

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: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet S Parts I-III Date/Time Prepared: 11/28/2011 3:36 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/28/2011	Time: 3:36 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CGH MEDICAL CENTER for the cost reporting period beginning 05/01/2010 and ending 04/30/2011 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.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	186,337	-17,112	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 Skilled Nursing Facility	0	0	0	0	0	7.00
8.00 Nursing Facility	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	-102	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	186,337	-17,214	0	0	200.00

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

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

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CGH MEDICAL CENTER for the cost reporting period beginning 05/01/2010 and ending 04/30/2011 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: 11/28/2011 Time: 3:36 pm  
 ID8g: lGhrJ51B6l HJm8W0BoqQspWI 0  
 xaAth0l 3ALurruyp7n0wbo06: r0Bt1  
 UH. S1VI 8d. 0ZYyA:  
 PI: Date: 11/28/2011 Time: 3:36 pm  
 mXkz1T7rYcz8Ns: Yl 7SJYe22CBYP01  
 f3rKV0YHWFPPnzW7xW0pPW8trNtqec  
 Omc7i ukytu0i Nv3r

(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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	186,337	-17,112	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 Skilled Nursing Facility	0	0	0	0	0	7.00
8.00 Nursing Facility	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	-102	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	186,337	-17,214	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140043		Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 3:42 pm					
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 100 EAST LEFEVRE ROAD			PO Box:							1.00		
2.00	City: STERLING			State: IL		Zip Code: 61081-1279		County: WHITESIDE			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		CGH MEDICAL CENTER	140043	99914	1	07/01/1966	N	P	N	3.00		
4.00	Subprovider - IPF					0		N	N	N	4.00		
5.00	Subprovider - IRF					0		N	N	N	5.00		
6.00	Subprovider - (Other)							N	N	N	6.00		
7.00	Swing Beds - SNF		CGH MEDICAL CENTER	140043	99914		01/13/2004	N	P	N	7.00		
8.00	Swing Beds - NF							N		N	8.00		
9.00	Hospital-Based SNF							N	N	N	9.00		
10.00	Hospital-Based NF							N		N	10.00		
11.00	Hospital-Based OLTC							N		N	11.00		
12.00	Hospital-Based HHA		CGH HOME NURSING	147562	99914		05/05/1994	N	P	N	12.00		
13.00	Separately Certified ASC							N	N	N	13.00		
14.00	Hospital-Based Hospice							N	N	N	14.00		
15.00	Hospital-Based Health Clinic - RHC							N	N	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							N	N	N	18.00		
19.00	Other										19.00		
							From:	To:					
							1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2010	04/30/2011		20.00			
21.00	Type of Control (see instructions)						12		21.00				
Inpatient PPS Information													
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? 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	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	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.						2,703	449	0	0	0	0	24.00
25.00	If this provider is an IRF then enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.						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.								0	35.00			
							Beginning:	Ending:					
							1.00	2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.								1	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.						05/01/2010	04/30/2011		38.00			

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		V	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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	
<b>Teaching Hospitals</b>						
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	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
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
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
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00

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		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
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N		
<b>TEFRA Providers</b>						
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		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		
				V		
				XIX		
				1.00		
				2.00		
<b>Title V or XIX Inpatient Services</b>						
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	N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00

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			V	XIX	
			1.00	2.00	
<b>Rural Providers</b>					
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
				1.00	2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
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.		10,000,000	20,000,000	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.		N	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
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
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:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140043			Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 3:42 pm	
		1.00		2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00		
149.00	Was the 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		161.00		
				1.00				
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			N		167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part II Date/Time Prepared: 11/28/2011 3:42 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		
			Description	Y/N	Date
			0	1.00	2.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		Y	08/12/2011	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: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part II Date/Time Prepared: 11/28/2011 3:42 pm
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		Part A				
		Description	Y/N	Date		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00		21.00
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
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
<b>Interest Expense</b>						
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
<b>Purchased Services</b>						
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
<b>Provider-Based Physicians</b>						
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
<b>Home Office Costs</b>						
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part II Date/Time Prepared: 11/28/2011 3:42 pm
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		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/12/2011	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: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/28/2011 3:42 pm
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Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	85	30,921	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)		85	30,921	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	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)		93	33,841	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)		93			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: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	10,065	1,986	16,331	1.00	
2.00 HMO		463	449		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	9	0	12	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	10,074	1,986	16,343	7.00	
8.00 INTENSIVE CARE UNIT	0	946	90	1,459	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		627	984	13.00	
14.00 Total (see instructions)	0	11,020	2,703	18,786	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	0	20.00	
21.00 OTHER LONG TERM CARE				0	21.00	
22.00 HOME HEALTH AGENCY	0	6,373	0	9,798	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	0	0	0	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		0	2,132	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		2,331			29.00	
30.00 Employee discount days (see instruction)				0	30.00	
31.00 Employee discount days - IRF				0	31.00	
32.00 Labor & delivery days (see instructions)			0	174	32.00	
33.00 LTCH non-covered days		0			33.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/28/2011 3:42 pm
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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	3,063	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	740.31	0.00	0	3,063	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	14.43	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	0.00	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	754.74	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	830	5,705		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)	830	5,705		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: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part II Date/Time Prepared: 11/28/2011 3:42 pm
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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	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	
	1.00	2.00	2.50	3.00	4.00	
<b>PART II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	41,754,560	0	0	41,754,560 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0 2.00
3.00	Non-physician anesthetist Part B		1,680,559	0	0	1,680,559 3.00
4.00	Physician-Part A		0	0	0	0 4.00
5.00	Physician-Part B		2,161,274	0	0	2,161,274 5.00
6.00	Non-physician-Part B		0	0	0	0 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0 7.00
8.00	Home office personnel		0	0	0	0 8.00
9.00	SNF	44.00	0	0	0	0 9.00
10.00	Excluded area salaries (see instructions)		2,381,706	0	0	2,381,706 10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		395,335	0	0	395,335 11.00
12.00	Management and administrative services		0	0	0	0 12.00
13.00	Contract labor: physician-Part A		0	0	0	0 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0 14.00
15.00	Home office: physician Part A		0	0	0	0 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0 16.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		20,421,843	0	0	20,421,843 17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0	0 18.00
19.00	Excluded areas		1,297,612	0	0	1,297,612 19.00
20.00	Non-physician anesthetist Part A		0	0	0	0 20.00
21.00	Non-physician anesthetist Part B		401,156	0	0	401,156 21.00
22.00	Physician Part A		0	0	0	0 22.00
23.00	Physician Part B		481,958	0	0	481,958 23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0 24.00
25.00	Interns & residents (in an approved program)		0	0	0	0 25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	290,087	0	0	290,087 26.00
27.00	Administrative & General	5.00	7,744,203	0	0	7,744,203 27.00
28.00	Administrative & General under contract (see inst.)		59,849	0	0	59,849 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0 29.00
30.00	Operation of Plant	7.00	887,295	0	0	887,295 30.00
31.00	Laundry & Linen Service	8.00	258,543	0	0	258,543 31.00
32.00	Housekeeping	9.00	932,080	0	0	932,080 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0 33.00
34.00	Dietary	10.00	760,815	0	-521,701	239,114 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0 35.00
36.00	Cafeteria	11.00	0	0	521,701	521,701 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0 37.00
38.00	Nursing Administration	13.00	625,562	0	-253,278	372,284 38.00
39.00	Central Services and Supply	14.00	281,360	0	0	281,360 39.00
40.00	Pharmacy	15.00	912,017	0	0	912,017 40.00
41.00	Medical Records & Medical Records Library	16.00	1,268,615	0	0	1,268,615 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: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/28/2011 3:42 pm

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART II - WAGE DATA</b>				
<b>SALARIES</b>				
1.00	Total salaries (see instructions)	1,569,969.10	26.60	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	12,994.96	129.32	3.00
4.00	Physician-Part A	0.00	0.00	4.00
5.00	Physician-Part B	15,009.83	143.99	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
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)	105,172.17	22.65	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>				
11.00	Contract labor (see instructions)	7,840.68	50.42	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	0.00	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
<b>WAGE-RELATED COSTS</b>				
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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>				
26.00	Employee Benefits	8,151.49	35.59	26.00
27.00	Administrative & General	277,170.95	27.94	27.00
28.00	Administrative & General under contract (see inst.)	270.10	221.58	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	38,177.25	23.24	30.00
31.00	Laundry & Linen Service	20,865.78	12.39	31.00
32.00	Housekeeping	72,481.04	12.86	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	17,378.44	13.76	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	37,916.42	13.76	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	9,095.25	40.93	38.00
39.00	Central Services and Supply	16,384.70	17.17	39.00
40.00	Pharmacy	28,274.86	32.26	40.00
41.00	Medical Records & Medical Records Library	53,049.73	23.91	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: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/28/2011 3:42 pm

	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 Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	37,972,576	0	0	37,972,576	1.00
2.00	Excluded area salaries (see instructions)	2,381,706	0	0	2,381,706	2.00
3.00	Subtotal salaries (line 1 minus line 2)	35,590,870	0	0	35,590,870	3.00
4.00	Subtotal other wages & related costs (see inst.)	395,335	0	0	395,335	4.00
5.00	Subtotal wage-related costs (see inst.)	20,421,843	0	0	20,421,843	5.00
6.00	Total (sum of lines 3 thru 5)	56,408,048	0	0	56,408,048	6.00
7.00	Total overhead cost (see instructions)	14,020,426	0	-253,278	13,767,148	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/28/2011 3:42 pm

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>				
1.00	Net salaries (see instructions)	1,542,234.41	24.62	1.00
2.00	Excluded area salaries (see instructions)	105,172.17	22.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,437,062.24	24.77	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,840.68	50.42	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	57.38	5.00
6.00	Total (sum of lines 3 thru 5)	1,444,902.92	39.04	6.00
7.00	Total overhead cost (see instructions)	579,216.01	23.77	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2011 3:42 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,100,839	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	4,429,715	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	10,935,718	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)	136,157	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	546,759	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	2,377,919	17.00
18.00	Medicare Taxes - Employers Portion Only	625,885	18.00
19.00	Unemployment Insurance	90,782	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	178,069	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,421,843	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part V Date/Time Prepared: 11/28/2011 3:42 pm
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	470,512	0	1.00
2.00	Hospital	455,184	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	15,328	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	OTHER (SPECIFY)	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet S-4
		Component CCN: 147562		Date/Time Prepared: 11/28/2011 3:42 pm
			Home Health Agency I	PPS

		1.00					
0.00 County		WHITESIDE					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	354	49	117	520	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	519.00	71.00	171.00	761.00	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	0.35	0.00	0.35	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.83	0.00	0.83	5.00
6.00	Direct Nursing Service			9.94	0.00	9.94	6.00
7.00	Nursing Supervisor			0.98	0.00	0.98	7.00
8.00	Physical Therapy Service			1.56	0.00	1.56	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.15	0.15	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.11	0.00	0.11	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.66	0.00	0.66	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	4,318	252	189	55	4,814	21.00
22.00	Skilled Nursing Visit Charges	677,815	39,878	29,512	8,709	755,914	22.00
23.00	Physical Therapy Visits	946	4	11	14	975	23.00
24.00	Physical Therapy Visit Charges	161,695	700	1,925	2,450	166,770	24.00
25.00	Occupational Therapy Visits	54	0	1	0	55	25.00
26.00	Occupational Therapy Visit Charges	9,330	0	160	0	9,490	26.00
27.00	Speech Pathology Visits	73	0	4	0	77	27.00
28.00	Speech Pathology Visit Charges	12,580	0	700	0	13,280	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	426	21	1	4	452	31.00
32.00	Home Health Aide Visit Charges	34,080	1,680	80	320	36,160	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,817	277	206	73	6,373	33.00
34.00	Other Charges	4,586	1,075	345	0	6,006	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	900,086	43,333	32,722	11,479	987,620	35.00
36.00	Total Number of Episodes (standard/non outlier)	483		72	7	562	36.00
37.00	Total Number of Outlier Episodes		5		0	5	37.00
38.00	Total Non-Routine Medical Supply Charges	3,704	124	1,076	0	4,904	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-7

Date/Time Prepared:  
11/28/2011 3:42 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	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	01/13/2004	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	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	0	0	0	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	0	0	0	19.00
20.00	RHA	0	0	0	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	0	2	2	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	0	0	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	7	7	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provider CCN: 140043		Period: From 05/01/2010 To 04/30/2011		Worksheet S-7	
						Date/Time Prepared: 11/28/2011 3:42 pm	
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)		
		1.00	2.00	3.00	4.00		
69.00		PE2	0	0	0		69.00
70.00		PE1	0	0	0		70.00
71.00		PD2	0	0	0		71.00
72.00		PD1	0	0	0		72.00
73.00		PC2	0	0	0		73.00
74.00		PC1	0	0	0		74.00
75.00		PB2	0	0	0		75.00
76.00		PB1	0	0	0		76.00
77.00		PA2	0	0	0		77.00
78.00		PA1	0	0	0		78.00
199.00		AAA	0	0	0		199.00
200.00	TOTAL		0	9	9		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	0.00			202.00
203.00	Recruitment		0	0.00			203.00
204.00	Retention of employees		0	0.00			204.00
205.00	Training		0	0.00			205.00
206.00	OTHER (SPECIFY)		0	0.00			206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		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: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-7

Date/Time Prepared:  
11/28/2011 3:42 pm

	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: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-7

Date/Time Prepared:  
11/28/2011 3:42 pm

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-7  
Date/Time Prepared:  
11/28/2011 3:42 pm

	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 UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet S-10 Date/Time Prepared: 11/28/2011 3:42 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.243173	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		5,127,092	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		5,679,389	5.00	
6.00	Medicaid charges		52,926,510	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,870,298	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)		2,063,817	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		60,772	9.00	
10.00	Stand-alone SCHIP charges		755,900	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		183,814	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		123,042	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,186,859	19.00	
			1.00		
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	Uninsured patients 1.00	Insured patients 2.00	Total (col. 1 + col. 2) 3.00	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	15,896,355	1,275,084	17,171,439	21.00
22.00	Partial payment by patients approved for charity care	3,865,564	310,066	4,175,630	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,754,042	0	1,754,042	23.00
			2,111,522	310,066	2,421,588
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			8,819,131	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			573,867	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			8,245,264	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			2,005,026	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			4,426,614	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,613,473	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/28/2011 3:42 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT		9,846,531	9,846,531	-5,092,832	4,753,699	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	6,360,312	6,360,312	2.00
3.00 OTHER CAP RELATED COST		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	290,087	20,316,297	20,606,384	351,874	20,958,258	4.00
5.00 ADMIN STRATIVE & GENERAL	7,744,203	7,649,699	15,393,902	-224,852	15,169,050	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	887,295	1,660,472	2,547,767	139,061	2,686,828	7.00
8.00 LAUNDRY & LINEN SERVICE	258,543	71,829	330,372	-2,047	328,325	8.00
9.00 HOUSEKEEPING	932,080	221,057	1,153,137	-61,938	1,091,199	9.00
10.00 DIETARY	760,815	729,275	1,490,090	-1,021,775	468,315	10.00
11.00 CAFETERIA	0	0	0	1,021,775	1,021,775	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	625,562	16,109	641,671	-258,693	382,978	13.00
14.00 CENTRAL SERVICES & SUPPLY	281,360	258,197	539,557	-184,864	354,693	14.00
15.00 PHARMACY	912,017	4,060,573	4,972,590	-3,027,979	1,944,611	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,268,615	323,524	1,592,139	0	1,592,139	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	8,505,006	968,695	9,473,701	-667,587	8,806,114	30.00
31.00 INTENSIVE CARE UNIT	2,005,367	150,375	2,155,742	-692,565	1,463,177	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	405,114	405,114	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,079,910	4,120,599	5,200,509	-3,634,198	1,566,311	50.00
51.00 RECOVERY ROOM	799,802	106,925	906,727	-80,460	826,267	51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	0	0	568,825	568,825	52.00
53.00 ANESTHESIOLOGY	1,680,559	599,276	2,279,835	-337,270	1,942,565	53.00
53.01 PAIN MANAGEMENT	77,182	38,996	116,178	-32,398	83,780	53.01
54.00 RADIOLOGY - DIAGNOSTIC	1,042,839	1,180,648	2,223,487	-66,216	2,157,271	54.00
54.01 ULTRASOUND	267,621	471,259	738,880	-2,459	736,421	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	166,717	641,788	808,505	-487,889	320,616	56.00
57.00 CT SCAN	533,330	2,251,988	2,785,318	-165,898	2,619,420	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	280,468	957,758	1,238,226	-67,514	1,170,712	58.00
59.00 CARDIAC CATHETERIZATION	544,059	4,021,970	4,566,029	-3,670,943	895,086	59.00
60.00 LABORATORY	1,734,909	2,709,538	4,444,447	-1,007,913	3,436,534	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-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	756,382	204,761	961,143	-118,451	842,692	65.00
66.00 PHYSICAL THERAPY	551,586	21,657	573,243	-14,707	558,536	66.00
67.00 OCCUPATIONAL THERAPY	79,150	4,884	84,034	-4,151	79,883	67.00
68.00 SPEECH PATHOLOGY	72,070	2,085	74,155	-33	74,122	68.00
69.00 ELECTROCARDIOLOGY	1,601,860	277,776	1,879,636	-66,549	1,813,087	69.00
70.00 ELECTROENCEPHALOGRAPHY	127,637	106,527	234,164	-19,017	215,147	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,553,410	11,553,410	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,958,742	2,958,742	73.00
74.00 RENAL DIALYSIS	0	65,789	65,789	-349	65,440	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 GI LAB	729,966	400,003	1,129,969	-322,943	807,026	75.01
76.00 DIABETIC EDUCATION	117,662	11,256	128,918	-5,098	123,820	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES      Provider CCN: 140043      Period: From 05/01/2010 To 04/30/2011      Worksheet A  
 Date/Time Prepared: 11/28/2011 3:42 pm

Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
90.00	CLINIC	395,447	607,897	1,003,344	-178,169	825,175	90.00
91.00	EMERGENCY	2,262,748	4,324,273	6,587,021	-333,875	6,253,146	91.00
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	1,220,400	234,529	1,454,929	-142,503	1,312,426	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	78,857	222,914	301,771	-54,008	247,763	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	894,077	194,084	1,088,161	-88,263	999,898	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	1,098,171	1,098,171	-1,098,171	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)	41,566,188	71,149,984	112,716,172	124,536	112,840,708	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	485,472	485,472	-124,536	360,936	192.00
192.01	SRFC	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	COMMUNITY SERVICE	188,372	19,329	207,701	0	207,701	194.00
200.00	TOTAL (SUM OF LINES 118-199)	41,754,560	71,654,785	113,409,345	0	113,409,345	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/28/2011 3:42 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	-2,336,869	2,416,830	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-207,431	6,152,881	2.00
3.00	OTHER CAP RELATED COST	0	0	3.00
4.00	EMPLOYEE BENEFITS	-508,722	20,449,536	4.00
5.00	ADMINISTRATIVE & GENERAL	-2,680,612	12,488,438	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-92,384	2,594,444	7.00
8.00	LAUNDRY & LINEN SERVICE	-13,010	315,315	8.00
9.00	HOUSEKEEPING	-114,944	976,255	9.00
10.00	DIETARY	-20,470	447,845	10.00
11.00	CAFETERIA	-558,456	463,319	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	382,978	13.00
14.00	CENTRAL SERVICES & SUPPLY	-13,400	341,293	14.00
15.00	PHARMACY	-700	1,943,911	15.00
16.00	MEDICAL RECORDS & LIBRARY	-50,456	1,541,683	16.00
17.00	SOCIAL SERVICE	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-1,254,681	7,551,433	30.00
31.00	INTENSIVE CARE UNIT	0	1,463,177	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	405,114	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
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	1,566,311	50.00
51.00	RECOVERY ROOM	0	826,267	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	568,825	52.00
53.00	ANESTHESIOLOGY	-1,893,463	49,102	53.00
53.01	PAIN MANAGEMENT	0	83,780	53.01
54.00	RADIOLOGY - DIAGNOSTIC	-894,553	1,262,718	54.00
54.01	ULTRASOUND	-444,903	291,518	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	-80,232	240,384	56.00
57.00	CT SCAN	-1,835,744	783,676	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	-776,552	394,160	58.00
59.00	CARDIAC CATHETERIZATION	-25,329	869,757	59.00
60.00	LABORATORY	-517,902	2,918,632	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	-2,146	840,546	65.00
66.00	PHYSICAL THERAPY	0	558,536	66.00
67.00	OCCUPATIONAL THERAPY	0	79,883	67.00
68.00	SPEECH PATHOLOGY	0	74,122	68.00
69.00	ELECTROCARDIOLOGY	-1,049,584	763,503	69.00
70.00	ELECTROENCEPHALOGRAPHY	-50,100	165,047	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,553,410	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,958,742	73.00
74.00	RENAL DIALYSIS	0	65,440	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	GI LAB	0	807,026	75.01
76.00	DIABETIC EDUCATION	-5,834	117,986	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-204,264	620,911	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/28/2011 3:42 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
91.00	EMERGENCY	-3,842,554	2,410,592	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	1,312,426	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	-2,100	245,663	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	-835	999,063	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)	-19,478,230	93,362,478	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	-2,362	358,574	192.00
192.01	SRFC	0	0	192.01
193.00	NONPAID WORKERS	0	0	193.00
194.00	COMMUNITY SERVICE	0	207,701	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-19,480,592	93,928,753	200.00

RECLASSIFICATIONS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-6

Date/Time Prepared:  
11/28/2011 3:42 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,098,171	1.00
	TOTALS		0	1,098,171	
<b>B - TO RECLASS LABOR/DELIVERY EXPENSE</b>					
1.00	NURSERY	43.00	384,714	15,285	1.00
2.00	LABOR ROOM & DELIVERY ROOM	52.00	540,181	21,462	2.00
	TOTALS		924,895	36,747	
<b>C - RENTAL SPACE</b>					
1.00	OPERATION OF PLANT	7.00	0	92,175	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,765	2.00
	TOTALS		0	105,940	
<b>D - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	178,069	1.00
	TOTALS		0	178,069	
<b>E - COLLECTION AND BILLING EXPENSES</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	136,080	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	136,080	
<b>F - BOND AMORTIZATION EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	45,576	1.00
	TOTALS		0	45,576	
<b>G - CAFETERIA EXPENSES</b>					
1.00	CAFETERIA	11.00	521,701	500,074	1.00
	TOTALS		521,701	500,074	
<b>H - DRUGS CHARGED TO PATIENTS EXPENSE</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,958,742	1.00
	TOTALS		0	2,958,742	
<b>I - TO RECLASS MARKETING/ADVERTISING EXP</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	77,161	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	TOTALS		0	77,161	
<b>J - TELEPHONE EXPENSE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	40,291	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	TOTALS		0	40,291	
<b>K - PROPERTY INSURANCE</b>					
1.00	OTHER CAP RELATED COST	3.00	0	109,968	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	109,968	

RECLASSIFICATIONS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-6

Date/Time Prepared:  
11/28/2011 3:42 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>L - AMBULANCE MALPRACTICE INSURANCE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	18,368	1.00
	TOTALS		0	18,368	
<b>M - MEDICAL SUPPLIES CHARGED TO PATIENTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,553,410	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	TOTALS		0	11,553,410	
<b>N - DAYCARE EXPENSES</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	181,179	1.00
	TOTALS		0	181,179	
<b>O - POST ICU</b>					
1.00	ADULTS & PEDIATRICS	30.00	690,978	17,625	1.00
	TOTALS		690,978	17,625	
<b>P - MME DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,316,818	1.00
	TOTALS		0	6,316,818	
<b>Q - UTILITY EXPENSE</b>					
1.00	OPERATION OF PLANT	7.00	0	47,893	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	47,893	
<b>R - TO RECLASS NURSE FLOAT SALARIES</b>					
1.00	ADULTS & PEDIATRICS	30.00	139,983	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	16,917	0	2.00
3.00	NURSERY	43.00	5,115	0	3.00
4.00	OPERATING ROOM	50.00	14,377	0	4.00
5.00	RECOVERY ROOM	51.00	11,335	0	5.00
6.00	LABOR ROOM & DELIVERY ROOM	52.00	7,182	0	6.00
7.00	PAIN MANAGEMENT	53.01	1,208	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	7,504	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	10,834	0	9.00
10.00	EMERGENCY	91.00	38,823	0	10.00
	TOTALS		253,278	0	
<b>S - TO RECLASS EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	11,209	1.00
	TOTALS		0	11,209	
500.00	Grand Total: Increases		2,390,852	23,433,321	500.00

RECLASSIFICATIONS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-6  
Date/Time Prepared:  
11/28/2011 3:42 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	1,098,171		11	1.00
	TOTALS		0	1,098,171			
<b>B - TO RECLASS LABOR/DELIVERY EXPENSE</b>							
1.00	ADULTS & PEDIATRICS	30.00	924,895	36,747		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		924,895	36,747			
<b>C - RENTAL SPACE</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	105,940		0	1.00
2.00		0.00	0	0		14	2.00
	TOTALS		0	105,940			
<b>D - EMPLOYEE BENEFITS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	178,069		0	1.00
	TOTALS		0	178,069			
<b>E - COLLECTION AND BILLING EXPENSES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	14,355		0	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	55,219		0	2.00
3.00	AMBULANCE SERVICES	95.00	0	40,104		0	3.00
4.00	OTHER REIMBURSABLE COST CENTERS	98.00	0	8,977		0	4.00
5.00	HOME HEALTH AGENCY	101.00	0	17,425		0	5.00
	TOTALS		0	136,080			
<b>F - BOND AMORTIZATION EXPENSE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	45,576		14	1.00
	TOTALS		0	45,576			
<b>G - CAFETERIA EXPENSES</b>							
1.00	DIETARY	10.00	521,701	500,074		0	1.00
	TOTALS		521,701	500,074			
<b>H - DRUGS CHARGED TO PATIENTS EXPENSE</b>							
1.00	PHARMACY	15.00	0	2,958,742		0	1.00
	TOTALS		0	2,958,742			
<b>I - TO RECLASS MARKETING/ADVERTISING EXP</b>							
1.00	NURSING ADMINISTRATION	13.00	0	5,345		0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	5,476		0	2.00
3.00	RADIOLOGY - DIAGNOSTIC	54.00	0	3,484		0	3.00
4.00	CT SCAN	57.00	0	4,346		0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	8,455		0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	196		0	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	844		0	7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,051		0	8.00
9.00	GI LAB	75.01	0	709		0	9.00
10.00	CLINIC	90.00	0	3,709		0	10.00
11.00	OTHER REIMBURSABLE COST CENTERS	98.00	0	4,521		0	11.00
12.00	HOME HEALTH AGENCY	101.00	0	28,640		0	12.00
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,385		0	13.00
	TOTALS		0	77,161			
<b>J - TELEPHONE EXPENSE</b>							
1.00	OPERATION OF PLANT	7.00	0	549		0	1.00
2.00	PHARMACY	15.00	0	195		0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	4,985		0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	879		0	4.00
5.00	OPERATING ROOM	50.00	0	1,707		0	5.00
6.00	ANESTHESIOLOGY	53.00	0	3,243		0	6.00
7.00	RADIOLOGY - DIAGNOSTIC	54.00	0	2,550		0	7.00
8.00	ULTRASOUND	54.01	0	162		0	8.00
9.00	RADIOISOTOPE	56.00	0	162		0	9.00
10.00	CT SCAN	57.00	0	162		0	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	162		0	11.00
12.00	LABORATORY	60.00	0	47		0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	1,446		0	13.00
14.00	DIABETIC EDUCATION	76.00	0	374		0	14.00
15.00	EMERGENCY	91.00	0	388		0	15.00
16.00	AMBULANCE SERVICES	95.00	0	5,289		0	16.00
17.00	HOME HEALTH AGENCY	101.00	0	4,780		0	17.00
18.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,211		0	18.00
	TOTALS		0	40,291			
<b>K - PROPERTY INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	77,993		0	1.00
2.00	HOUSEKEEPING	9.00	0	817		0	2.00
3.00	CLINIC	90.00	0	15		0	3.00
4.00	AMBULANCE SERVICES	95.00	0	19,655		0	4.00
5.00	HOME HEALTH AGENCY	101.00	0	11,488		0	5.00

RECLASSIFICATIONS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-6  
Date/Time Prepared:  
11/28/2011 3:42 pm

		Decreases				Wkst. A-7 Ref.		
Cost Center		Line #	Salary	Other				
	6.00	7.00	8.00	9.00	10.00			
	TOTALS							
	L - AMBULANCE MALPRACTICE INSURANCE							
1.00	AMBULANCE SERVICES	95.00	0	18,368	0		1.00	
	TOTALS							
	M - MEDICAL SUPPLIES CHARGED TO PATIENTS							
1.00	EMPLOYEE BENEFITS	4.00	0	18,583	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	13,935	0		2.00	
3.00	OPERATION OF PLANT	7.00	0	458	0		3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	2,047	0		4.00	
5.00	HOUSEKEEPING	9.00	0	61,121	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	0	70	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	184,864	0		7.00	
8.00	PHARMACY	15.00	0	69,042	0		8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	529,715	0		9.00	
10.00	OPERATING ROOM	50.00	0	3,646,868	0		10.00	
11.00	RECOVERY ROOM	51.00	0	91,795	0		11.00	
12.00	ANESTHESIOLOGY	53.00	0	334,027	0		12.00	
13.00	PAIN MANAGEMENT	53.01	0	33,606	0		13.00	
14.00	RADIOLOGY - DIAGNOSTIC	54.00	0	60,182	0		14.00	
15.00	ULTRASOUND	54.01	0	2,297	0		15.00	
16.00	RADIOISOTOPE	56.00	0	487,727	0		16.00	
17.00	CT SCAN	57.00	0	161,390	0		17.00	
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	56,143	0		18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	3,669,992	0		19.00	
20.00	LABORATORY	60.00	0	1,007,866	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	0	118,255	0		21.00	
22.00	PHYSICAL THERAPY	66.00	0	14,707	0		22.00	
23.00	OCCUPATIONAL THERAPY	67.00	0	4,151	0		23.00	
24.00	SPEECH PATHOLOGY	68.00	0	33	0		24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	19,874	0		25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,966	0		26.00	
27.00	RENAL DIALYSIS	74.00	0	349	0		27.00	
28.00	GI LAB	75.01	0	322,234	0		28.00	
29.00	DIABETIC EDUCATION	76.00	0	4,724	0		29.00	
30.00	CLINIC	90.00	0	167,702	0		30.00	
31.00	EMERGENCY	91.00	0	372,310	0		31.00	
32.00	AMBULANCE SERVICES	95.00	0	17,937	0		32.00	
33.00	OTHER REIMBURSABLE COST CENTERS	98.00	0	40,510	0		33.00	
34.00	HOME HEALTH AGENCY	101.00	0	25,930	0		34.00	
	TOTALS							
	N - DAYCARE EXPENSES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	181,179	0		1.00	
	TOTALS							
	O - POST ICU							
1.00	INTENSIVE CARE UNIT	31.00	690,978	17,625	0		1.00	
	TOTALS							
	P - MME DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,316,818	9		1.00	
	TOTALS							
	Q - UTILITY EXPENSE							
1.00	CLINIC	90.00	0	6,743	0		1.00	
2.00	AMBULANCE SERVICES	95.00	0	41,150	0		2.00	
	TOTALS							
	R - TO RECLASS NURSE FLOAT SALARIES							
1.00	NURSING ADMINISTRATION	13.00	253,278	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
	TOTALS							
	S - TO RECLASS EMPLOYEE BENEFITS							
1.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,209	0		1.00	
	TOTALS							
500.00	Grand Total : Decreases			2,390,852	23,433,321		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
11/28/2011 3:42 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,395,138	155,364	0	155,364	0 1.00
2.00	Land Improvements	1,731,943	269,978	0	269,978	0 2.00
3.00	Buildings and Fixtures	74,552,693	3,346,091	0	3,346,091	54,009 3.00
4.00	Building Improvements	9,438,884	0	0	0	65,538 4.00
5.00	Fixed Equipment	389,654	60,725	0	60,725	76,405 5.00
6.00	Movable Equipment	51,959,449	3,706,525	0	3,706,525	214,564 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	140,467,761	7,538,683	0	7,538,683	410,516 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	140,467,761	7,538,683	0	7,538,683	410,516 10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	CAP REL COSTS-BLDG & FIXT	9,846,531	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)	9,846,531	0	0	0	0 3.00
<b>COMPUTATION OF RATIOS</b>						
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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	89,220,042	0	89,220,042	0.604489	66,474 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	58,375,886	0	58,375,886	0.395511	43,494 2.00
3.00	Total (sum of lines 1-2)	147,595,928	0	147,595,928	1.000000	109,968 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
11/28/2011 3:42 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,550,502	0		1.00	
2.00	Land Improvements	2,001,921	0		2.00	
3.00	Buildings and Fixtures	77,844,775	0		3.00	
4.00	Building Improvements	9,373,346	0		4.00	
5.00	Fixed Equipment	373,974	0		5.00	
6.00	Movable Equipment	55,451,410	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	147,595,928	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	147,595,928	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	CAP REL COSTS-BLDG & FIXT	0	9,846,531		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	9,846,531		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
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
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	66,474	2,178,035	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	43,494	6,109,387	0 2.00
3.00	Total (sum of lines 1-2)	0	0	109,968	8,287,422	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet A-7 Parts I-III Date/Time Prepared: 11/28/2011 3:42 pm
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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	112,980	66,474	0	59,341	2,416,830	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	43,494	0	0	6,152,881	2.00
3.00	Total (sum of lines 1-2)	112,980	109,968	0	59,341	8,569,711	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8

