,770	56,900	10.00
11.00	Home Health Aide	4,582	1,463	6,045	11.00
12.00	Supplies (see instructions)	0	0	0	12.00
13.00	Drugs	0	0	0	13.00
14.00	DME	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	17.00
18.00	Clinic	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	19.00
20.00	Day Care Program	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	21.00
22.00	Homemaker Service	0	0	0	22.00
23.00	TELEMEDICINE	-583	-186	-769	23.00
24.00	Total (sum of lines 1-23)	251,060		331,218	24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140019	Period: From 09/01/2010	Worksheet H-1 Part II
		HHA CCN: 147622	To 08/31/2011	Date/Time Prepared: 2/28/2012 10:24 am
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		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-80,158	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	TELEMEDICINE	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-80,158	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140019	Period: From 09/01/2010	Worksheet H-1 Part II Date/Time Prepared: 2/28/2012 10:24 am
	HHA CCN: 147622	To 08/31/2011	
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		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	251,060	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	128,688	6.00
7.00	Physical Therapy	69,036	7.00
8.00	Occupational Therapy	3,711	8.00
9.00	Speech Pathology	2,496	9.00
10.00	Medical Social Services	43,130	10.00
11.00	Home Health Aide	4,582	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	TELEMEDICINE	-583	23.00
24.00	Total (sum of lines 1-23)	251,060	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	80,158	25.00
26.00	Unit Cost Multiplier	0.319278	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140019

Period: From 09/01/2010

Worksheet H-2

HHA CCN: 147622

To 08/31/2011

Part I
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	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			4.00	4A	
1.00 Administrative and General	0	6,556	5,570	85,972	98,098	1.00
2.00 Skilled Nursing Care	169,775	0	0	0	169,775	2.00
3.00 Physical Therapy	91,078	0	0	0	91,078	3.00
4.00 Occupational Therapy	4,896	0	0	0	4,896	4.00
5.00 Speech Pathology	3,293	0	0	0	3,293	5.00
6.00 Medical Social Services	56,900	0	0	0	56,900	6.00
7.00 Home Health Aide	6,045	0	0	0	6,045	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 TELEMEDICINE	-769	0	0	0	-769	19.00
20.00 Total (sum of lines 1-19) (2)	331,218	6,556	5,570	85,972	429,316	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140019

Period: From 09/01/2010

Worksheet H-2

HHA CCN: 147622

To 08/31/2011

Part I
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Agency I

PPS

	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
1.00 Administrative and General	20,981	7,857	5,755	0	4,535	1.00
2.00 Skilled Nursing Care	36,311	0	0	0	0	2.00
3.00 Physical Therapy	19,480	0	0	0	0	3.00
4.00 Occupational Therapy	1,047	0	0	0	0	4.00
5.00 Speech Pathology	704	0	0	0	0	5.00
6.00 Medical Social Services	12,170	0	0	0	0	6.00
7.00 Home Health Aide	1,293	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 TELEMEDICINE	-164	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	91,822	7,857	5,755	0	4,535	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140019	Period: From 09/01/2010	Worksheet H-2 Part I
		HHA CCN: 147622	To 08/31/2011	Date/Time Prepared: 2/28/2012 10:24 am
			Home Health Agency I	PPS

	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
1.00 Administrative and General	0	27,330	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 TELEMEDICINE	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	27,330	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140019	Period: From 09/01/2010	Worksheet H-2
		HHA CCN: 147622	To 08/31/2011	Part I
				Date/Time Prepared: 2/28/2012 10:24 am
			Home Health Agency I	PPS

		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	TELEMEDICINE	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140019

Period:

