

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: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/27/2012 10:16 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/27/2012	Time: 10:16 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHERN ILLINOIS MEDICAL CENTER for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 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			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	15,272	60,523	0	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	26,833	-9	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 Skilled Nursing Facility	0	0	0	0	0
8.00 Nursing Facility	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	42,105	60,514	0	0

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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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 1/27/2012 Time: 10:16 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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Encryption Information
 ECR: Date: 1/27/2012 Time: 10:16 am
 HUFq4TGmPoa8C0q_EBaGi5J8Xyhh30
 dkIhgON363Qj7N8r1RY5Zo6DY7W8: 9
 .bmB1uelYjOqx0en
 PI: Date: 1/27/2012 Time: 10:16 am
 1nU80DZInxUwGXghpaxiQj134al fGO
 wDC9600P7tD6a0Q.RsXJFBi vEaknuZ
 r.F9Xrqf0a0mWj06

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	15,272	60,523	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	26,833	-9	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 Skilled Nursing Facility	0	0	0	0	0	7.00
8.00 Nursing Facility	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	42,105	60,514	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: 140116		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/27/2012 10:16 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 4201 MEDICAL CENTER DRIVE			PO Box:							1.00	
2.00	City: MCHENRY			State: IL		Zip Code: 60050-		County: MCHENRY			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		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		NORTHERN ILLINOIS MEDICAL CENTER		140116	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		NIMC REHABILITATION UNIT		14T116	16974	5	07/01/1985	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF							N	N	N		7.00
8.00	Swing Beds - NF							N		N		8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC		NIMC HOME HEALTH AGENCY		147455	16974		07/01/1986	N	P	N	13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FOHC											16.00
17.00	Hospital-Based (CMHC) 1											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2010		06/30/2011		20.00	
21.00	Type of Control (see instructions)								2		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.								0		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.			4,424	137	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			146	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.										1	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.										1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.										0	35.00
							Beginning:		Ending:			
							1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.											36.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/27/2012 10:16 am		
		Beginning:	Ending:			
		1.00	2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		67.00
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			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	76.00
						1.00		
80.00	Long Term Care Hospital PPS Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					N		80.00

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				1.00		
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00	
			V	XIX		
			1.00	2.00		
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00	
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.		2,000,000	35,000,000	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	N	120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140116		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/27/2012 10:16 am	
				1.00			2.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y		14H122		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: NAME: CENTEGRA HEALTH SYSTEM		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131				141.00
142.00	Street: STREET: STREET: 385 MILLENNIUM DR		PO Box:						142.00
143.00	City: CRYSTAL LAKE		State: IL		Zip Code: 60012				143.00
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?				Y				144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y				145.00
								1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N				149.00
				Part A		Part B			
				1.00		2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital				N		N		155.00
156.00	Subprovider - IPF				N		N		156.00
157.00	Subprovider - IRF				N		N		157.00
158.00	Subprovider - Other				N		N		158.00
159.00	SNF				N		N		159.00
160.00	HHA				N		N		160.00
161.00	CMHC				N		N		161.00
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N				165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5								0.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				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: 140116		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part II Date/Time Prepared: 1/27/2012 10:16 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			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)			N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	12/15/2011		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: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/27/2012 10:16 am
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		Part A				
		Description	Y/N	Date		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					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.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					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					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					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.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					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.					35.00
					Y/N	Date
					1.00	2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					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.					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.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
1/27/2012 10:16 am

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/15/2011	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: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/27/2012 10:16 am
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Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	
	Line Number				
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	139	50,735	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)		139	50,735	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		157	57,305	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		172			27.00
28.00 Observation Bed Days					28.00
28.02 SUBPROVIDER - IRF	41.00				28.02
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: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2012 10:16 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	19,077	3,524	34,913		1.00
2.00 HMO		0	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	19,077	3,524	34,913		7.00
8.00 INTENSIVE CARE UNIT	0	3,025	383	5,310		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		751	2,023		13.00
14.00 Total (see instructions)	0	22,102	4,658	42,246		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	2,653	146	3,850		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	25,389	1,800	33,664		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		580	1,578		28.00
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2012 10:16 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,656	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	1,078.53	0.00	0	4,656	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	19.56	0.00	0	202	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	41.63	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	1,139.72	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
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: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
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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)	1,137	10,089		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)	1,137	10,089		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	11	295		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
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: 140116		Period: From 07/01/2010 To 06/30/2011		Worksheet S-3 Part II Date/Time Prepared: 1/27/2012 10:16 am	
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)		
	1.00	2.00	2.50	3.00	4.00		

PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	83,342,330	0	-11,849,915	71,492,415	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0	4.01
5.00	Physician-Part B		0	0	0	0	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
7.01	Contracted interns and residents (in approved programs)		0	0	0	0	7.01
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)		4,009,456	0	50,020	4,059,476	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		440,831	0	0	440,831	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		223,733	0	0	223,733	13.00
14.00	Home office salaries & wage-related costs		21,246,878	0	0	21,246,878	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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17,392,778	0	0	17,392,778	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		1,043,330	0	0	1,043,330	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	871,940	0	-871,940	0	26.00
27.00	Administrative & General	5.00	15,259,153	0	-13,081,229	2,177,924	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	1,361,597	0	9,959	1,371,556	30.00
31.00	Laundry & Linen Service	8.00	71,601	0	543	72,144	31.00
32.00	Housekeeping	9.00	1,445,140	0	18,505	1,463,645	32.00
33.00	Housekeeping under contract (see instructions)		256,997	0	0	256,997	33.00
34.00	Dietary	10.00	1,576,537	0	-526,054	1,050,483	34.00
35.00	Dietary under contract (see instructions)		461,315	0	0	461,315	35.00
36.00	Cafeteria	11.00	0	0	546,397	546,397	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,877,523	0	7,520	1,885,043	38.00
39.00	Central Services and Supply	14.00	444,298	0	6,471	450,769	39.00
40.00	Pharmacy	15.00	2,558,871	0	31,202	2,590,073	40.00
41.00	Medical Records & Medical Records Library	16.00	1,600,967	0	18,450	1,619,417	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: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/27/2012 10:16 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	2,367,252.00	30.20	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	0.00	0.00	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
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	131,604.00	30.85	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	7,637.00	57.72	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	2,010.00	111.31	13.00
14.00	Home office salaries & wage-related costs	391,048.00	54.33	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	0.00	0.00	26.00
27.00	Administrative & General	112,383.00	19.38	27.00
28.00	Administrative & General under contract (see inst.)	0.00	0.00	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	56,472.00	24.29	30.00
31.00	Laundry & Linen Service	4,678.00	15.42	31.00
32.00	Housekeeping	97,700.00	14.98	32.00
33.00	Housekeeping under contract (see instructions)	2,039.00	126.04	33.00
34.00	Dietary	61,137.00	17.18	34.00
35.00	Dietary under contract (see instructions)	5,410.00	85.27	35.00
36.00	Cafeteria	33,210.00	16.45	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	52,728.00	35.75	38.00
39.00	Central Services and Supply	23,226.00	19.41	39.00
40.00	Pharmacy	67,454.00	38.40	40.00
41.00	Medical Records & Medical Records Library	69,140.00	23.42	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: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
1/27/2012 10:16 am

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	84,060,642	0	-11,849,915	72,210,727	1.00
2.00	Excluded area salaries (see instructions)	4,009,456	0	50,020	4,059,476	2.00
3.00	Subtotal salaries (line 1 minus line 2)	80,051,186	0	-11,899,935	68,151,251	3.00
4.00	Subtotal other wages & related costs (see inst.)	21,911,442	0	0	21,911,442	4.00
5.00	Subtotal wage-related costs (see inst.)	17,392,778	0	0	17,392,778	5.00
6.00	Total (sum of lines 3 thru 5)	119,355,406	0	-11,899,935	107,455,471	6.00
7.00	Total overhead cost (see instructions)	27,785,939	0	-13,840,176	13,945,763	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/27/2012 10:16 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	2,374,701.00	30.41	1.00
2.00	Excluded area salaries (see instructions)	131,604.00	30.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)	2,243,097.00	30.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	400,695.00	54.68	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	25.52	5.00
6.00	Total (sum of lines 3 thru 5)	2,643,792.00	40.64	6.00
7.00	Total overhead cost (see instructions)	585,577.00	23.82	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/27/2012 10:16 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	451,963	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	-14,685	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	47,211	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	9,487,533	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	599,846	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	136,754	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)	762,057	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,466,101	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,883,293	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	20,819	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	272,432	22.00
23.00	Tuition Reimbursement	322,787	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,436,111	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/27/2012 10:16 am
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,172,016	0	1.00
2.00	Hospital	1,159,143	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	12,873	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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet S-4
		Component CCN: 147455		Date/Time Prepared: 1/27/2012 10:16 am
			Home Health Agency I	PPS