Date/Time Prepared:  
11/28/2011 3:42 pm

		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	-985,191	CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-1,873	ADMINISTRATIVE & GENERAL	5.00 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)	B	-129	ADMINISTRATIVE & GENERAL	5.00 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	-10,996,333		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	B	-13,010	LAUNDRY & LINEN SERVICE	8.00 13.00
14.00	Cafeteria-employees and guests	B	-552,743	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	-35,891	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines	B	-5,713	CAFETERIA	11.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)			OUTLITIZATION REVIEW-SNF	114.00 25.00
26.00	Depreciation - buildings and fixtures			OCAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment			OCAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist			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		OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	RENTAL BLDG DEPRECIATION OFFSET	A	-1,351,678	CAP REL COSTS-BLDG & FIXT	1.00 33.00
33.01	DIETARY CATERING REVENUE	B	-20,470	DIETARY	10.00 33.01
33.02	MI SCCELLANEOUS INCOME	B	-24	ADULTS & PEDIATRICS	30.00 33.02
33.03	MI SCCELLANEOUS INCOME	B	-7,530	EMPLOYEE BENEFITS	4.00 33.03
33.04	MI SCCELLANEOUS INCOME	B	-11,524	ADMINISTRATIVE & GENERAL	5.00 33.04
33.05	MI SCCELLANEOUS INCOME	B	-2,146	RESPIRATORY THERAPY	65.00 33.05
33.06	LIFESTYLE MEDICINE INCOME	B	-33,650	ELECTROCARDIOLOGY	69.00 33.06
33.07	CARDIAC REHAB PHASE III REVENUE	B	-25,979	ELECTROCARDIOLOGY	69.00 33.07
33.08	PHARMACY DISPLAY INCOME	B	-700	PHARMACY	15.00 33.08
33.09	BLOOD DRAW INCOME	B	-2,100	OTHER REIMBURSABLE COST CENTERS	98.00 33.09
33.10	IMMUNIZATION INCOME	B	450	HOME HEALTH AGENCY	101.00 33.10
33.11	OUTSIDE TRANSCRIPTION REVENUE	B	-14,565	MEDICAL RECORDS & LIBRARY	16.00 33.11
33.12	DIABETIC EDUCATION REVENUE	B	-5,834	DIABETIC EDUCATION	76.00 33.12
33.13	HOUSEKEEPING REVENUE	B	-113,547	HOUSEKEEPING	9.00 33.13
33.14	PATIENT ACCOUNTING REVENUE	B	-345,545	ADMINISTRATIVE & GENERAL	5.00 33.14
33.15	DAYCARE REVENUE	B	-513,270	ADMINISTRATIVE & GENERAL	5.00 33.15
33.16	DAYCARE DISCOUNT EXPENSE ELIMINATION	A	-27,929	EMPLOYEE BENEFITS	4.00 33.16
33.17	DONATION EXPENSE	A	-255,269	ADMINISTRATIVE & GENERAL	5.00 33.17

ADJUSTMENTS TO EXPENSES

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8

Date/Time Prepared:  
11/28/2011 3:42 pm

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
33.18	LOBBYING EXPENSE	A	-30,122	ADMINISTRATIVE & GENERAL	5.00 33.18
33.19	PHYSICIAN RECRUITMENT	A	-95,779	ADMINISTRATIVE & GENERAL	5.00 33.19
33.20	MARKETING SALARIES	A	-146,754	ADMINISTRATIVE & GENERAL	5.00 33.20
33.21	MARKETING OTHER EXPENSES	A	-318,179	ADMINISTRATIVE & GENERAL	5.00 33.21
33.22	MARKETING DEPRECIATION	A	-2,795	CAP REL COSTS-MVBLE EQUIP	2.00 33.22
33.23	MARKETING BENEFITS	A	-61,379	EMPLOYEE BENEFITS	4.00 33.23
33.24	CABLE TELEVISION	A	-13,400	CENTRAL SERVICES & SUPPLY	14.00 33.24
33.25	CABLE TELEVISION	A	-1,130	ELECTROCARDIOLOGY	69.00 33.25
33.26	CABLE TELEVISION	A	-1,118	CLINIC	90.00 33.26
33.27	CABLE TELEVISION	A	-2,362	PHYSICIANS' PRIVATE OFFICES	192.00 33.27
33.28	CRNA SALARIES	A	-1,680,559	ANESTHESIOLOGY	53.00 33.28
33.29	CRNA CONTRACT LABOR	A	-182,251	ANESTHESIOLOGY	53.00 33.29
33.30	CRNA MALPRACTICE INSURANCE	A	-27,533	ANESTHESIOLOGY	53.00 33.30
33.31	CRNA PHYSICIAN CME EXPENSE	A	-3,120	ANESTHESIOLOGY	53.00 33.31
33.32	CRNA FICA TAXES	A	-34,181	EMPLOYEE BENEFITS	4.00 33.32
33.33	CRNA MEDICARE TAXES	A	-8,810	EMPLOYEE BENEFITS	4.00 33.33
33.34	CRNA BENEFIT OFFSET	A	-144,239	EMPLOYEE BENEFITS	4.00 33.34
33.35	SRFC MERGER EXPENSES	A	-348,659	ADMINISTRATIVE & GENERAL	5.00 33.35
33.36	ALCOHOLIC BEVERAGES	A	-1,685	ADMINISTRATIVE & GENERAL	5.00 33.36
33.37	MRI JOINT VENTURE SALARIES	A	-35,643	MAGNETIC RESONANCE IMAGING (MRI)	58.00 33.37
33.38	MRI JOINT VENTURE EXPENSE	A	-69,880	MAGNETIC RESONANCE IMAGING (MRI)	58.00 33.38
33.39	MRI JOINT VENTURE DEPRECIATION	A	-204,636	CAP REL COSTS-MVBLE EQUIP	2.00 33.39
33.40	PHYSICIAN BENEFITS	A	-198,507	EMPLOYEE BENEFITS	4.00 33.40
33.41	RANDOM DRUG TESTING	B	-85	LABORATORY	60.00 33.41
33.42	MISCELLANEOUS INCOME	B	-1,285	HOME HEALTH AGENCY	101.00 33.42
33.43	SHARED SERVICES REVENUE	A	-12,746	EMPLOYEE BENEFITS	4.00 33.43
33.44	SHARED SERVICES REVENUE	A	-4,189	LABORATORY	60.00 33.44
33.45	SHARED SERVICES REVENUE	A	-2,998	RADIOLOGY - DIAGNOSTIC	54.00 33.45
33.46	SHARED SERVICES REVENUE	A	-399,193	ADMINISTRATIVE & GENERAL	5.00 33.46
33.47	SHARED SERVICES REVENUE	A	-92,384	OPERATION OF PLANT	7.00 33.47
33.48	SHARED SERVICES REVENUE	A	-1,397	HOUSEKEEPING	9.00 33.48
33.49	DAYCARE RENT	B	-18,000	ADMINISTRATIVE & GENERAL	5.00 33.49
33.50	MRI JOINT VENTURE BENEFITS	A	-13,401	EMPLOYEE BENEFITS	4.00 33.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-19,480,592		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8

Date/Time Prepared:  
11/28/2011 3:42 pm

		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	RENTAL BLDG DEPRECIATION OFFSET	9		33.00
33.01	DIETARY CATERING REVENUE	0		33.01
33.02	MISCELLANEOUS INCOME	0		33.02
33.03	MISCELLANEOUS INCOME	0		33.03
33.04	MISCELLANEOUS INCOME	0		33.04
33.05	MISCELLANEOUS INCOME	0		33.05
33.06	LIFESTYLE MEDICINE INCOME	0		33.06
33.07	CARDIAC REHAB PHASE III REVENUE	0		33.07
33.08	PHARMACY DISPLAY INCOME	0		33.08
33.09	BLOOD DRAW INCOME	0		33.09
33.10	IMMUNIZATION INCOME	0		33.10
33.11	OUTSIDE TRANSCRIPTION REVENUE	0		33.11
33.12	DIABETIC EDUCATION REVENUE	0		33.12
33.13	HOUSEKEEPING REVENUE	0		33.13
33.14	PATIENT ACCOUNTING REVENUE	0		33.14
33.15	DAYCARE REVENUE	0		33.15
33.16	DAYCARE DISCOUNT EXPENSE ELIMINATION	0		33.16
33.17	DONATION EXPENSE	0		33.17
33.18	LOBBYING EXPENSE	0		33.18
33.19	PHYSICIAN RECRUITMENT	0		33.19
33.20	MARKETING SALARIES	0		33.20
33.21	MARKETING OTHER EXPENSES	0		33.21
33.22	MARKETING DEPRECIATION	9		33.22
33.23	MARKETING BENEFITS	0		33.23
33.24	CABLE TELEVISION	0		33.24
33.25	CABLE TELEVISION	0		33.25

ADJUSTMENTS TO EXPENSES

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8

Date/Time Prepared:  
11/28/2011 3:42 pm

		Wkst. A-7		
		Ref.		
		5.00		
33.26	CABLE TELEVISION	0		33.26
33.27	CABLE TELEVISION	0		33.27
33.28	CRNA SALARIES	0		33.28
33.29	CRNA CONTRACT LABOR	0		33.29
33.30	CRNA MALPRACTICE INSURANCE	0		33.30
33.31	CRNA PHYSICIAN CME EXPENSE	0		33.31
33.32	CRNA FICA TAXES	0		33.32
33.33	CRNA MEDICARE TAXES	0		33.33
33.34	CRNA BENEFIT OFFSET	0		33.34
33.35	SRFC MERGER EXPENSES	0		33.35
33.36	ALCOHOLIC BEVERAGES	0		33.36
33.37	MRI JOINT VENTURE SALARIES	9		33.37
33.38	MRI JOINT VENTURE EXPENSE	0		33.38
33.39	MRI JOINT VENTURE DEPRECIATION	9		33.39
33.40	PHYSICIAN BENEFITS	0		33.40
33.41	RANDOM DRUG TESTING	0		33.41
33.42	MISCELLANEOUS INCOME	0		33.42
33.43	SHARED SERVICES REVENUE	0		33.43
33.44	SHARED SERVICES REVENUE	0		33.44
33.45	SHARED SERVICES REVENUE	0		33.45
33.46	SHARED SERVICES REVENUE	0		33.46
33.47	SHARED SERVICES REVENUE	0		33.47
33.48	SHARED SERVICES REVENUE	0		33.48
33.49	DAYCARE RENT	0		33.49
33.50	MRI JOINT VENTURE BENEFITS	0		33.50
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: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8-2

Date/Time Prepared:  
11/28/2011 3:42 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	ADMIN & GENERAL	194,631	194,631	1.00
2.00	30.00	ADULTS & PEDS	1,254,657	1,254,657	2.00
3.00	54.00	RADIOLOGY - DIAGNOSTIC	891,555	891,555	3.00
4.00	54.01	ULTRASOUND	444,903	444,903	4.00
5.00	56.00	RADIOISOTOPE	80,232	80,232	5.00
6.00	57.00	CT SCAN	1,835,744	1,835,744	6.00
7.00	58.00	MRI	671,029	671,029	7.00
8.00	59.00	CARDIAC CATH	25,329	25,329	8.00
9.00	60.00	LABORATORY	513,628	513,628	9.00
10.00	69.00	EKG	988,825	988,825	10.00
11.00	70.00	EEG	50,100	50,100	11.00
12.00	90.00	WOUND CENTER	203,146	203,146	12.00
13.00	91.00	EMERGENCY ROOM	3,842,554	3,842,554	13.00
200.00		TOTAL (lines 1.00 through 199.00)	10,996,333	10,996,333	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8-2

Date/Time Prepared:  
11/28/2011 3:42 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8-2

Date/Time Prepared:  
11/28/2011 3:42 pm

	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	1,509	0	51,520	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	7,299	0	0	9.00
10.00	0	0	24,293	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	1,509	0	83,112	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8-2  
Date/Time Prepared:  
11/28/2011 3:42 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	194,631	1.00
2.00	0	1,254,657	2.00
3.00	0	891,555	3.00
4.00	0	444,903	4.00
5.00	0	80,232	5.00
6.00	0	1,835,744	6.00
7.00	0	671,029	7.00
8.00	0	25,329	8.00
9.00	0	513,628	9.00
10.00	0	988,825	10.00
11.00	0	50,100	11.00
12.00	0	203,146	12.00
13.00	0	3,842,554	13.00
200.00	0	10,996,333	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2011 3:42 pm

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			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	2,416,830	2,416,830			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,152,881		6,152,881		2.00
4.00	EMPLOYEE BENEFITS	20,449,536	6,791	6,427	20,462,754	4.00
5.00	ADMINISTRATIVE & GENERAL	12,488,438	578,876	2,211,639	4,152,354	19,431,307
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	2,594,444	112,621	195,543	484,946	3,387,554
8.00	LAUNDRY & LINEN SERVICE	315,315	53,646	25,243	141,305	535,509
9.00	HOUSEKEEPING	976,255	5,578	4,719	509,423	1,495,975
10.00	DIETARY	447,845	21,912	64,570	130,686	665,013
11.00	CAFETERIA	463,319	47,812	0	285,133	796,264
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	382,978	1,508	10,877	203,470	598,833
14.00	CENTRAL SERVICES & SUPPLY	341,293	60,641	161,809	153,776	717,519
15.00	PHARMACY	1,943,911	13,598	35,552	498,457	2,491,518
16.00	MEDICAL RECORDS & LIBRARY	1,541,683	35,420	127,114	693,354	2,397,571
17.00	SOCIAL SERVICE	0	784	0	0	784
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	7,551,433	390,799	325,323	4,055,401	12,322,956
31.00	INTENSIVE CARE UNIT	1,463,177	78,550	35,864	727,617	2,305,208
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	405,114	64,975	39,378	213,059	722,526
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	1,566,311	243,226	441,779	598,076	2,849,392
51.00	RECOVERY ROOM	826,267	101,819	55,817	443,322	1,427,225
52.00	LABOR ROOM & DELIVERY ROOM	568,825	74,480	55,291	299,158	997,754
53.00	ANESTHESIOLOGY	49,102	4,824	41,972	0	95,898
53.01	PAIN MANAGEMENT	83,780	11,759	0	42,844	138,383
54.00	RADIOLOGY - DIAGNOSTIC	1,262,718	109,824	361,842	569,957	2,304,341
54.01	ULTRASOUND	291,518	4,183	75,876	146,267	517,844
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	RADIOISOTOPE	240,384	11,910	12,643	91,118	356,055
57.00	CT SCAN	783,676	14,261	291,808	291,488	1,381,233
58.00	MAGNETIC RESONANCE IMAGING (MRI)	394,160	30,279	392,445	133,808	950,692
59.00	CARDIAC CATHETERIZATION	869,757	26,382	227,707	301,453	1,425,299
60.00	LABORATORY	2,918,632	58,967	179,705	833,004	3,990,308
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB. SERVICE-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	840,546	39,301	42,422	413,396	1,335,665
66.00	PHYSICAL THERAPY	558,536	7,417	3,424	301,466	870,843
67.00	OCCUPATIONAL THERAPY	79,883	3,023	0	43,259	126,165
68.00	SPEECH PATHOLOGY	74,122	905	0	39,389	114,416
69.00	ELECTROCARDIOLOGY	763,503	27,776	460,373	356,997	1,608,649
70.00	ELECTROENCEPHALOGRAPHY	165,047	5,126	1,965	69,759	241,897
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,553,410	0	0	0	11,553,410
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	2,958,742	0	0	0	2,958,742
74.00	RENAL DIALYSIS	65,440	1,899	0	0	67,339
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	GI LAB	807,026	26,525	49,091	398,959	1,281,601
76.00	DIABETIC EDUCATION	117,986	1,357	375	64,307	184,025