Worksheet H-2

HHA CCN: 147622

From 09/01/2010
To 08/31/2011

Part I
Date/Time Prepared:
2/28/2012 10:24 am

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		INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	
		NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00	22.00			
1.00	Administrative and General	0	0	0	0	164,556	1.00
2.00	Skilled Nursing Care	0	0	0	0	206,086	2.00
3.00	Physical Therapy	0	0	0	0	110,558	3.00
4.00	Occupational Therapy	0	0	0	0	5,943	4.00
5.00	Speech Pathology	0	0	0	0	3,997	5.00
6.00	Medical Social Services	0	0	0	0	69,070	6.00
7.00	Home Health Aide	0	0	0	0	7,338	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	TELEMEDICINE	0	0	0	0	-933	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	566,615	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140019	Period: From 09/01/2010	Worksheet H-2
		HHA CCN: 147622	To 08/31/2011	Part I
				Date/Time Prepared: 2/28/2012 10:24 am
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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	164,556		1.00
2.00	Skilled Nursing Care	0	206,086	84,348	2.00
3.00	Physical Therapy	0	110,558	45,250	3.00
4.00	Occupational Therapy	0	5,943	2,432	4.00
5.00	Speech Pathology	0	3,997	1,636	5.00
6.00	Medical Social Services	0	69,070	28,269	6.00
7.00	Home Health Aide	0	7,338	3,003	7.00
8.00	Supplies (see instructions)	0	0	0	8.00
9.00	Drugs	0	0	0	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	0	0	18.00
19.00	TELEMEDICINE	0	-933	-382	19.00
20.00	Total (sum of lines 1-19) (2)	0	566,615	164,556	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			566,615	21.00
				0.409283	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140019

HHA CCN: 147622

Period:
From 09/01/2010
To 08/31/2011

Worksheet H-2
Part II
Date/Time Prepared:
2/28/2012 10:24 am

Home Health Agency I

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	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
1.00	Administrative and General	800	800	307,732	0	98,098	1.00
2.00	Skilled Nursing Care	0	0	0	0	169,775	2.00
3.00	Physical Therapy	0	0	0	0	91,078	3.00
4.00	Occupational Therapy	0	0	0	0	4,896	4.00
5.00	Speech Pathology	0	0	0	0	3,293	5.00
6.00	Medical Social Services	0	0	0	0	56,900	6.00
7.00	Home Health Aide	0	0	0	0	6,045	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	TELEMEDICINE	0	0	0	0	-769	19.00
20.00	Total (sum of lines 1-19)	800	800	307,732		429,316	20.00
21.00	Total cost to be allocated	6,556	5,570	85,972		91,822	21.00
22.00	Unit cost multiplier	8.195000	6.962500	0.279373		0.213880	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140019 HHA CCN: 147622	Period: From 09/01/2010 To 08/31/2011	Worksheet H-2 Part II Date/Time Prepared: 2/28/2012 10:24 am PPS
		Home Health Agency I	

	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
1.00 Administrative and General	800	800	0	800	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 TELEMEDICINE	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	800	800	0	800	0	20.00
21.00 Total cost to be allocated	7,857	5,755	0	4,535	0	21.00
22.00 Unit cost multiplier	9.821250	7.193750	0.000000	5.668750	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140019
HHA CCN: 147622

Period:
From 09/01/2010
To 08/31/2011

Worksheet H-2
Part II
Date/Time Prepared:
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		CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	13,052	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	TELEMEDICINE	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	13,052	0	0	0	0	20.00
21.00	Total cost to be allocated	27,330	0	0	0	0	21.00
22.00	Unit cost multiplier	2.093932	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140019

HHA CCN: 147622

Period:
From 09/01/2010
To 08/31/2011

Worksheet H-2
Part II
Date/Time Prepared:
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				Home Health Agency I			
		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	18.00	19.00	20.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	TELEMEDICINE	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet H-2 Part II
	HHA CCN: 147622	Home Health Agency I	Date/Time Prepared: 2/28/2012 10:24 am PPS