		1.00					
0.00	County	MCHENRY					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	4,424	34	35	4,493	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,096.00	76.00	589.00	1,761.00	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	10.75	0.00	10.75	3.00
4.00	Director(s) and Assistant Director(s)			0.86	0.00	0.86	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			17.94	0.00	17.94	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			7.10	0.00	7.10	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.20	0.00	1.20	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.54	0.00	0.54	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			3.24	0.00	3.24	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.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		16974				20.00
20.01			29404				20.01
20.02			99952				20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	9,962	620	379	139	11,100	21.00
22.00	Skilled Nursing Visit Charges	1,974,380	121,170	77,100	27,690	2,200,340	22.00
23.00	Physical Therapy Visits	8,930	32	93	86	9,141	23.00
24.00	Physical Therapy Visit Charges	1,741,155	6,240	18,135	16,770	1,782,300	24.00
25.00	Occupational Therapy Visits	1,568	0	1	2	1,571	25.00
26.00	Occupational Therapy Visit Charges	305,760	0	195	390	306,345	26.00
27.00	Speech Pathology Visits	730	0	8	8	746	27.00
28.00	Speech Pathology Visit Charges	142,350	0	1,560	1,560	145,470	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	2,775	23	4	29	2,831	31.00
32.00	Home Health Aide Visit Charges	305,250	2,530	440	3,190	311,410	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	23,965	675	485	264	25,389	33.00
34.00	Other Charges	1,910	342	70	56	2,378	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,470,805	130,282	97,500	49,656	4,748,243	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,329		174	22	1,525	36.00
37.00	Total Number of Outlier Episodes		14		0	14	37.00
38.00	Total Non-Routine Medical Supply Charges	145,498	5,446	7,668	1,874	160,486	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/27/2012 10:16 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.295894		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		15,361,980		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		97,453		5.00
6.00	Medicaid charges		63,037,062		6.00
7.00	Medicaid cost (line 1 times line 6)		18,652,288		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)		3,192,855		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		13,900		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)		3,192,855		19.00
				1.00	
				2.00	
				Total (col. 1 + col. 2)	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	17,789,631	0	17,789,631	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,263,845	0	5,263,845	21.00
22.00	Partial payment by patients approved for charity care	1,145,178	0	1,145,178	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,118,667	0	4,118,667	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		16,362,721		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		685,907		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		15,676,814		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,638,675		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		8,757,342		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,950,197		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/27/2012 10:16 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT		10,489,496	10,489,496	-4,410,612	6,078,884		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,011,082	8,011,082		2.00
4.00 EMPLOYEE BENEFITS	871,940	16,562,592	17,434,532	334,985	17,769,517		4.00
5.00 ADMINISTRATIVE & GENERAL	15,259,153	34,650,418	49,909,571	-2,546,001	47,363,570		5.00
7.00 OPERATION OF PLANT	1,361,597	2,792,230	4,153,827	9,948	4,163,775		7.00
8.00 LAUNDRY & LINEN SERVICE	71,601	670,137	741,738	543	742,281		8.00
9.00 HOUSEKEEPING	1,445,140	644,541	2,089,681	15,148	2,104,829		9.00
10.00 DIETARY	1,576,537	1,700,040	3,276,577	-1,101,469	2,175,108		10.00
11.00 CAFETERIA	0	0	0	1,121,812	1,121,812		11.00
13.00 NURSING ADMINISTRATION	1,877,523	110,997	1,988,520	-28,788	1,959,732		13.00
14.00 CENTRAL SERVICES & SUPPLY	444,298	827,110	1,271,408	6,895	1,278,303		14.00
15.00 PHARMACY	2,558,871	11,096,960	13,655,831	-10,348,020	3,307,811		15.00
16.00 MEDICAL RECORDS & LIBRARY	1,600,967	172,686	1,773,653	18,450	1,792,103		16.00
17.00 SOCIAL SERVICE	0	0	0	0	0		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	17,552,224	2,257,635	19,809,859	-1,064,449	18,745,410		30.00
31.00 INTENSIVE CARE UNIT	4,444,596	800,215	5,244,811	-65,440	5,179,371		31.00
41.00 SUBPROVIDER - IRF	1,314,687	87,559	1,402,246	-6,009	1,396,237		41.00
43.00 NURSERY	0	0	0	911,999	911,999		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	6,637,981	13,283,394	19,921,375	-9,586,530	10,334,845		50.00
51.00 RECOVERY ROOM	946,727	134,141	1,080,868	-33,801	1,047,067		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	1,234,244	1,234,244		52.00
53.00 ANESTHESIOLOGY	119,296	588,196	707,492	-42,339	665,153		53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,942,605	2,405,331	6,347,936	3,075	6,351,011		54.00
55.00 RADIOLOGY-THERAPEUTIC	1,884,201	625,390	2,509,591	4,701	2,514,292		55.00
56.00 RADIOISOTOPE	468,308	1,334,154	1,802,462	6,524	1,808,986		56.00
57.00 CT SCAN	671,712	511,307	1,183,019	-25,106	1,157,913		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	307,990	202,595	510,585	3,541	514,126		58.00
59.00 CARDIAC CATHETERIZATION	1,484,772	5,777,952	7,262,724	-4,806,052	2,456,672		59.00
60.00 LABORATORY	2,248,534	4,563,815	6,812,349	-67,545	6,744,804		60.00
65.00 RESPIRATORY THERAPY	1,129,946	459,501	1,589,447	-63,329	1,526,118		65.00
66.00 PHYSICAL THERAPY	3,838,473	761,333	4,599,806	25,395	4,625,201		66.00
67.00 OCCUPATIONAL THERAPY	667,527	13,726	681,253	5,464	686,717		67.00
68.00 SPEECH PATHOLOGY	354,589	7,844	362,433	3,260	365,693		68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
70.01 NEUROLOGY	59,462	5,379	64,841	-1,516	63,325		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,229,130	7,229,130		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,024,161	9,024,161		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	10,284,768	10,284,768		73.00
76.00 RADIOLOGY	605,632	44,552	650,184	2,383	652,567		76.00
76.97 CARDIAC REHABILITATION	481,016	221,818	702,834	6,981	709,815		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	375,565	124,000	499,565	-5,828	493,737		90.00
91.00 EMERGENCY	4,043,693	1,318,571	5,362,264	-245,994	5,116,270		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
97.00 DURABLE MEDICAL EQUIP. - SOLD	398	89,626	90,024	0	90,024		97.00
101.00 HOME HEALTH AGENCY	2,633,458	416,635	3,050,093	34,144	3,084,237		101.00
SPECIAL PURPOSE COST CENTERS							
113.00 INTEREST EXPENSE		3,850,572	3,850,572	-3,850,572	0		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	83,281,019	119,602,448	202,883,467	-767	202,882,700		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	600	600	0	600		190.00
192.01 OCCUPATIONAL HEALTH	61,311	69,906	131,217	767	131,984		192.01
192.02 FLIGHT FOR LIFE	0	0	0	0	0		192.02
192.04 WELLNESS PROGRAM	0	0	0	0	0		192.04
200.00 TOTAL (SUM OF LINES 118-199)	83,342,330	119,672,954	203,015,284	0	203,015,284		200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/27/2012 10:16 am
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Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
	6.00	7.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	-3,600,470	2,478,414	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	8,011,082	2.00
4.00 EMPLOYEE BENEFITS	-725,273	17,044,244	4.00
5.00 ADMINISTRATIVE & GENERAL	-13,678,961	33,684,609	5.00
7.00 OPERATION OF PLANT	-649,109	3,514,666	7.00
8.00 LAUNDRY & LINEN SERVICE	0	742,281	8.00
9.00 HOUSEKEEPING	-166,719	1,938,110	9.00
10.00 DIETARY	0	2,175,108	10.00
11.00 CAFETERIA	-856,965	264,847	11.00
13.00 NURSING ADMINISTRATION	-1,995	1,957,737	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,278,303	14.00
15.00 PHARMACY	0	3,307,811	15.00
16.00 MEDICAL RECORDS & LIBRARY	-7,750	1,784,353	16.00
17.00 SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-291,354	18,454,056	30.00
31.00 INTENSIVE CARE UNIT	0	5,179,371	31.00
41.00 SUBPROVIDER - IRF	0	1,396,237	41.00
43.00 NURSERY	0	911,999	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	-567,876	9,766,969	50.00
51.00 RECOVERY ROOM	0	1,047,067	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,234,244	52.00
53.00 ANESTHESIOLOGY	-28,029	637,124	53.00
54.00 RADIOLOGY-DIAGNOSTIC	-51,253	6,299,758	54.00
55.00 RADIOLOGY-THERAPEUTIC	-38,332	2,475,960	55.00
56.00 RADIOISOTOPE	0	1,808,986	56.00
57.00 CT SCAN	0	1,157,913	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	514,126	58.00
59.00 CARDIAC CATHETERIZATION	0	2,456,672	59.00
60.00 LABORATORY	-520,067	6,224,737	60.00
65.00 RESPIRATORY THERAPY	-69,672	1,456,446	65.00
66.00 PHYSICAL THERAPY	0	4,625,201	66.00
67.00 OCCUPATIONAL THERAPY	0	686,717	67.00
68.00 SPEECH PATHOLOGY	0	365,693	68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 NEUROLOGY	0	63,325	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,229,130	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	9,024,161	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	10,284,768	73.00
76.00 RADIOLOGY	0	652,567	76.00
76.97 CARDIAC REHABILITATION	-111,842	597,973	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0	493,737	90.00
91.00 EMERGENCY	22,148	5,138,418	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS			
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	90,024	97.00
101.00 HOME HEALTH AGENCY	-11,558	3,072,679	101.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-21,355,077	181,527,623	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	600	190.00
192.01 OCCUPATIONAL HEALTH	0	131,984	192.01
192.02 FLIGHT FOR LIFE	0	0	192.02
192.04 WELLNESS PROGRAM	0	0	192.04
200.00 TOTAL (SUM OF LINES 118-199)	-21,355,077	181,660,207	200.00