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2011 3:42 pm

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	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	620,911	16,734	7,133	216,129	860,907	90.00
91.00 EMERGENCY	2,410,592	59,827	86,410	1,257,910	3,814,739	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	1,312,426	23,631	43,408	667,002	2,046,467	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	245,663	1,583	3,590	43,099	293,935	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	999,063	15,294	13,144	488,652	1,516,153	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	93,362,478	2,395,823	6,092,278	20,359,800	93,177,914	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	9,550	0	0	9,550	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	358,574	0	59,891	0	418,465	192.00
192.01 SRFC	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 COMMUNITY SERVICE	207,701	11,457	712	102,954	322,824	194.00
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)	93,928,753	2,416,830	6,152,881	20,462,754	93,928,753	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140043		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part I Date/Time Prepared: 11/28/2011 3:42 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	19,431,307					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	883,582	0	4,271,136			7.00
8.00	LAUNDRY & LINEN SERVICE	139,678	0	133,327	808,514		8.00
9.00	HOUSEKEEPING	390,198	0	13,863	49,142	1,949,178	9.00
10.00	DIETARY	173,457	0	54,459	22,668	25,740	10.00
11.00	CAFETERIA	207,691	0	118,827	0	56,164	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	156,195	0	3,747	0	1,771	13.00
14.00	CENTRAL SERVICES & SUPPLY	187,152	0	150,712	0	71,234	14.00
15.00	PHARMACY	649,868	0	33,795	0	15,973	15.00
16.00	MEDICAL RECORDS & LIBRARY	625,363	0	88,029	0	41,607	16.00
17.00	SOCIAL SERVICE	204	0	1,948	0	921	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICALS	3,214,209	0	971,263	375,884	459,062	30.00
31.00	INTENSIVE CARE UNIT	601,272	0	195,223	28,841	92,272	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	188,458	0	161,484	4,527	76,325	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	743,213	0	604,497	61,302	285,715	50.00
51.00	RECOVERY ROOM	372,266	0	253,054	0	119,606	51.00
52.00	LABOR ROOM & DELIVERY ROOM	260,246	0	185,107	6,357	87,491	52.00
53.00	ANESTHESIOLOGY	25,013	0	11,990	0	5,667	53.00
53.01	PAIN MANAGEMENT	36,095	0	29,224	0	13,813	53.01
54.00	RADIOLOGY - DIAGNOSTIC	601,046	0	272,949	38,288	129,049	54.00
54.01	ULTRASOUND	135,070	0	10,397	0	4,914	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	92,871	0	29,599	0	13,990	56.00
57.00	CT SCAN	360,270	0	35,444	0	16,753	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	247,971	0	75,253	0	35,568	58.00
59.00	CARDIAC CATHETERIZATION	371,764	0	65,568	10,018	30,990	59.00
60.00	LABORATORY	1,040,800	0	146,553	395	69,268	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	348,384	0	97,677	203	46,167	65.00
66.00	PHYSICAL THERAPY	227,144	0	18,434	17,913	8,713	66.00
67.00	OCCUPATIONAL THERAPY	32,908	0	7,512	0	3,551	67.00
68.00	SPEECH PATHOLOGY	29,843	0	2,248	0	1,063	68.00
69.00	ELECTROCARDIOLOGY	419,587	0	69,033	9,056	32,629	69.00
70.00	ELECTROENCEPHALOGRAPHY	63,094	0	12,739	3,967	6,021	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,013,499	0	0	0	0	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	771,735	0	0	0	0	73.00
74.00	RENAL DIALYSIS	17,564	0	4,721	0	2,231	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	GI LAB	334,283	0	65,924	37,933	31,159	75.01
76.00	DIABETIC EDUCATION	48,000	0	3,372	0	1,594	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	224,552	0	41,589	0	19,657	90.00
91.00	EMERGENCY	995,006	0	148,689	70,234	70,278	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 3:42 pm
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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	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	533,784	0	58,730	27,502	27,759	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	76,668	0	3,934	0	1,859	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	395,461	0	38,011	0	17,966	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	19,235,464	0	4,218,925	764,230	1,924,500	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	2,491	0	23,736	0	11,219	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	109,149	0	0	44,284	0	192.00
192.01	SRFC	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	COMMUNITY SERVICE	84,203	0	28,475	0	13,459	194.00
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)	19,431,307	0	4,271,136	808,514	1,949,178	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140043			Period: From 05/01/2010 To 04/30/2011		Worksheet B Part I Date/Time Prepared: 11/28/2011 3:42 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
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	941,337						10.00
11.00	CAFETERIA	0	1,178,946					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	10,318	0	770,864			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	18,605	0	0	1,145,222		14.00
15.00	PHARMACY	0	32,087	0	34,191	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	60,207	0	0	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	874,824	382,183	0	407,149	33		30.00
31.00	INTENSIVE CARE UNIT	58,190	46,182	0	49,204	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	13,977	0	14,877	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	39,241	0	41,815	3,796		50.00
51.00	RECOVERY ROOM	0	30,930	0	32,970	0		51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	19,620	0	20,890	0		52.00
53.00	ANESTHESIOLOGY	0	0	0	0	10,960		53.00
53.01	PAIN MANAGEMENT	0	3,305	0	3,514	98		53.01
54.00	RADIOLOGY - DIAGNOSTIC	0	49,063	0	0	63		54.00
54.01	ULTRASOUND	0	8,807	0	0	90		54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0		55.00
56.00	RADIOISOTOPE	0	5,123	0	0	0		56.00
57.00	CT SCAN	0	21,297	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	9,090	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	2,662	20,470	0	21,826	0		59.00
60.00	LABORATORY	0	76,215	0	0	22		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
61.00	PBP CLINICAL LAB. SERVICE-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	30,576	0	0	931		65.00
66.00	PHYSICAL THERAPY	0	21,486	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	2,149	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	1,983	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	29,584	0	31,510	3		69.00
70.00	ELECTROENCEPHALOGRAPHY	70	7,461	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,126,147		71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01	GI LAB	0	27,365	0	0	0		75.01
76.00	DIABETIC EDUCATION	0	5,690	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	14,615	0	0	0		90.00
91.00	EMERGENCY	1,197	106,011	0	112,918	2,567		91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
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	73,146	0	0	512	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	2,928	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)	936,943	1,169,714	0	770,864	1,145,222	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	4,394	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
192.01 SRFC	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 COMMUNITY SERVICE	0	9,232	0	0	0	194.00
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)	941,337	1,178,946	0	770,864	1,145,222	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 3:42 pm
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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	
<b>GENERAL SERVICE COST CENTERS</b>						
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	3,257,432					15.00
16.00	0	3,212,777				16.00
17.00	0	0	3,857			17.00
18.00	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	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	0	249,742	3,410	0	0	30.00
31.00	0	46,190	267	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	18,483	180	0	0	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	0	253,876	0	0	0	50.00
51.00	0	39,913	0	0	0	51.00
52.00	0	18,176	0	0	0	52.00
53.00	0	70,372	0	0	0	53.00
53.01	0	20,545	0	0	0	53.01
54.00	0	115,527	0	0	0	54.00
54.01	0	53,228	0	0	0	54.01
55.00	0	0	0	0	0	55.00
56.00	0	54,492	0	0	0	56.00
57.00	0	354,515	0	0	0	57.00
58.00	0	108,162	0	0	0	58.00
59.00	0	252,579	0	0	0	59.00
60.00	0	501,630	0	0	0	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	33,484	0	0	0	65.00
66.00	0	19,551	0	0	0	66.00
67.00	0	2,615	0	0	0	67.00
68.00	0	1,588	0	0	0	68.00
69.00	0	102,585	0	0	0	69.00
70.00	0	17,542	0	0	0	70.00
71.00	0	171,628	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	3,257,432	249,860	0	0	0	73.00
74.00	0	1,634	0	0	0	74.00
75.00	0	0	0	0	0	75.00
75.01	0	79,780	0	0	0	75.01
76.00	0	2,017	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2011 3:42 pm

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	
90.00 CLINIC	0	21,851	0	0	0	90.00
91.00 EMERGENCY	0	298,672	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	33,366	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	5,652	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	13,522	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	3,257,432	3,212,777	3,857	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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
192.01 SRFC	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 COMMUNITY SERVICE	0	0	0	0	0	194.00
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)	3,257,432	3,212,777	3,857	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED. ED. PRGM.	Subtotal	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
	20.00	21.00	22.00	23.00			
<b>GENERAL SERVICE COST CENTERS</b>							
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	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	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	0	0	0	0	19,260,715		30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	3,422,849		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	1,200,837		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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	0	0	4,882,847		50.00
51.00 RECOVERY ROOM	0	0	0	0	2,275,964		51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	0	0	0	1,595,641		52.00
53.00 ANESTHESIOLOGY	0	0	0	0	219,900		53.00
53.01 PAIN MANAGEMENT	0	0	0	0	244,977		53.01
54.00 RADIOLOGY - DIAGNOSTIC	0	0	0	0	3,510,286		54.00
54.01 ULTRASOUND	0	0	0	0	730,350		54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0	0	552,130		56.00
57.00 CT SCAN	0	0	0	0	2,169,512		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,426,736		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	2,201,176		59.00
60.00 LABORATORY	0	0	0	0	5,825,191		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
61.00 PBP CLINICAL LAB. SERVICE-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	1,893,087		65.00
66.00 PHYSICAL THERAPY	0	0	0	0	1,184,084		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	174,900		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	151,141		68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	2,302,636		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	352,791		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15,864,684		71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	7,237,769		73.00
74.00 RENAL DIALYSIS	0	0	0	0	93,489		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 GI LAB	0	0	0	0	1,858,045		75.01
76.00 DIABETIC EDUCATION	0	0	0	0	244,698		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	1,183,171		90.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 3:42 pm
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED. ED. PRGM.	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
		20.00	21.00			
91.00 EMERGENCY	0	0	0	0	5,620,311	91.00
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	2,801,266	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	384,976	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	1,981,113	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	0	0	0	92,847,272	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	51,390	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	571,898	192.00
192.01 SRFC	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 COMMUNITY SERVICE	0	0	0	0	458,193	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	93,928,753	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 3:42 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	19,260,715	30.00
31.00	INTENSIVE CARE UNIT	0	3,422,849	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	1,200,837	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
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	4,882,847	50.00
51.00	RECOVERY ROOM	0	2,275,964	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	1,595,641	52.00
53.00	ANESTHESIOLOGY	0	219,900	53.00
53.01	PAIN MANAGEMENT	0	244,977	53.01
54.00	RADIOLOGY - DIAGNOSTIC	0	3,510,286	54.00
54.01	ULTRASOUND	0	730,350	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	552,130	56.00
57.00	CT SCAN	0	2,169,512	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,426,736	58.00
59.00	CARDIAC CATHETERIZATION	0	2,201,176	59.00
60.00	LABORATORY	0	5,825,191	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	1,893,087	65.00
66.00	PHYSICAL THERAPY	0	1,184,084	66.00
67.00	OCCUPATIONAL THERAPY	0	174,900	67.00
68.00	SPEECH PATHOLOGY	0	151,141	68.00
69.00	ELECTROCARDIOLOGY	0	2,302,636	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	352,791	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,864,684	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	7,237,769	73.00
74.00	RENAL DIALYSIS	0	93,489	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	GI LAB	0	1,858,045	75.01
76.00	DIABETIC EDUCATION	0	244,698	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.00	CLINIC	0	1,183,171	90.00
91.00	EMERGENCY	0	5,620,311	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	2,801,266	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	384,976	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	1,981,113	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	92,847,272	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	51,390	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	571,898	192.00
192.01	SRFC	0	0	192.01
193.00	NONPAID WORKERS	0	0	193.00
194.00	COMMUNITY SERVICE	0	458,193	194.00
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	93,928,753	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	6,791	6,427	13,218	13,218 4.00
5.00	ADMINISTRATIVE & GENERAL	16,960	578,876	2,211,639	2,807,475	2,685 5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00	OPERATION OF PLANT	1,920	112,621	195,543	310,084	313 7.00
8.00	LAUNDRY & LINEN SERVICE	0	53,646	25,243	78,889	91 8.00
9.00	HOUSEKEEPING	0	5,578	4,719	10,297	329 9.00
10.00	DIETARY	0	21,912	64,570	86,482	84 10.00
11.00	CAFETERIA	0	47,812	0	47,812	184 11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	NURSING ADMINISTRATION	0	1,508	10,877	12,385	131 13.00
14.00	CENTRAL SERVICES & SUPPLY	0	60,641	161,809	222,450	99 14.00
15.00	PHARMACY	0	13,598	35,552	49,150	322 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	35,420	127,114	162,534	448 16.00
17.00	SOCIAL SERVICE	0	784	0	784	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	5,314	390,799	325,323	721,436	2,619 30.00
31.00	INTENSIVE CARE UNIT	0	78,550	35,864	114,414	470 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	64,975	39,378	104,353	138 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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	19,346	243,226	441,779	704,351	386 50.00
51.00	RECOVERY ROOM	0	101,819	55,817	157,636	286 51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	74,480	55,291	129,771	193 52.00
53.00	ANESTHESIOLOGY	0	4,824	41,972	46,796	0 53.00
53.01	PAIN MANAGEMENT	0	11,759	0	11,759	28 53.01
54.00	RADIOLOGY - DIAGNOSTIC	0	109,824	361,842	471,666	368 54.00
54.01	ULTRASOUND	0	4,183	75,876	80,059	94 54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0 55.00
56.00	RADIOISOTOPE	0	11,910	12,643	24,553	59 56.00
57.00	CT SCAN	0	14,261	291,808	306,069	188 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	30,279	392,445	422,724	86 58.00
59.00	CARDIAC CATHETERIZATION	0	26,382	227,707	254,089	195 59.00
60.00	LABORATORY	0	58,967	179,705	238,672	538 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	PBP CLINICAL LAB. SERVICE-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	39,301	42,422	81,723	267 65.00
66.00	PHYSICAL THERAPY	0	7,417	3,424	10,841	195 66.00
67.00	OCCUPATIONAL THERAPY	0	3,023	0	3,023	28 67.00
68.00	SPEECH PATHOLOGY	0	905	0	905	25 68.00
69.00	ELECTROCARDIOLOGY	22,593	27,776	460,373	510,742	231 69.00
70.00	ELECTROENCEPHALOGRAPHY	999	5,126	1,965	8,090	45 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	RENAL DIALYSIS	0	1,899	0	1,899	0 74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	GI LAB	0	26,525	49,091	75,616	258 75.01
76.00	DIABETIC EDUCATION	0	1,357	375	1,732	42 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0 88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	16,734	7,133	23,867	140 90.00
91.00	EMERGENCY	0	59,827	86,410	146,237	812 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	23,631	43,408	67,039	431 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	1,583	3,590	5,173	28 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	15,294	13,144	28,438	316 101.00
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)	67,132	2,395,823	6,092,278	8,555,233	13,152 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	9,550	0	9,550	0 190.00
191.00	RESEARCH	0	0	0	0	0 191.00
192.00	PHYSICIANS' PRIVATE OFFICES	57,000	0	59,891	116,891	0 192.00
192.01	SRFC	0	0	0	0	0 192.01
193.00	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	COMMUNITY SERVICE	0	11,457	712	12,169	66 194.00
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)	124,132	2,416,830	6,152,881	8,693,843	13,218 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140043		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 3:42 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	2,810,160					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	127,785	0	438,182			7.00
8.00	LAUNDRY & LINEN SERVICE	20,200	0	13,678	112,858		8.00
9.00	HOUSEKEEPING	56,431	0	1,422	6,860	75,339	9.00
10.00	DIETARY	25,086	0	5,587	3,164	995	10.00
11.00	CAFETERIA	30,037	0	12,191	0	2,171	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	22,589	0	384	0	68	13.00
14.00	CENTRAL SERVICES & SUPPLY	27,066	0	15,462	0	2,753	14.00
15.00	PHARMACY	93,985	0	3,467	0	617	15.00
16.00	MEDICAL RECORDS & LIBRARY	90,441	0	9,031	0	1,608	16.00
17.00	SOCIAL SERVICE	30	0	200	0	36	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	464,815	0	99,644	52,469	17,745	30.00
31.00	INTENSIVE CARE UNIT	86,957	0	20,028	4,026	3,566	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	27,255	0	16,567	632	2,950	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	107,485	0	62,016	8,557	11,043	50.00
51.00	RECOVERY ROOM	53,838	0	25,961	0	4,623	51.00
52.00	LABOR ROOM & DELIVERY ROOM	37,637	0	18,990	887	3,382	52.00
53.00	ANESTHESIOLOGY	3,617	0	1,230	0	219	53.00
53.01	PAIN MANAGEMENT	5,220	0	2,998	0	534	53.01
54.00	RADIOLOGY - DIAGNOSTIC	86,924	0	28,002	5,345	4,986	54.00
54.01	ULTRASOUND	19,534	0	1,067	0	190	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	13,431	0	3,037	0	541	56.00
57.00	CT SCAN	52,103	0	3,636	0	648	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	35,862	0	7,720	0	1,375	58.00
59.00	CARDIAC CATHETERIZATION	53,765	0	6,727	1,398	1,198	59.00
60.00	LABORATORY	150,522	0	15,035	55	2,677	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	50,384	0	10,021	28	1,784	65.00
66.00	PHYSICAL THERAPY	32,850	0	1,891	2,500	337	66.00
67.00	OCCUPATIONAL THERAPY	4,759	0	771	0	137	67.00
68.00	SPEECH PATHOLOGY	4,316	0	231	0	41	68.00
69.00	ELECTROCARDIOLOGY	60,681	0	7,082	1,264	1,261	69.00
70.00	ELECTROENCEPHALOGRAPHY	9,125	0	1,307	554	233	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	435,818	0	0	0	0	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	111,610	0	0	0	0	73.00
74.00	RENAL DIALYSIS	2,540	0	484	0	86	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	GI LAB	48,345	0	6,763	5,295	1,204	75.01
76.00	DIABETIC EDUCATION	6,942	0	346	0	62	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	32,475	0	4,267	0	760	90.00
91.00	EMERGENCY	143,900	0	15,254	9,804	2,716	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 3:42 pm
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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	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	77,197	0	6,025	3,839	1,073	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	11,088	0	404	0	72	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	57,192	0	3,900	0	694	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	2,781,837	0	432,826	106,677	74,385	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	360	0	2,435	0	434	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	15,785	0	0	6,181	0	192.00
192.01	SRFC	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	COMMUNITY SERVICE	12,178	0	2,921	0	520	194.00
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)	2,810,160	0	438,182	112,858	75,339	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140043			Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 3:42 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
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	121,398						10.00
11.00	CAFETERIA	0	92,395					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	809	0	36,366			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,458	0	0	269,288		14.00
15.00	PHARMACY	0	2,515	0	1,613	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	4,718	0	0	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	112,821	29,955	0	19,207		8	30.00
31.00	INTENSIVE CARE UNIT	7,504	3,619	0	2,321		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	1,095	0	702		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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	3,075	0	1,973		893	50.00
51.00	RECOVERY ROOM	0	2,424	0	1,555		0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	1,538	0	985		0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0		2,577	53.00
53.01	PAIN MANAGEMENT	0	259	0	166		23	53.01
54.00	RADIOLOGY - DIAGNOSTIC	0	3,845	0	0		15	54.00
54.01	ULTRASOUND	0	690	0	0		21	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0		0	55.00
56.00	RADIOISOTOPE	0	402	0	0		0	56.00
57.00	CT SCAN	0	1,669	0	0		0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	712	0	0		0	58.00
59.00	CARDIAC CATHETERIZATION	343	1,604	0	1,030		0	59.00
60.00	LABORATORY	0	5,973	0	0		5	60.00
60.01	BLOOD LABORATORY	0	0	0	0		0	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	2,396	0	0		219	65.00
66.00	PHYSICAL THERAPY	0	1,684	0	0		0	66.00
67.00	OCCUPATIONAL THERAPY	0	168	0	0		0	67.00
68.00	SPEECH PATHOLOGY	0	155	0	0		0	68.00
69.00	ELECTROCARDIOLOGY	0	2,319	0	1,487		1	69.00
70.00	ELECTROENCEPHALOGRAPHY	9	585	0	0		0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		264,802	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0		0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0		0	73.00
74.00	RENAL DIALYSIS	0	0	0	0		0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0		0	75.00
75.01	GI LAB	0	2,145	0	0		0	75.01
76.00	DIABETIC EDUCATION	0	446	0	0		0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	1,145	0	0		0	90.00
91.00	EMERGENCY	154	8,308	0	5,327		604	91.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 3:42 pm
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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	
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	5,732	0	0	120	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	229	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)	120,831	91,672	0	36,366	269,288	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	567	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
192.01	SRFC	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	COMMUNITY SERVICE	0	723	0	0	0	194.00
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)	121,398	92,395	0	36,366	269,288	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provi der CCN: 140043	Peri od: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 3:42 pm
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Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	OTHER GENERAL SERVI CE (SPECI FY)	NONPHYSI CI AN ANESTHETI STS	
	15.00	16.00	17.00	18.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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 ADMINI STRATI VE & GENERAL						5.00
6.00 MAI NTENANCE & REPAI RS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LI NEN SERVI CE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DI ETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAI NTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINI STRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	151,669					15.00
16.00 MEDI CAL RECORDS & LI BRARY	0	268,780				16.00
17.00 SOCI AL SERVI CE	0	0	1,050			17.00
18.00 OTHER GENERAL SERVI CE (SPECI FY)	0	0	0	0		18.00
19.00 NONPHYSI CI AN ANESTHETI STS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVI CES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED. ED. PRGM. -(SPECI FY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	20,878	928	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	3,861	73	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 SURGI CAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVI DER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVI DER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVI DER	0	0	0	0	0	42.00
43.00 NURSERY	0	1,545	49	0	0	43.00
44.00 SKILLED NURSING FACI LI TY	0	0	0	0	0	44.00
45.00 NURSING FACI LI TY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCI LLARY SERVI CE COST CENTERS</b>						
50.00 OPERATI NG ROOM	0	21,223	0	0	0	50.00
51.00 RECOVERY ROOM	0	3,337	0	0	0	51.00
52.00 LABOR ROOM & DELI VERY ROOM	0	1,519	0	0	0	52.00
53.00 ANESTHESI OLOGY	0	5,883	0	0	0	53.00
53.01 PAI N MANAGEMENT	0	1,718	0	0	0	53.01
54.00 RADI OLOGY - DI AGNOSTI C	0	9,658	0	0	0	54.00
54.01 ULTRASOUND	0	4,450	0	0	0	54.01
55.00 RADI OLOGY - THERAPEUTI C	0	0	0	0	0	55.00
56.00 RADI OI SOTOPE	0	4,555	0	0	0	56.00
57.00 CT SCAN	0	29,636	0	0	0	57.00
58.00 MAGNETI C RESONANCE I MAGING (MRI)	0	9,042	0	0	0	58.00
59.00 CARDI AC CATHETERI ZATION	0	21,115	0	0	0	59.00
60.00 LABORATORY	0	42,135	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLI NI CAL LAB. SERVI CE-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 STORI NG, PROCESSI NG, & TRANS.	0	0	0	0	0	63.00
64.00 I NTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPI RATORY THERAPY	0	2,799	0	0	0	65.00
66.00 PHYSI CAL THERAPY	0	1,634	0	0	0	66.00
67.00 OCCUPATI ONAL THERAPY	0	219	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	133	0	0	0	68.00
69.00 ELECTROCARDI OLOGY	0	8,576	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,466	0	0	0	70.00
71.00 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	14,348	0	0	0	71.00
72.00 I MP. DEV CHARGED TO PATI ENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATI ENTS	151,669	20,888	0	0	0	73.00
74.00 RENAL DI ALYSI S	0	137	0	0	0	74.00
75.00 ASC (NON-DI STI NCT PART)	0	0	0	0	0	75.00
75.01 GI LAB	0	6,669	0	0	0	75.01
76.00 DI ABETI C EDUCATI ON	0	169	0	0	0	76.00
<b>OUTPATI ENT SERVI CE COST CENTERS</b>						
88.00 RURAL HEALTH CLI NI C	0	0	0	0	0	88.00
89.00 FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2011 3:42 pm