	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
1.00	Administrative and General	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	2.00
3.00	Physical Therapy	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	4.00
5.00	Speech Pathology	0	0	0	5.00
6.00	Medical Social Services	0	0	0	6.00
7.00	Home Health Aide	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	8.00
9.00	Drugs	0	0	0	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	0	0	18.00
19.00	TELEMEDICINE	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140019 HHA CCN: 147622		Period: From 09/01/2010 To 08/31/2011		Worksheet H-3 Parts I-III Date/Time Prepared: 2/28/2012 10:24 am	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	290,434		290,434	1,801	1.00
2.00	Physical Therapy	3.00	155,808	0	155,808	1,122	2.00
3.00	Occupational Therapy	4.00	8,375	0	8,375	425	3.00
4.00	Speech Pathology	5.00	5,633	0	5,633	16	4.00
5.00	Medical Social Services	6.00	97,339		97,339	5	5.00
6.00	Home Health Aide	7.00	10,341		10,341	686	6.00
7.00	Total (sum of lines 1-6)		567,930	0	567,930	4,055	7.00
				Program Visits			
				Part A		Part B	
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		99914	811	533		8.00
9.00	Physical Therapy		99914	527	358		9.00
10.00	Occupational Therapy		99914	167	130		10.00
11.00	Speech Pathology		99914	1	2		11.00
12.00	Medical Social Services		99914	2	3		12.00
13.00	Home Health Aide		99914	201	387		13.00
14.00	Total (sum of lines 8-13)			1,709	1,413		14.00
						Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	2,914	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00
				From Wkst. C, Part I, col. 9, line		HHA Shared Ancillary Costs (col. 1 x col. 2)	
				0	1.00	2.00	3.00
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.599358	0	0	1.00
1.01	Physical Therapy 1		66.01	1.103702	0	0	1.01
2.00	Occupational Therapy		67.00	0.000000	0	0	2.00
3.00	Speech Pathology		68.00	0.000000	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.158603	0	0	4.00
5.00	Cost of Drugs		73.00	0.702406	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140019	Period: From 09/01/2010	Worksheet H-3	
		HHA CCN: 147622	To 08/31/2011	Parts I-III	
		Title XVII I	Home Health Agency I	Date/Time Prepared: 2/28/2012 10:24 am	
				PPS	
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits			
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
	5.00	6.00	7.00	8.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	161.26	811	533	1.00
2.00	Physical Therapy	138.87	527	358	2.00
3.00	Occupational Therapy	19.71	167	130	3.00
4.00	Speech Pathology	352.06	1	2	4.00
5.00	Medical Social Services	19,467.80	2	3	5.00
6.00	Home Health Aide	15.07	201	387	6.00
7.00	Total (sum of lines 1-6)		1,709	1,413	7.00
Cost Center Description		5.00	6.00	7.00	8.00
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Program Covered Charges			
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
	5.00	6.00	7.00	8.00	
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0.000000	1,334	1,580	15.00
16.00	Cost of Drugs	0.000000	0	0	16.00
Cost Center Description		Transfer to Part I as Indicated			
		4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy	col. 2, line 2.00		1.00	
1.01	Physical Therapy 1	col. 2, line 2.01		1.01	
2.00	Occupational Therapy	col. 2, line 3.00		2.00	
3.00	Speech Pathology	col. 2, line 4.00		3.00	
4.00	Cost of Medical Supplies	col. 2, line 15.00		4.00	
5.00	Cost of Drugs	col. 2, line 16.00		5.00	

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 140019	Period: From 09/01/2010	Worksheet H-3 Parts I-11 Date/Time Prepared: 2/28/2012 10:24 am
	HHA CCN: 147622	To 08/31/2011	
	Title XVII I	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
9.00	10.00	11.00	12.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	130,782	85,952		216,734	1.00
2.00	Physical Therapy	73,184	49,715		122,899	2.00
3.00	Occupational Therapy	3,292	2,562		5,854	3.00
4.00	Speech Pathology	352	704		1,056	4.00
5.00	Medical Social Services	38,936	58,403		97,339	5.00
6.00	Home Health Aide	3,029	5,832		8,861	6.00
7.00	Total (sum of lines 1-6)	249,575	203,168		452,743	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
9.00	10.00	11.00				
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140019 HHA CCN: 147622	Period: From 09/01/2010 To 08/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 2/28/2012 10:24 am
		Title XVII I	Home Health Agency I	PPS

	Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

	Part A Services	Part B Services	
	1.00	2.00	

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	226,405	178,898	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	6,316	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	2,365	2,114	13.00
14.00	Total PPS Reimbursement - PEP Episodes	250	1,244	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	235,336	182,256	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	235,336	182,256	24.00
25.00	Coinurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	235,336	182,256	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	235,336	182,256	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	235,336	182,256	31.00
32.00	Interim payments (see instructions)	235,336	182,256	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140019	Period: From 09/01/2010	Worksheet H-5
	HHA CCN: 147622	To 08/31/2011	Date/Time Prepared: 2/28/2012 10:24 am
		Home Health Agency I	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		235,336		182,256	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		235,336		182,256	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		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		235,336		182,256	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet L Parts I-III Date/Time Prepared: 2/28/2012 10:24 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		185,211	1.00
2.00	Capital DRG outlier payments		0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		6.90	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		185,211	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: 140019 Component CCN: 143446	Period: From 09/01/2010 To 08/31/2011	Worksheet M-1 Date/Time Prepared: 2/28/2012 10:24 am
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		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	229,498	0	229,498	0	229,498	1.00
2.00	Physician Assistant	153,925	0	153,925	0	153,925	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	90,040	0	90,040	0	90,040	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)	473,463	0	473,463	0	473,463	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	21,340	21,340	0	21,340	15.00
16.00	Transportation (Health Care Staff)	0	5,191	5,191	0	5,191	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	4,571	4,571	0	4,571	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	31,102	31,102	0	31,102	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	473,463	31,102	504,565	0	504,565	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	0	647	647	0	647	29.00
30.00	Administrative Costs	93,899	10,859	104,758	-3,757	101,001	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	93,899	11,506	105,405	-3,757	101,648	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	567,362	42,608	609,970	-3,757	606,213	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet M-1
	Component CCN: 143446		Date/Time Prepared: 2/28/2012 10:24 am
	Title XVII I	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	229,498
2.00	Physician Assistant	0	153,925
3.00	Nurse Practitioner	0	0
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	90,040
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	473,463
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11-13)	0	0
15.00	Medical Supplies	0	21,340
16.00	Transportation (Health Care Staff)	0	5,191
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	4,571
20.00	Allowable GME Costs	0	0
21.00	Subtotal (sum of lines 15-20)	0	31,102
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	504,565
COSTS OTHER THAN RHC/FOHC 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	647
30.00	Administrative Costs	0	101,001
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	101,648
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	606,213

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet M-2		
		Component CCN: 143446		Date/Time Prepared: 2/28/2012 10:24 am		
		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	0.82	2,446	4,200	3,444	1.00
2.00	Physician Assistant	1.74	3,675	2,100	3,654	2.00
3.00	Nurse Practitioner	0.00	0	2,100	0	3.00
4.00	Subtotal (sum of lines 1-3)	2.56	6,121		7,098	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)	2.56	6,121		7,098	8.00
9.00	Physician Services Under Agreements		0		0	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)				504,565	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)				504,565	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)				101,648	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				489,090	15.00
16.00	Total overhead (sum of lines 14 and 15)				590,738	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				590,738	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				590,738	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				1,095,303	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140019	Period: From 09/01/2010 To 08/31/2011	Worksheet M-3
		Component CCN: 143446		Date/Time Prepared: 2/28/2012 10:24 am
		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)		1,095,303	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		3,234	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,092,069	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		7,098	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		7,098	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		153.86	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)	77.76	78.07	8.00
9.00	Rate for Program covered visits (see instructions)	153.86	153.86	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	2,351	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	361,725	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	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	361,725	16.00
16.01	Total program charges (see instructions)(from contractor's records)		174,546	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.)		274,521	16.04
16.05	Total program cost (see instructions)	0	274,521	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		18,574	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		31,065	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		274,521	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		1,294	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		275,815	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)		275,815	26.00
27.00	Interim payments		268,138	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)		7,677	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, section 115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140019 Component CCN: 143446	Period: From 09/01/2010 To 08/31/2011	Worksheet M-4 Date/Time Prepared: 2/28/2012 10:24 am
		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)	473,463	473,463	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000000	0.001233	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	0	584	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	0	906	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	0	1,490	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	504,565	504,565	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	590,738	590,738	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.000000	0.002953	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	0	1,744	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	0	3,234	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	0	100	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	0.00	32.34	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	0	40	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	0	1,294	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)		3,234	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)		1,294	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140019 Component CCN: 143446	Period: From 09/01/2010 To 08/31/2011	Worksheet M-5 Date/Time Prepared: 2/28/2012 10:24 am
	Title XVIII	Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		259,285	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		03/11/2011	8,853	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)		8,853	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		268,138	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		7,677	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		275,815	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00