RECLASSIFICATIONS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6
Date/Time Prepared:
1/27/2012 10:16 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPITAL RECLASS					
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	8,011,082	1.00
	EQUIP				
	TOTALS		0	8,011,082	
B - SHARED FOOD RECLASS					
1.00	CAFETERIA	11.00	546,397	575,415	1.00
	TOTALS		546,397	575,415	
C - MED SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,231,889	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,024,161	2.00
3.00		0.00	0	0	3.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	424	5.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
	TOTALS		0	16,256,474	
D - NURSERY					
1.00	NURSERY	43.00	725,103	186,896	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	981,310	252,934	2.00
	TOTALS		1,706,413	439,830	
E - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,600,470	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	250,102	2.00
	TOTALS		0	3,850,572	
F - CHARGEABLE DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,284,768	1.00
	TOTALS		0	10,284,768	
H - ATO RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	37,513	0	1.00
2.00	OPERATION OF PLANT	7.00	9,959	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	543	0	3.00
4.00	HOUSEKEEPING	9.00	18,505	0	4.00
5.00	DIETARY	10.00	20,343	0	5.00
6.00	NURSING ADMINISTRATION	13.00	7,520	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	6,471	0	7.00
8.00	PHARMACY	15.00	31,202	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	18,450	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	215,376	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	45,721	0	11.00
12.00	SUBPROVIDER - IRF	41.00	14,652	0	12.00
13.00	OPERATING ROOM	50.00	94,211	0	13.00
14.00	RECOVERY ROOM	51.00	15,380	0	14.00
15.00	ANESTHESIOLOGY	53.00	1,868	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	50,352	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	27,796	0	17.00
18.00	RADIOISOTOPE	56.00	6,727	0	18.00
19.00	CT SCAN	57.00	10,969	0	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	4,640	0	20.00