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	
90.00 CLINIC	0	1,827	0	0		90.00
91.00 EMERGENCY	0	24,968	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	2,789	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	473	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	1,130	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	151,669	268,780	1,050	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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
192.01 SRFC	0	0	0	0		192.01
193.00 NONPAID WORKERS	0	0	0	0		193.00
194.00 COMMUNITY SERVICE	0	0	0	0		194.00
200.00 Cross Foot Adjustments						0200.00
201.00 Negative Cost Centers	0	0	0	0		0201.00
202.00 TOTAL (sum lines 118-201)	151,669	268,780	1,050	0	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED. ED. PRGM.	Subtotal	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
	20.00	21.00	22.00	23.00			
<b>GENERAL SERVICE COST CENTERS</b>							
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					21.00
22.00			0				22.00
23.00				0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00						1,542,525	30.00
31.00						246,839	31.00
32.00						0	32.00
33.00						0	33.00
34.00						0	34.00
40.00						0	40.00
41.00						0	41.00
42.00						0	42.00
43.00						155,286	43.00
44.00						0	44.00
45.00						0	45.00
46.00						0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00						921,002	50.00
51.00						249,660	51.00
52.00						194,902	52.00
53.00						60,322	53.00
53.01						22,705	53.01
54.00						610,809	54.00
54.01						106,105	54.01
55.00						0	55.00
56.00						46,578	56.00
57.00						393,949	57.00
58.00						477,521	58.00
59.00						341,464	59.00
60.00						455,612	60.00
60.01						0	60.01
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						149,621	65.00
66.00						51,932	66.00
67.00						9,105	67.00
68.00						5,806	68.00
69.00						593,644	69.00
70.00						21,414	70.00
71.00						714,968	71.00
72.00						0	72.00
73.00						284,167	73.00
74.00						5,146	74.00
75.00						0	75.00
75.01						146,295	75.01
76.00						9,739	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00						0	88.00
89.00						0	89.00
90.00						64,481	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED. ED. PRGM.	Subtotal	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
	20.00	21.00	22.00	23.00			
91.00 EMERGENCY					358,084	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS					0	94.00	
95.00 AMBULANCE SERVICES					164,245	95.00	
96.00 DURABLE MEDICAL EQUIP. - RENTED					0	96.00	
97.00 DURABLE MEDICAL EQUIP. - SOLD					0	97.00	
98.00 OTHER REIMBURSABLE COST CENTERS					17,467	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					91,670	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	8,513,063	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN					13,346	190.00	
191.00 RESEARCH					0	191.00	
192.00 PHYSICIANS' PRIVATE OFFICES					138,857	192.00	
192.01 SRFC					0	192.01	
193.00 NONPAID WORKERS					0	193.00	
194.00 COMMUNITY SERVICE					28,577	194.00	
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	0	0	0	0	8,693,843	202.00	

ALLOCATION OF CAPITAL RELATED COSTS	Provi der CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 3:42 pm
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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 ADMINI STRATIVE & 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 ADMINI STRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDI CAL 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	0	1,542,525	30.00
31.00 INTENSIVE CARE UNIT	0	246,839	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	155,286	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
<b>ANCI LLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	921,002	50.00
51.00 RECOVERY ROOM	0	249,660	51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	194,902	52.00
53.00 ANESTHESIOLOGY	0	60,322	53.00
53.01 PAIN MANAGEMENT	0	22,705	53.01
54.00 RADIOLOGY - DIAGNOSTIC	0	610,809	54.00
54.01 ULTRASOUND	0	106,105	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	46,578	56.00
57.00 CT SCAN	0	393,949	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	477,521	58.00
59.00 CARDIAC CATHETERIZATION	0	341,464	59.00
60.00 LABORATORY	0	455,612	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-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	149,621	65.00
66.00 PHYSICAL THERAPY	0	51,932	66.00
67.00 OCCUPATIONAL THERAPY	0	9,105	67.00
68.00 SPEECH PATHOLOGY	0	5,806	68.00
69.00 ELECTROCARDIOLOGY	0	593,644	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	21,414	70.00
71.00 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	714,968	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	284,167	73.00
74.00 RENAL DIALYSIS	0	5,146	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 GI LAB	0	146,295	75.01
76.00 DIABETIC EDUCATION	0	9,739	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 3:42 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.00	CLINIC	0	64,481	90.00
91.00	EMERGENCY	0	358,084	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	164,245	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	17,467	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	91,670	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	8,513,063	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	13,346	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	138,857	192.00
192.01	SRFC	0	0	192.01
193.00	NONPAID WORKERS	0	0	193.00
194.00	COMMUNITY SERVICE	0	28,577	194.00
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	8,693,843	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	320,633				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		5,416,501			2.00
4.00	EMPLOYEE BENEFITS	901	5,658	37,440,243		4.00
5.00	ADMINISTRATIVE & GENERAL	76,798	1,946,949	7,597,449	-19,431,307	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	OPERATION OF PLANT	14,941	172,140	887,295	0	7.00
8.00	LAUNDRY & LINEN SERVICE	7,117	22,222	258,543	0	8.00
9.00	HOUSEKEEPING	740	4,154	932,080	0	9.00
10.00	DIETARY	2,907	56,842	239,114	0	10.00
11.00	CAFETERIA	6,343	0	521,701	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	200	9,575	372,284	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	8,045	142,444	281,360	0	14.00
15.00	PHARMACY	1,804	31,297	912,017	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,699	111,901	1,268,615	0	16.00
17.00	SOCIAL SERVICE	104	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	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	51,846	286,388	7,420,082	0	30.00
31.00	INTENSIVE CARE UNIT	10,421	31,572	1,331,306	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	8,620	34,665	389,829	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	32,268	388,907	1,094,287	0	50.00
51.00	RECOVERY ROOM	13,508	49,137	811,137	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	9,881	48,674	547,363	0	52.00
53.00	ANESTHESIOLOGY	640	36,949	0	0	53.00
53.01	PAIN MANAGEMENT	1,560	0	78,390	0	53.01
54.00	RADIOLOGY - DIAGNOSTIC	14,570	318,537	1,042,839	0	54.00
54.01	ULTRASOUND	555	66,795	267,621	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,580	11,130	166,717	0	56.00
57.00	CT SCAN	1,892	256,884	533,330	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,017	345,477	244,825	0	58.00
59.00	CARDIAC CATHETERIZATION	3,500	200,455	551,563	0	59.00
60.00	LABORATORY	7,823	158,198	1,524,130	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	5,214	37,345	756,382	0	65.00
66.00	PHYSICAL THERAPY	984	3,014	551,586	0	66.00
67.00	OCCUPATIONAL THERAPY	401	0	79,150	0	67.00
68.00	SPEECH PATHOLOGY	120	0	72,070	0	68.00
69.00	ELECTROCARDIOLOGY	3,685	405,275	653,189	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	680	1,730	127,637	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	252	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	GI LAB	3,519	43,216	729,966	0	75.01
76.00	DIABETIC EDUCATION	180	330	117,662	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	2,220	6,279	395,447	0	860,907	90.00
91.00	EMERGENCY	7,937	76,068	2,301,571	0	3,814,739	91.00
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	3,135	38,213	1,220,400	0	2,046,467	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	210	3,160	78,857	0	293,935	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	2,029	11,571	894,077	0	1,516,153	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)	317,846	5,363,151	37,251,871	-19,431,307	73,746,607	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,267	0	0	0	9,550	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	52,723	0	0	418,465	192.00
192.01	SRFC	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	COMMUNITY SERVICE	1,520	627	188,372	0	322,824	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,416,830	6,152,881	20,462,754		19,431,307	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.537683	1.135951	0.546544		0.260832	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			13,218		2,810,160	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000353		0.037722	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 3:42 pm