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RECLASSIFICATIONS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6

Date/Time Prepared:
1/27/2012 10:16 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
21.00	CARDIAC CATHETERIZATION	59.00	18,609	0	21.00
22.00	LABORATORY	60.00	23,588	0	22.00
23.00	RESPIRATORY THERAPY	65.00	14,835	0	23.00
24.00	PHYSICAL THERAPY	66.00	55,922	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	10,320	0	25.00
26.00	SPEECH PATHOLOGY	68.00	4,041	0	26.00
27.00	NEUROLOGY	70.01	1,283	0	27.00
28.00	CARDIOLOGY	76.00	6,522	0	28.00
29.00	CARDIAC REHABILITATION	76.97	8,082	0	29.00
30.00	CLINIC	90.00	5,981	0	30.00
31.00	EMERGENCY	91.00	48,279	0	31.00
33.00	HOME HEALTH AGENCY	101.00	34,144	0	33.00
34.00	OCCUPATIONAL HEALTH	192.01	1,224	0	34.00
35.00	ADMINISTRATIVE & GENERAL	5.00	581	0	35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	331	0	36.00
TOTALS			871,940	0	
J - CENTEGRA ALLOCATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,849,915	1.00
TOTALS			0	11,849,915	
L - SOCIAL SERVICE/CASE MANAGEMENT					
1.00	ADULTS & PEDIATRICS	30.00	1,118,536	311,781	1.00
2.00	INTENSIVE CARE UNIT	31.00	151,203	42,146	2.00
TOTALS			1,269,739	353,927	
N - WORKMANS COMP					
1.00	EMPLOYEE BENEFITS	4.00	0	1,206,925	1.00
TOTALS			0	1,206,925	
500.00	Grand Total: Increases		4,394,489	52,828,908	500.00