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	
<b>GENERAL SERVICE COST CENTERS</b>						
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	242,934					6.00
7.00 OPERATION OF PLANT	14,941	227,993				7.00
8.00 LAUNDRY & LINEN SERVICE	7,117	7,117	809,817			8.00
9.00 HOUSEKEEPING	740	740	49,221	220,136		9.00
10.00 DIETARY	2,907	2,907	22,705	2,907	66,843	10.00
11.00 CAFETERIA	6,343	6,343	0	6,343	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	200	200	0	200	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	8,045	8,045	0	8,045	0	14.00
15.00 PHARMACY	1,804	1,804	0	1,804	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,699	4,699	0	4,699	0	16.00
17.00 SOCIAL SERVICE	104	104	0	104	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	51,846	51,846	376,491	51,846	62,120	30.00
31.00 INTENSIVE CARE UNIT	10,421	10,421	28,887	10,421	4,132	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	8,620	8,620	4,534	8,620	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	32,268	32,268	61,401	32,268	0	50.00
51.00 RECOVERY ROOM	13,508	13,508	0	13,508	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	9,881	9,881	6,367	9,881	0	52.00
53.00 ANESTHESIOLOGY	640	640	0	640	0	53.00
53.01 PAIN MANAGEMENT	1,560	1,560	0	1,560	0	53.01
54.00 RADIOLOGY - DIAGNOSTIC	14,570	14,570	38,350	14,570	0	54.00
54.01 ULTRASOUND	555	555	0	555	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	1,580	1,580	0	1,580	0	56.00
57.00 CT SCAN	1,892	1,892	0	1,892	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,017	4,017	0	4,017	0	58.00
59.00 CARDIAC CATHETERIZATION	3,500	3,500	10,034	3,500	189	59.00
60.00 LABORATORY	7,823	7,823	396	7,823	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-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	5,214	5,214	203	5,214	0	65.00
66.00 PHYSICAL THERAPY	984	984	17,942	984	0	66.00
67.00 OCCUPATIONAL THERAPY	401	401	0	401	0	67.00
68.00 SPEECH PATHOLOGY	120	120	0	120	0	68.00
69.00 ELECTROCARDIOLOGY	3,685	3,685	9,071	3,685	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	680	680	3,973	680	5	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	252	252	0	252	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 GI LAB	3,519	3,519	37,994	3,519	0	75.01
76.00 DIABETIC EDUCATION	180	180	0	180	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	2,220	2,220	0	2,220	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 3:42 pm

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	
91.00	EMERGENCY	7,937	7,937	70,347	7,937	85	91.00
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	3,135	3,135	27,546	3,135	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	210	210	0	210	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	2,029	2,029	0	2,029	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)	240,147	225,206	765,462	217,349	66,531	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,267	1,267	0	1,267	312	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	44,355	0	0	192.00
192.01	SRFC	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	COMMUNITY SERVICE	1,520	1,520	0	1,520	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	4,271,136	808,514	1,949,178	941,337	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	18.733628	0.998391	8.854426	14.082806	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	438,182	112,858	75,339	121,398	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.921910	0.139362	0.342238	1.816166	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	CAFETERIA (FULL TIME EQUIVALENTS)	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	
<b>GENERAL SERVICE COST CENTERS</b>						
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 ADMINISTRATION & 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	49,933					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	437	0	637,480			13.00
14.00 CENTRAL SERVICES & SUPPLY	788	0	0	11,595,881		14.00
15.00 PHARMACY	1,359	0	28,275	0	2,958,742	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,550	0	0	0	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	16,187	0	336,699	333	0	30.00
31.00 INTENSIVE CARE UNIT	1,956	0	40,690	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	592	0	12,303	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,662	0	34,580	38,433	0	50.00
51.00 RECOVERY ROOM	1,310	0	27,265	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	831	0	17,275	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	110,979	0	53.00
53.01 PAIN MANAGEMENT	140	0	2,906	995	0	53.01
54.00 RADIOLOGY - DIAGNOSTIC	2,078	0	0	637	0	54.00
54.01 ULTRASOUND	373	0	0	909	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	217	0	0	0	0	56.00
57.00 CT SCAN	902	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	385	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	867	0	18,049	0	0	59.00
60.00 LABORATORY	3,228	0	0	225	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-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	1,295	0	0	9,425	0	65.00
66.00 PHYSICAL THERAPY	910	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	91	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	84	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,253	0	26,058	30	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	316	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,402,736	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,958,742	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
75.01 GI LAB	1,159	0	0	0	0	75.01
76.00 DIABETIC EDUCATION	241	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description		CAFETERIA (FULL TIME EQUIVALENTS)	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	
90.00	CLINIC	619	0	0	0	0	90.00
91.00	EMERGENCY	4,490	0	93,380	25,996	0	91.00
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	3,098	0	0	5,183	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	124	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)	49,542	0	637,480	11,595,881	2,958,742	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
192.01	SRFC	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	COMMUNITY SERVICE	391	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,178,946	0	770,864	1,145,222	3,257,432	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.610558	0.000000	1.209236	0.098761	1.100952	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	92,395	0	36,366	269,288	151,669	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.850380	0.000000	0.057046	0.023223	0.051261	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	390,962,394					16.00
17.00 SOCIAL SERVICE	0	21,092				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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	30,389,685	18,649	0		0	30.00
31.00 INTENSIVE CARE UNIT	5,620,586	1,459	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	2,249,071	984	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	30,892,693	0	0	0	0	50.00
51.00 RECOVERY ROOM	4,856,811	0	0	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	2,211,741	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	8,563,121	0	0	0	0	53.00
53.01 PAIN MANAGEMENT	2,500,029	0	0	0	0	53.01
54.00 RADIOLOGY - DIAGNOSTIC	14,057,749	0	0	0	0	54.00
54.01 ULTRASOUND	6,476,985	0	0	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	6,630,765	0	0	0	0	56.00
57.00 CT SCAN	43,138,873	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	13,161,597	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	30,734,862	0	0	0	0	59.00
60.00 LABORATORY	61,058,821	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-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	4,074,445	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	2,379,040	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	318,256	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	193,225	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	12,482,924	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,134,588	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,884,370	0	0	0	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	30,404,042	0	0	0	0	73.00
74.00 RENAL DIALYSIS	198,787	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 GI LAB	9,707,943	0	0	0	0	75.01
76.00 DIABETIC EDUCATION	245,481	0	0	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	2,658,967	0	0	0	0	90.00
91.00 EMERGENCY	36,343,615	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	4,060,120	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	687,796	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	1,645,406	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	390,962,394	21,092	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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
192.01 SRFC	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 COMMUNITY SERVICE	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,212,777	3,857	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.008218	0.182866	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	268,780	1,050	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000687	0.049782	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1  
Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED. ED. PRGM. (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
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. ED. PRGM. -(SPECIFY)			0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	53.00
53.01	PAIN MANAGEMENT	0	0	0	53.01
54.00	RADIOLOGY - DIAGNOSTIC	0	0	0	54.00
54.01	ULTRASOUND	0	0	0	54.01
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. SERVICE-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
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	IMP. DEV CHARGED TO PATIENT	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
75.01	GI LAB	0	0	0	75.01
76.00	DIABETIC EDUCATION	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1  
Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED. ED. PRGM. (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
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
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
192.01	SRFC	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	193.00
194.00	COMMUNITY SERVICE	0	0	0	194.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	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: 140043		Period: From 05/01/2010 To 04/30/2011		Worksheet C Part I Date/Time Prepared: 11/28/2011 3:42 pm	
		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		19,260,715	0	19,260,715	30.00	
31.00	INTENSIVE CARE UNIT		3,422,849	0	3,422,849	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		1,200,837	0	1,200,837	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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		4,882,847	0	4,882,847	50.00	
51.00	RECOVERY ROOM		2,275,964	0	2,275,964	51.00	
52.00	LABOR ROOM & DELIVERY ROOM		1,595,641	0	1,595,641	52.00	
53.00	ANESTHESIOLOGY		219,900	0	219,900	53.00	
53.01	PAIN MANAGEMENT		244,977	0	244,977	53.01	
54.00	RADIOLOGY - DIAGNOSTIC		3,510,286	0	3,510,286	54.00	
54.01	ULTRASOUND		730,350	0	730,350	54.01	
55.00	RADIOLOGY - THERAPEUTIC		0	0	0	55.00	
56.00	RADIOISOTOPE		552,130	0	552,130	56.00	
57.00	CT SCAN		2,169,512	0	2,169,512	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,426,736	0	1,426,736	58.00	
59.00	CARDIAC CATHETERIZATION		2,201,176	0	2,201,176	59.00	
60.00	LABORATORY		5,825,191	0	5,825,191	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
61.00	PBP CLINICAL LAB. SERVICE-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	1,893,087	0	1,893,087	65.00	
66.00	PHYSICAL THERAPY	0	1,184,084	0	1,184,084	66.00	
67.00	OCCUPATIONAL THERAPY	0	174,900	0	174,900	67.00	
68.00	SPEECH PATHOLOGY	0	151,141	0	151,141	68.00	
69.00	ELECTROCARDIOLOGY		2,302,636	0	2,302,636	69.00	
70.00	ELECTROENCEPHALOGRAPHY		352,791	0	352,791	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		15,864,684	0	15,864,684	71.00	
72.00	IMP. DEV CHARGED TO PATIENT		0	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		7,237,769	0	7,237,769	73.00	
74.00	RENAL DIALYSIS		93,489	0	93,489	74.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.01	GI LAB		1,858,045	0	1,858,045	75.01	
76.00	DIABETIC EDUCATION		244,698	0	244,698	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		1,183,171	0	1,183,171	90.00	
91.00	EMERGENCY		5,620,311	0	5,620,311	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,224,124	0	2,224,124	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00	
95.00	AMBULANCE SERVICES		2,801,266	0	2,801,266	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		384,976	0	384,976	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		1,981,113	0	1,981,113	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140043		Period: From 05/01/2010 To 04/30/2011		Worksheet C Part I Date/Time Prepared: 11/28/2011 3:42 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
114.00 UTILIZATION REVIEW-SNF						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)	95,071,396	0	95,071,396	0	95,071,396	200.00	
201.00 Less Observation Beds	2,224,124		2,224,124		2,224,124	201.00	
202.00 Total (see instructions)	92,847,272	0	92,847,272	0	92,847,272	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 3:42 pm	
			Title XVII I	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	27,126,615		27,126,615		30.00
31.00	INTENSIVE CARE UNIT	5,620,586		5,620,586		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	2,249,071		2,249,071		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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	11,668,861	19,223,832	30,892,693	0.158058	50.00
51.00	RECOVERY ROOM	1,114,327	3,742,484	4,856,811	0.468613	51.00
52.00	LABOR ROOM & DELIVERY ROOM	2,202,031	9,710	2,211,741	0.721441	52.00
53.00	ANESTHESIOLOGY	4,213,577	4,349,544	8,563,121	0.025680	53.00
53.01	PAIN MANAGEMENT	13,826	2,486,203	2,500,029	0.097990	53.01
54.00	RADIOLOGY - DIAGNOSTIC	3,270,702	10,787,047	14,057,749	0.249705	54.00
54.01	ULTRASOUND	1,318,194	5,158,791	6,476,985	0.112761	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	1,200,357	5,430,408	6,630,765	0.083268	56.00
57.00	CT SCAN	11,867,008	31,271,865	43,138,873	0.050291	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,931,565	11,230,032	13,161,597	0.108401	58.00
59.00	CARDIAC CATHETERIZATION	14,900,195	15,834,666	30,734,861	0.071618	59.00
60.00	LABORATORY	24,730,190	36,328,631	61,058,821	0.095403	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	3,171,331	903,114	4,074,445	0.464625	65.00
66.00	PHYSICAL THERAPY	915,052	1,463,988	2,379,040	0.497715	66.00
67.00	OCCUPATIONAL THERAPY	114,197	204,059	318,256	0.549558	67.00
68.00	SPEECH PATHOLOGY	77,080	116,145	193,225	0.782202	68.00
69.00	ELECTROCARDIOLOGY	5,987,401	6,495,523	12,482,924	0.184463	69.00
70.00	ELECTROENCEPHALOGRAPHY	138,244	1,996,344	2,134,588	0.165274	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,426,556	8,457,814	20,884,370	0.759644	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	20,232,530	10,171,512	30,404,042	0.238053	73.00
74.00	RENAL DIALYSIS	191,435	7,352	198,787	0.470297	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	GI LAB	1,043,456	8,664,487	9,707,943	0.191394	75.01
76.00	DIABETIC EDUCATION	494	244,987	245,481	0.996810	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	27,231	2,631,736	2,658,967	0.444974	90.00
91.00	EMERGENCY	10,011,639	26,331,976	36,343,615	0.154644	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	934,431	2,328,639	3,263,070	0.681605	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	6,370	4,053,750	4,060,120	0.689947	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	687,796	687,796	0.559724	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	1,645,406	1,645,406		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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					113.00
114.00	UTILIZATION REVIEW-SNF					114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 3:42 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
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)	168,704,552	222,257,841	390,962,393			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	168,704,552	222,257,841	390,962,393			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 3:42 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital PPS
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.158058		50.00
51.00	RECOVERY ROOM	0.468613		51.00
52.00	LABOR ROOM & DELIVERY ROOM	0.721441		52.00
53.00	ANESTHESIOLOGY	0.025680		53.00
53.01	PAIN MANAGEMENT	0.097990		53.01
54.00	RADIOLOGY - DIAGNOSTIC	0.249705		54.00
54.01	ULTRASOUND	0.112761		54.01
55.00	RADIOLOGY - THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.083268		56.00
57.00	CT SCAN	0.050291		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108401		58.00
59.00	CARDIAC CATHETERIZATION	0.071618		59.00
60.00	LABORATORY	0.095403		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB. SERVICE-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	0.464625		65.00
66.00	PHYSICAL THERAPY	0.497715		66.00
67.00	OCCUPATIONAL THERAPY	0.549558		67.00
68.00	SPEECH PATHOLOGY	0.782202		68.00
69.00	ELECTROCARDIOLOGY	0.184463		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.165274		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.759644		71.00
72.00	IMP. DEV CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.238053		73.00
74.00	RENAL DIALYSIS	0.470297		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	GI LAB	0.191394		75.01
76.00	DIABETIC EDUCATION	0.996810		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.444974		90.00
91.00	EMERGENCY	0.154644		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.681605		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.689947		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	0.559724		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
<b>SPECIAL PURPOSE COST CENTERS</b>				
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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 3:42 pm
		Title XVIII	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
200.00 Subtotal (see instructions)		200.00		
201.00 Less Observation Beds		201.00		
202.00 Total (see instructions)		202.00		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140043		Period: From 05/01/2010 To 04/30/2011		Worksheet D Part I Date/Time Prepared: 11/28/2011 3:42 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,542,525	0	1,542,525	18,463	83.55	30.00
31.00	INTENSIVE CARE UNIT	246,839		246,839	1,459	169.18	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	155,286		155,286	984	157.81	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	1,944,650		1,944,650	20,906		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part I Date/Time Prepared: 11/28/2011 3:42 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	10,065	840,931	30.00
31.00 INTENSIVE CARE UNIT	946	160,044	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)	11,011	1,000,975	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part II Date/Time Prepared: 11/28/2011 3:42 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	921,002	30,892,693	0.029813	5,659,089	168,714	50.00
51.00	RECOVERY ROOM	249,660	4,856,811	0.051404	550,910	28,319	51.00
52.00	LABOR ROOM & DELIVERY ROOM	194,902	2,211,741	0.088122	9,449	833	52.00
53.00	ANESTHESIOLOGY	60,322	8,563,121	0.007044	2,069,934	14,581	53.00
53.01	PAIN MANAGEMENT	22,705	2,500,029	0.009082	9,776	89	53.01
54.00	RADIOLOGY - DIAGNOSTIC	610,809	14,057,749	0.043450	2,172,458	94,393	54.00
54.01	ULTRASOUND	106,105	6,476,985	0.016382	781,005	12,794	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	46,578	6,630,765	0.007025	758,581	5,329	56.00
57.00	CT SCAN	393,949	43,138,873	0.009132	6,894,880	62,964	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	477,521	13,161,597	0.036281	1,166,810	42,333	58.00
59.00	CARDIAC CATHETERIZATION	341,464	30,734,861	0.011110	8,659,821	96,211	59.00
60.00	LABORATORY	455,612	61,058,821	0.007462	15,617,615	116,539	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	149,621	4,074,445	0.036722	2,188,093	80,351	65.00
66.00	PHYSICAL THERAPY	51,932	2,379,040	0.021829	701,383	15,310	66.00
67.00	OCCUPATIONAL THERAPY	9,105	318,256	0.028609	84,474	2,417	67.00
68.00	SPEECH PATHOLOGY	5,806	193,225	0.030048	61,757	1,856	68.00
69.00	ELECTROCARDIOLOGY	593,644	12,482,924	0.047556	3,385,978	161,024	69.00
70.00	ELECTROENCEPHALOGRAPHY	21,414	2,134,588	0.010032	67,901	681	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	714,968	20,884,370	0.034235	7,394,402	253,147	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	284,167	30,404,042	0.009346	11,861,981	110,862	73.00
74.00	RENAL DIALYSIS	5,146	198,787	0.025887	166,865	4,320	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	GI LAB	146,295	9,707,943	0.015070	660,396	9,952	75.01
76.00	DIABETIC EDUCATION	9,739	245,481	0.039673	63	2	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	64,481	2,658,967	0.024250	20,713	502	90.00
91.00	EMERGENCY	358,084	36,343,615	0.009853	5,920,283	58,333	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	178,123	3,263,070	0.054588	547,294	29,876	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	17,467	687,796	0.025396	0	0	98.00
200.00	Total (Lines 50-199)	6,490,621	350,260,595		77,411,911	1,371,732	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140043		Period: From 05/01/2010 To 04/30/2011		Worksheet D Part III Date/Time Prepared: 11/28/2011 3:42 pm	
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: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part III Date/Time Prepared: 11/28/2011 3:42 pm
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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)	Hospital	
					PSA Adj. Nursing School	PPS
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	18,463	0.00	10,065	0	0	30.00
31.00 INTENSIVE CARE UNIT	1,459	0.00	946	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	984	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)	20,906		11,011	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part III Date/Time Prepared: 11/28/2011 3:42 pm
		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: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 3:42 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01 PAIN MANAGEMENT	0	0	0	0	0	0	53.01
54.00 RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY							61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 GI LAB	0	0	0	0	0	0	75.01
76.00 DIABETIC EDUCATION	0	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES							95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	0	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
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 3:42 pm
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	30,892,693	0.000000	0.000000	5,659,089	50.00
51.00	RECOVERY ROOM	0	4,856,811	0.000000	0.000000	550,910	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	2,211,741	0.000000	0.000000	9,449	52.00
53.00	ANESTHESIOLOGY	0	8,563,121	0.000000	0.000000	2,069,934	53.00
53.01	PAIN MANAGEMENT	0	2,500,029	0.000000	0.000000	9,776	53.01
54.00	RADIOLOGY - DIAGNOSTIC	0	14,057,749	0.000000	0.000000	2,172,458	54.00
54.01	ULTRASOUND	0	6,476,985	0.000000	0.000000	781,005	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	6,630,765	0.000000	0.000000	758,581	56.00
57.00	CT SCAN	0	43,138,873	0.000000	0.000000	6,894,880	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	13,161,597	0.000000	0.000000	1,166,810	58.00
59.00	CARDIAC CATHETERIZATION	0	30,734,861	0.000000	0.000000	8,659,821	59.00
60.00	LABORATORY	0	61,058,821	0.000000	0.000000	15,617,615	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	4,074,445	0.000000	0.000000	2,188,093	65.00
66.00	PHYSICAL THERAPY	0	2,379,040	0.000000	0.000000	701,383	66.00
67.00	OCCUPATIONAL THERAPY	0	318,256	0.000000	0.000000	84,474	67.00
68.00	SPEECH PATHOLOGY	0	193,225	0.000000	0.000000	61,757	68.00
69.00	ELECTROCARDIOLOGY	0	12,482,924	0.000000	0.000000	3,385,978	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,134,588	0.000000	0.000000	67,901	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,884,370	0.000000	0.000000	7,394,402	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	30,404,042	0.000000	0.000000	11,861,981	73.00
74.00	RENAL DIALYSIS	0	198,787	0.000000	0.000000	166,865	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	GI LAB	0	9,707,943	0.000000	0.000000	660,396	75.01
76.00	DIABETIC EDUCATION	0	245,481	0.000000	0.000000	63	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	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	2,658,967	0.000000	0.000000	20,713	90.00
91.00	EMERGENCY	0	36,343,615	0.000000	0.000000	5,920,283	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,263,070	0.000000	0.000000	547,294	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	0	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	687,796	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	0	350,260,595			77,411,911	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 3:42 pm
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	5,659,431	0	0	0	50.00
51.00	RECOVERY ROOM	0	1,398,348	0	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,194,520	0	0	0	53.00
53.01	PAIN MANAGEMENT	0	1,050,597	0	0	0	53.01
54.00	RADIOLOGY - DIAGNOSTIC	0	3,240,639	0	0	0	54.00
54.01	ULTRASOUND	0	1,150,754	0	0	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	2,068,046	0	0	0	56.00
57.00	CT SCAN	0	10,688,292	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,049,968	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	7,742,683	0	0	0	59.00
60.00	LABORATORY	0	1,571,703	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	337,121	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	2,511,822	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	505,464	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,032,886	0	0	0	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,161,056	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
75.01	GI LAB	0	3,084,267	0	0	0	75.01
76.00	DIABETIC EDUCATION	0	13,061	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	1,561,740	0	0	0	90.00
91.00	EMERGENCY	0	6,084,694	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	924,669	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						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	62,031,761	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 3:42 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
53.01 PAIN MANAGEMENT	0	0		53.01
54.00 RADIOLOGY - DIAGNOSTIC	0	0		54.00
54.01 ULTRASOUND	0	0		54.01
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. SERVICE-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	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
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 IMP. DEV CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 GI LAB	0	0		75.01
76.00 DIABETIC EDUCATION	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 AMBULANCE SERVICES				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: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 3:42 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0.158058	5,659,431	0	0	50.00
51.00 RECOVERY ROOM	0.468613	1,398,348	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	0.721441	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.025680	1,194,520	0	0	53.00
53.01 PAIN MANAGEMENT	0.097990	1,050,597	0	0	53.01
54.00 RADIOLOGY - DIAGNOSTIC	0.249705	3,240,639	0	0	54.00
54.01 ULTRASOUND	0.112761	1,150,754	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	55.00
56.00 RADIOISOTOPE	0.083268	2,068,046	0	0	56.00
57.00 CT SCAN	0.050291	10,688,292	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.108401	3,049,968	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.071618	7,742,683	0	0	59.00
60.00 LABORATORY	0.095403	1,571,703	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-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	0.464625	337,121	0	0	65.00
66.00 PHYSICAL THERAPY	0.497715	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.549558	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.782202	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.184463	2,511,822	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.165274	505,464	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.759644	4,032,886	0	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0.000000	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.238053	4,161,056	0	27,915	73.00
74.00 RENAL DIALYSIS	0.470297	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01 GI LAB	0.191394	3,084,267	0	0	75.01
76.00 DIABETIC EDUCATION	0.996810	13,061	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	0.444974	1,561,740	0	0	90.00
91.00 EMERGENCY	0.154644	6,084,694	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.681605	924,669	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 AMBULANCE SERVICES	0.689947		0		95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0.000000	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.559724	0	0	0	98.00
200.00 Subtotal (see instructions)		62,031,761	0	27,915	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		62,031,761	0	27,915	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 3:42 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	894,518	0	0		50.00
51.00 RECOVERY ROOM	655,284	0	0		51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	30,675	0	0		53.00
53.01 PAIN MANAGEMENT	102,948	0	0		53.01
54.00 RADIOLOGY - DIAGNOSTIC	809,204	0	0		54.00
54.01 ULTRASOUND	129,760	0	0		54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	172,202	0	0		56.00
57.00 CT SCAN	537,525	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	330,620	0	0		58.00
59.00 CARDIAC CATHETERIZATION	554,515	0	0		59.00
60.00 LABORATORY	149,945	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB. SERVICE-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	156,635	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	463,338	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	83,540	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,063,558	0	0		71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	990,552	0	6,645		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 GI LAB	590,310	0	0		75.01
76.00 DIABETIC EDUCATION	13,019	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	694,934	0	0		90.00
91.00 EMERGENCY	940,961	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	630,259	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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	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)	11,994,302	0	6,645		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	11,994,302	0	6,645		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1 Date/Time Prepared: 11/28/2011 3:42 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
				1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>					
<b>INPATIENT DAYS</b>					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			18,475	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			18,463	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)			18,463	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)			12	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			10,065	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)			9	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
<b>SWING BED ADJUSTMENT</b>					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			19,260,715	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			19,260,715	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>					
28.00	General inpatient routine service charges (excluding swing-bed charges)			27,829,040	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			27,829,040	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.692108	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)			1,507.29	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			19,260,715	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>					
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,043.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			10,499,909	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)			10,499,909	41.00
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
<b>Intensive Care Type Inpatient Hospital Units</b>					
43.00 INTENSIVE CARE UNIT	3,422,849	1,459	2,346.02	946	2,219,335
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140043		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1	
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	
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)						16,530,555	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						29,249,799	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,000,975	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,371,732	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						2,372,707	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						26,877,092	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						2,132	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,043.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						2,224,124	89.00
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		1,542,525	19,260,715	0.080087	2,224,124	178,123	90.00
91.00	Nursing School cost		0	19,260,715	0.000000	2,224,124	0	91.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140043		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1 Date/Time Prepared: 11/28/2011 3:42 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
92.00	Allied health cost	0	19,260,715	0.000000	2,224,124	0	92.00
93.00	All other Medical Education	0	19,260,715	0.000000	2,224,124	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3 Date/Time Prepared: 11/28/2011 3:42 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		14,075,994		30.00
31.00	INTENSIVE CARE UNIT		3,218,456		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				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.158058	5,659,089	894,464	50.00
51.00	RECOVERY ROOM	0.468613	550,910	258,164	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0.721441	9,449	6,817	52.00
53.00	ANESTHESIOLOGY	0.025680	2,069,934	53,156	53.00
53.01	PAIN MANAGEMENT	0.097990	9,776	958	53.01
54.00	RADIOLOGY - DIAGNOSTIC	0.249705	2,172,458	542,474	54.00
54.01	ULTRASOUND	0.112761	781,005	88,067	54.01
55.00	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.083268	758,581	63,166	56.00
57.00	CT SCAN	0.050291	6,894,880	346,750	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108401	1,166,810	126,483	58.00
59.00	CARDIAC CATHETERIZATION	0.071618	8,659,821	620,199	59.00
60.00	LABORATORY	0.095403	15,617,615	1,489,967	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	0.464625	2,188,093	1,016,643	65.00
66.00	PHYSICAL THERAPY	0.497715	701,383	349,089	66.00
67.00	OCCUPATIONAL THERAPY	0.549558	84,474	46,423	67.00
68.00	SPEECH PATHOLOGY	0.782202	61,757	48,306	68.00
69.00	ELECTROCARDIOLOGY	0.184463	3,385,978	624,588	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.165274	67,901	11,222	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.759644	7,394,402	5,617,113	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.238053	11,861,981	2,823,780	73.00
74.00	RENAL DIALYSIS	0.470297	166,865	78,476	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	GI LAB	0.191394	660,396	126,396	75.01
76.00	DIABETIC EDUCATION	0.996810	63	63	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.444974	20,713	9,217	90.00
91.00	EMERGENCY	0.154644	5,920,283	915,536	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.681605	547,294	373,038	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.559724	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		77,411,911	16,530,555	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)		77,411,911		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140043 Component CCN: 14U043	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3 Date/Time Prepared: 11/28/2011 3:42 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		7,893		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 - I RF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.158058	0	0	50.00
51.00	RECOVERY ROOM	0.468613	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0.721441	0	0	52.00
53.00	ANESTHESIOLOGY	0.025680	0	0	53.00
53.01	PAIN MANAGEMENT	0.097990	0	0	53.01
54.00	RADIOLOGY - DIAGNOSTIC	0.249705	419	105	54.00
54.01	ULTRASOUND	0.112761	0	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.083268	0	0	56.00
57.00	CT SCAN	0.050291	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108401	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.071618	0	0	59.00
60.00	LABORATORY	0.095403	1,929	184	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-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	0.464625	1,795	834	65.00
66.00	PHYSICAL THERAPY	0.497715	333	166	66.00
67.00	OCCUPATIONAL THERAPY	0.549558	99	54	67.00
68.00	SPEECH PATHOLOGY	0.782202	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.184463	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.165274	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.759644	155	118	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.238053	5,047	1,201	73.00
74.00	RENAL DIALYSIS	0.470297	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	GI LAB	0.191394	0	0	75.01
76.00	DIABETIC EDUCATION	0.996810	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.444974	0	0	90.00
91.00	EMERGENCY	0.154644	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.681605	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.559724	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		9,777	2,662	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)		9,777		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part A Date/Time Prepared: 11/28/2011 3:42 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		19,067,620	1.00
2.00	Outlier payments for discharges. (see instructions)		291,050	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)		86.84	4.00
<b>Indirect Medical Education Adjustment</b>				
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.21	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		16.64	31.00
32.00	Sum of lines 30 and 31		18.85	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.01	33.00
34.00	Disproportionate share adjustment (see instructions)		955,288	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		20,313,958	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		24,126,371	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		23,173,268	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part A Date/Time Prepared: 11/28/2011 3:42 pm	
		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)		1,579,970		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)		24,753,238		59.00
60.00	Primary payer payments		14,304		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		24,738,934		61.00
62.00	Deductibles billed to program beneficiaries		2,315,708		62.00
63.00	Coinsurance billed to program beneficiaries		13,507		63.00
64.00	Allowable bad debts (see instructions)		452,607		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		316,825		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		285,385		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,726,544		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		0		70.96
70.97	Low Volume Payment-2		0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,726,544		71.00
72.00	Interim payments		22,540,207		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)		186,337		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		328,382		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part B Date/Time Prepared: 11/28/2011 3:42 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		6,645	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		11,994,302	2.00
3.00	PPS payments		9,260,810	3.00
4.00	Outlier payment (see instructions)		89,342	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.787	5.00
6.00	Line 2 times line 5		9,439,516	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		99.05	7.00
8.00	Transitional corridor payment (see instructions)		75,959	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)		6,645	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		27,915	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)		27,915	14.00
<b>Customary charges</b>				
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)		27,915	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21,270	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)		6,645	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)		9,426,111	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		2,185,151	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)		7,247,605	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)		7,247,605	30.00
31.00	Primary payer payments		371	31.00
32.00	Subtotal (line 30 minus line 31)		7,247,234	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		367,203	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		257,042	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		238,839	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,504,276	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		7,504,276	40.00
41.00	Interim payments		7,521,388	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)		-17,112	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140043		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/28/2011 3:42 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,005,996		7,513,009	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	11/12/2010	534,211	11/12/2010	8,379	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)		534,211		8,379	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)		22,540,207		7,521,388	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		186,337		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		17,112	6.02	
7.00	Total Medicare program liability (see instructions)		22,726,544		7,504,276	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: 140043 Component CCN: 14U043		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/28/2011 3:42 pm	
		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		2,113		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)		2,113		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)		2,113		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 - SWING BEDS		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet E-2	
		Component CCN: 14U043		Date/Time Prepared: 11/28/2011 3:42 pm	
		Title XVIII	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		2,113	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		9	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)		2,113	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		2,113	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)		2,113	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	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)		2,113	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)		2,113	0	19.00
20.00	Interim payments		2,113	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		0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet E-3 Part II Date/Time Prepared: 11/28/2011 3:42 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			0 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			44.742466 9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			0 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			0 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			0 18.00
19.00	Deductibles			0 19.00
20.00	Subtotal (line 18 minus line 19)			0 20.00
21.00	Coinsurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			0 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			0 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			0 31.00
32.00	Interim payments			22,540,207 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			-22,540,207 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet E-3 Part III Date/Time Prepared: 11/28/2011 3:42 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			0 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			0 3.00
4.00	Outlier Payments			0 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			44.742466 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$ .			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			0 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			0 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			0 19.00
20.00	Deductibles			0 20.00
21.00	Subtotal (line 19 minus line 20)			0 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			0 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			0 32.00
33.00	Interim payments			22,540,207 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			-22,540,207 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)      Provider CCN: 140043      Period: From 05/01/2010 To 04/30/2011      Worksheet G  
 Date/Time Prepared: 11/28/2011 3:42 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	3,558,817	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	38,079,560	0	0	0	4.00
5.00	Other receivable	5,622,859	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-26,942,477	0	0	0	6.00
7.00	Inventory	2,166,207	0	0	0	7.00
8.00	Prepaid expenses	1,835,381	0	0	0	8.00
9.00	Other current assets	173,419	0	0	0	9.00
10.00	Due from other funds	128	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	24,493,894	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,550,502	0	0	0	12.00
13.00	Land improvements	2,001,920	0	0	0	13.00
14.00	Accumulated depreciation	-1,399,195	0	0	0	14.00
15.00	Buildings	88,390,631	0	0	0	15.00
16.00	Accumulated depreciation	-43,488,595	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	373,974	0	0	0	19.00
20.00	Accumulated depreciation	-281,153	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	49,381,252	0	0	0	23.00
24.00	Accumulated depreciation	-33,236,270	0	0	0	24.00
25.00	Minor equipment depreciable	5,580,868	0	0	0	25.00
26.00	Accumulated depreciation	-4,881,269	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)	64,992,665	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	45,043,945	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	19,358,191	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	64,402,136	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	153,888,695	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	10,572,051	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,971,614	0	0	0	38.00
39.00	Payroll taxes payable	163,852	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,469,301	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	805,921	0	0	0	43.00
44.00	Other current liabilities	2,948,021	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,930,760	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	1,210,753	0	0	0	46.00
47.00	Notes payable	30,059,251	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)	31,270,004	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	56,200,764	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	97,687,931				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)	97,687,931	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	153,888,695	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet G-1

Date/Time Prepared:  
11/28/2011 3:42 pm

	General Fund		Special Purpose Fund		
	1.00	2.00	3.00	4.00	
	1.00		91,625,798		
2.00		9,203,622			2.00
3.00		100,829,420		0	3.00
4.00	0		0		4.00
5.00	0		0		5.00
6.00	0		0		6.00
7.00	0		0		7.00
8.00	0		0		8.00
9.00	0		0		9.00
10.00		0		0	10.00
11.00		100,829,420		0	11.00
12.00	3,141,489		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		3,141,489		0	18.00
19.00		97,687,931		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet G-1

Date/Time Prepared:  
11/28/2011 3:42 pm

		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	Additions (credit adjustments) (specify)	0		0		4.00	
5.00		0		0		5.00	
6.00		0		0		6.00	
7.00		0		0		7.00	
8.00		0		0		8.00	
9.00		0		0		9.00	
10.00	Total additions (sum of line 4-9)		0		0	10.00	
11.00	Subtotal (line 3 plus line 10)		0		0	11.00	
12.00	FORGIVENESS OF BAD DEBT	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: 140043

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet G-2 Parts

Date/Time Prepared:  
11/28/2011 3:42 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	24,565,970		24,565,970	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	10,524		10,524	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)	24,576,494		24,576,494	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	4,631,554		4,631,554	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)	4,631,554		4,631,554	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	29,208,048		29,208,048	17.00
18.00	Ancillary services	123,379,658	189,715,714	313,095,372	18.00
19.00	Outpatient services	10,973,301	31,292,351	42,265,652	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,645,406	1,645,406	22.00
23.00	AMBULANCE SERVICES	6,370	4,053,750	4,060,120	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	PHYSICIAN PROFESSIONAL CHARGES	8,143,769	19,698,312	27,842,081	27.00
27.01	HOME INFUSION	0	687,796	687,796	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	171,711,146	247,093,329	418,804,475	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		113,409,345		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	INTEREST EXPENSE	1,098,171			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)		1,098,171		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		112,311,174		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet G-3 Date/Time Prepared: 11/28/2011 3:42 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	418,804,475	1.00
2.00	Less contractual allowances and discounts on patients' accounts	303,436,793	2.00
3.00	Net patient revenues (line 1 minus line 2)	115,367,682	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	112,311,174	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,056,508	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	17,141	6.00
7.00	Income from investments	985,191	7.00
8.00	Revenues from telephone and telegraph service	129	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	1,873	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	572,613	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	35,891	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	285	20.00
21.00	Rental of vending machines	5,713	21.00
22.00	Rental of hospital space	2,346,721	22.00
23.00	Governmental appropriations	525,638	23.00
24.00	OTHER MISCELLANEOUS	2,128,035	24.00
24.01	CHANGE IN NET EQUITY OF INVESTEES	638,757	24.01
25.00	Total other income (sum of lines 6-24)	7,257,987	25.00
26.00	Total (line 5 plus line 25)	10,314,495	26.00
27.00	LOSS ON DISPOSAL	12,702	27.00
27.01	INTEREST EXPENSE	1,098,171	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1,110,873	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	9,203,622	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 140043 HHA CCN: 147562		Period: From 05/01/2010 To 04/30/2011		Worksheet H Date/Time Prepared: 11/28/2011 3:42 pm PPS	
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	106,227	0	33,680	0	143,786	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	626,204	0	0	0	0	6.00
7.00	Physical Therapy	134,965	0	1,290	0	0	7.00
8.00	Occupational Therapy	0	0	0	15,328	0	8.00
9.00	Speech Pathology	8,477	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	18,204	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	894,077	0	34,970	15,328	143,786	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: 140043 HHA CCN: 147562		Period: From 05/01/2010 To 04/30/2011		Worksheet H Date/Time Prepared: 11/28/2011 3:42 pm PPS	
		Home Health Agency I					
		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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	283,693	-88,263	195,430	-835	194,595	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	626,204	0	626,204	0	626,204	6.00
7.00	Physical Therapy	136,255	0	136,255	0	136,255	7.00
8.00	Occupational Therapy	15,328	0	15,328	0	15,328	8.00
9.00	Speech Pathology	8,477	0	8,477	0	8,477	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	18,204	0	18,204	0	18,204	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,088,161	-88,263	999,898	-835	999,063	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: 140043	Period: From 05/01/2010	Worksheet H-1 Part I Date/Time Prepared: 11/28/2011 3:42 pm
	HHA CCN: 147562	To 04/30/2011	
		Home Health Agency I	PPS

	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			
<b>GENERAL SERVICE COST CENTERS</b>						
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	194,595	0	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	626,204	0	0	0	6.00
7.00	Physical Therapy	136,255	0	0	0	7.00
8.00	Occupational Therapy	15,328	0	0	0	8.00
9.00	Speech Pathology	8,477	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	18,204	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
<b>HHA NONREIMBURSABLE SERVICES</b>						
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	All Others	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	999,063	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet H-1 Part I Date/Time Prepared: 11/28/2011 3:42 pm
		HHA CCN: 147562	Home Health Agency I	PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	194,595	194,595	5.00
<b>HHA REIMBURSABLE SERVICES</b>				
6.00	Skilled Nursing Care	626,204	151,474	777,678
7.00	Physical Therapy	136,255	32,959	169,214
8.00	Occupational Therapy	15,328	3,708	19,036
9.00	Speech Pathology	8,477	2,051	10,528
10.00	Medical Social Services	0	0	0
11.00	Home Health Aide	18,204	4,403	22,607
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others	0	0	0
24.00	Total (sum of lines 1-23)	804,468		999,063

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140043	Period: From 05/01/2010	Worksheet H-1 Part II Date/Time Prepared: 11/28/2011 3:42 pm
	HHA CCN: 147562	To 04/30/2011	
		Home Health Agency I	PPS

	Capital Related Costs				Transportation (MILEAGE)	Reconciliation	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)				
	1.00	2.00	3.00	4.00			
<b>GENERAL SERVICE COST CENTERS</b>							
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	-194,595	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-194,595	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: 140043	Period:	Worksheet H-1
	HHA CCN: 147562	From 05/01/2010 To 04/30/2011	Part II Date/Time Prepared: 11/28/2011 3:42 pm
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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	804,468	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	626,204	6.00
7.00	Physical Therapy	136,255	7.00
8.00	Occupational Therapy	15,328	8.00
9.00	Speech Pathology	8,477	9.00
10.00	Medical Social Services	0	10.00
11.00	Home Health Aide	18,204	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>			
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	All Others	0	23.00
24.00	Total (sum of lines 1-23)	804,468	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	194,595	25.00
26.00	Unit Cost Multiplier	0.241893	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140043 HHA CCN: 147562	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part I Date/Time Prepared: 11/28/2011 3:42 pm PPS
			Home Health Agency I	

	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	15,294	13,144	58,058	86,496	1.00
2.00	Skilled Nursing Care	777,678	0	0	342,248	1,119,926	2.00
3.00	Physical Therapy	169,214	0	0	73,764	242,978	3.00
4.00	Occupational Therapy	19,036	0	0	0	19,036	4.00
5.00	Speech Pathology	10,528	0	0	4,633	15,161	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	22,607	0	0	9,949	32,556	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	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	999,063	15,294	13,144	488,652	1,516,153	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: 140043 HHA CCN: 147562		Period: From 05/01/2010 To 04/30/2011		Worksheet H-2 Part I Date/Time Prepared: 11/28/2011 3:42 pm PPS	
		Home Health Agency I					
		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	22,561	0	38,011	0	17,966	1.00
2.00	Skilled Nursing Care	292,113	0	0	0	0	2.00
3.00	Physical Therapy	63,376	0	0	0	0	3.00
4.00	Occupational Therapy	4,965	0	0	0	0	4.00
5.00	Speech Pathology	3,954	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	8,492	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	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	395,461	0	38,011	0	17,966	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: 140043	Period: From 05/01/2010	Worksheet H-2
		HHA CCN: 147562	To 04/30/2011	Part I
				Date/Time Prepared: 11/28/2011 3:42 pm
			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	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 All Others	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: 140043	Period: From 05/01/2010	Worksheet H-2
		HHA CCN: 147562	To 04/30/2011	Part I
				Date/Time Prepared: 11/28/2011 3:42 pm
			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	13,522	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	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	13,522	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: 140043	Period: From 05/01/2010	Worksheet H-2 Part I Date/Time Prepared: 11/28/2011 3:42 pm
	HHA CCN: 147562	To 04/30/2011	
		Home Health Agency I	PPS

		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	178,556	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,412,039	2.00
3.00	Physical Therapy	0	0	0	0	306,354	3.00
4.00	Occupational Therapy	0	0	0	0	24,001	4.00
5.00	Speech Pathology	0	0	0	0	19,115	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	41,048	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	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	1,981,113	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: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part I Date/Time Prepared: 11/28/2011 3:42 pm
		HHA CCN: 147562	Home Health Agency I	PPS

		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	178,556			1.00
2.00	Skilled Nursing Care	0	1,412,039	139,873	1,551,912	2.00
3.00	Physical Therapy	0	306,354	30,347	336,701	3.00
4.00	Occupational Therapy	0	24,001	2,377	26,378	4.00
5.00	Speech Pathology	0	19,115	1,893	21,008	5.00
6.00	Medical Social Services	0	0	0	0	6.00
7.00	Home Health Aide	0	41,048	4,066	45,114	7.00
8.00	Supplies (see instructions)	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	1,981,113	178,556	1,981,113	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.			0.099057		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 STATISTICAL BASIS	Provider CCN: 140043	Period: From 05/01/2010	Worksheet H-2 Part II Date/Time Prepared: 11/28/2011 3:42 pm
	HHA CCN: 147562	To 04/30/2011	
		Home Health Agency I	PPS

	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
1.00	Administrative and General	2,029	11,571	106,227	0	86,496	1.00
2.00	Skilled Nursing Care	0	0	626,204	0	1,119,926	2.00
3.00	Physical Therapy	0	0	134,965	0	242,978	3.00
4.00	Occupational Therapy	0	0	0	0	19,036	4.00
5.00	Speech Pathology	0	0	8,477	0	15,161	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	18,204	0	32,556	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	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,029	11,571	894,077		1,516,153	20.00
21.00	Total cost to be allocated	15,294	13,144	488,652		395,461	21.00
22.00	Unit cost multiplier	7.537703	1.135943	0.546544		0.260832	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part II
	HHA CCN: 147562		Date/Time Prepared: 11/28/2011 3:42 pm
		Home Health Agency I	PPS

	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	2,029	2,029	0	2,029	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 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,029	2,029	0	2,029	0	20.00
21.00 Total cost to be allocated	0	38,011	0	17,966	0	21.00
22.00 Unit cost multiplier	0.000000	18.733859	0.000000	8.854608	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140043 HHA CCN: 147562	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part II Date/Time Prepared: 11/28/2011 3:42 pm PPS
		Home Health Agency I	

	CAFETERIA (FULL TIME EQUIVALENTS)	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	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 All Others	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: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part II
	HHA CCN: 147562	Home Health Agency I	Date/Time Prepared: 11/28/2011 3:42 pm PPS

	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
1.00 Administrative and General	1,645,406	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 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,645,406	0	0	0	0	20.00
21.00 Total cost to be allocated	13,522	0	0	0	0	21.00
22.00 Unit cost multiplier	0.008218	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part II
	HHA CCN: 147562	Home Health Agency I	Date/Time Prepared: 11/28/2011 3:42 pm PPS

	INTERNS & RESIDENTS			PARAMED. ED. 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	All Others	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: 140043 HHA CCN: 147562		Period: From 05/01/2010 To 04/30/2011		Worksheet H-3 Parts I-III Date/Time Prepared: 11/28/2011 3:42 pm	
			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	1,551,912		1,551,912	7,144	1.00	
2.00	Physical Therapy	3.00	336,701	0	336,701	1,855	2.00	
3.00	Occupational Therapy	4.00	26,378	0	26,378	142	3.00	
4.00	Speech Pathology	5.00	21,008	0	21,008	127	4.00	
5.00	Medical Social Services	6.00	0		0	0	5.00	
6.00	Home Health Aide	7.00	45,114		45,114	530	6.00	
7.00	Total (sum of lines 1-6)		1,981,113	0	1,981,113	9,798	7.00	
Program Visits								
Cost Center Description		Cost Limits	CBSA No. (1)	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	0	0		8.00	
9.00	Physical Therapy		99914	0	0		9.00	
10.00	Occupational Therapy		99914	0	0		10.00	
11.00	Speech Pathology		99914	0	0		11.00	
12.00	Medical Social Services		99914	0	0		12.00	
13.00	Home Health Aide		99914	0	0		13.00	
14.00	Total (sum of lines 8-13)			0	0		14.00	
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 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	3,725	3,725	4,904	15.00	
16.00	Cost of Drugs	9.00	0	43	43	182	16.00	
Cost Center Description			From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	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	0.497715	0	0	1.00	
2.00	Occupational Therapy		67.00	0.549558	0	0	2.00	
3.00	Speech Pathology		68.00	0.782202	0	0	3.00	
4.00	Cost of Medical Supplies		71.00	0.759644	4,904	3,725	4.00	
5.00	Cost of Drugs		73.00	0.238053	182	43	5.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140043 HHA CCN: 147562	Period: From 05/01/2010 To 04/30/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 11/28/2011 3:42 pm PPS		
		Title XVIII	Home Health Agency I			
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	217.23	2,834	1,980	1.00	
2.00	Physical Therapy	181.51	820	155	2.00	
3.00	Occupational Therapy	185.76	44	11	3.00	
4.00	Speech Pathology	165.42	62	15	4.00	
5.00	Medical Social Services	0.00	0	0	5.00	
6.00	Home Health Aide	85.12	349	103	6.00	
7.00	Total (sum of lines 1-6)		4,109	2,264	7.00	
Cost Center Description		5.00	6.00	7.00	8.00	9.00
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)	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	0.759584	1,733	3,171	0	15.00
16.00	Cost of Drugs	0.236264	0	182	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		
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: 140043	Period: From 05/01/2010	Worksheet H-3 Parts I-11 Date/Time Prepared: 11/28/2011 3:42 pm
	HHA CCN: 147562	To 04/30/2011	
	Title XVIII	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 & Coinsurance	Subject to Deductibles & Coinsurance			
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	615,630	430,115		1,045,745	1.00
2.00	Physical Therapy	148,838	28,134		176,972	2.00
3.00	Occupational Therapy	8,173	2,043		10,216	3.00
4.00	Speech Pathology	10,256	2,481		12,737	4.00
5.00	Medical Social Services	0	0		0	5.00
6.00	Home Health Aide	29,707	8,767		38,474	6.00
7.00	Total (sum of lines 1-6)	812,604	471,540		1,284,144	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 & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	1,316	2,409	0		15.00
16.00	Cost of Drugs	0	43	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140043 HHA CCN: 147562	Period: From 05/01/2010 To 04/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 11/28/2011 3:42 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	43	0
2.00	Total charges	0	182	0
<b>Customary Charges</b>				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	182	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	139	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	43
11.00	Total PPS Reimbursement - Full Episodes without Outliers		677,107	337,140
12.00	Total PPS Reimbursement - Full Episodes with Outliers		7,067	10,971
13.00	Total PPS Reimbursement - LUPA Episodes		12,658	11,475
14.00	Total PPS Reimbursement - PEP Episodes		791	7,115
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		697,623	366,744
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		697,623	366,744
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		697,623	366,744
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		697,623	366,744
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		697,623	366,744
32.00	Interim payments (see instructions)		697,623	366,846
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	-102
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140043	Period: From 05/01/2010	Worksheet H-5
	HHA CCN: 147562	To 04/30/2011	Date/Time Prepared: 11/28/2011 3:42 pm
		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		697,623		366,846	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)		697,623		366,846	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		102	6.02
7.00	Total Medicare program liability (see instructions)		697,623		366,744	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: 140043	Period: From 05/01/2010 To 04/30/2011	Worksheet L Parts I-III Date/Time Prepared: 11/28/2011 3:42 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,539,141	1.00
2.00	Capital DRG outlier payments		40,829	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		48.74	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)		1,579,970	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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