RECLASSIFICATIONS

Provider CCN: 140116

Period: From 07/01/2010 To 06/30/2011

Worksheet A-6

Date/Time Prepared: 1/27/2012 10:16 am

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - CAPITAL RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	8,011,082		9	1.00
	TOTALS		0	8,011,082			
B - SHARED FOOD RECLASS							
1.00	DIETARY	10.00	546,397	575,415		0	1.00
	TOTALS		546,397	575,415			
C - MED SUPPLIES & IMPLANTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,937		0	1.00
2.00	OPERATION OF PLANT	7.00	0	11		0	2.00
3.00	HOUSEKEEPING	9.00	0	3,357		0	3.00
5.00	NURSING ADMINISTRATION	13.00	0	36,308		0	5.00
7.00	PHARMACY	15.00	0	94,454		0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	563,899		0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	304,510		0	9.00
10.00	SUBPROVIDER - IRF	41.00	0	20,661		0	10.00
11.00	OPERATING ROOM	50.00	0	9,680,741		0	11.00
12.00	RECOVERY ROOM	51.00	0	49,181		0	12.00
13.00	ANESTHESIOLOGY	53.00	0	44,207		0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	47,277		0	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,095		0	15.00
16.00	RADIOISOTOPE	56.00	0	203		0	16.00
17.00	CT SCAN	57.00	0	36,075		0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,099		0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	4,824,661		0	19.00
20.00	LABORATORY	60.00	0	91,133		0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	78,164		0	21.00
22.00	PHYSICAL THERAPY	66.00	0	30,527		0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	4,856		0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	781		0	24.00
25.00	NEUROLOGY	70.01	0	2,799		0	25.00
26.00	CARDIOLOGY	76.00	0	4,139		0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	1,101		0	27.00
28.00	CLINIC	90.00	0	11,809		0	28.00
29.00	EMERGENCY	91.00	0	294,273		0	29.00
30.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,759		0	30.00
31.00	OCCUPATIONAL HEALTH	192.01	0	457		0	31.00
	TOTALS		0	16,256,474			
D - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,706,413	439,830		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		1,706,413	439,830			
E - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	3,850,572		11	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		0	3,850,572			
F - CHARGEABLE DRUG COSTS							
1.00	PHARMACY	15.00	0	10,284,768		0	1.00
	TOTALS		0	10,284,768			
H - ATO RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	871,609	0		0	1.00
2.00	EMPLOYEE BENEFITS	4.00	331	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
11.00		0.00	0	0		0	11.00
12.00		0.00	0	0		0	12.00
13.00		0.00	0	0		0	13.00
14.00		0.00	0	0		0	14.00
15.00		0.00	0	0		0	15.00
16.00		0.00	0	0		0	16.00
17.00		0.00	0	0		0	17.00
18.00		0.00	0	0		0	18.00
19.00		0.00	0	0		0	19.00
20.00		0.00	0	0		0	20.00
21.00		0.00	0	0		0	21.00
22.00		0.00	0	0		0	22.00

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RECLASSIFICATIONS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6

Date/Time Prepared:
1/27/2012 10:16 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
23.00		0.00	0	0	0	0		23.00
24.00		0.00	0	0	0	0		24.00
25.00		0.00	0	0	0	0		25.00
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
33.00		0.00	0	0	0	0		33.00
34.00		0.00	0	0	0	0		34.00
35.00		0.00	0	0	0	0		35.00
36.00		0.00	0	0	0	0		36.00
	TOTALS		871,940	0				
J - CENTEGRA ALLOCATION								
1.00	ADMINISTRATIVE & GENERAL	5.00	11,849,915	0	0	0		1.00
	TOTALS		11,849,915	0				
L - SOCIAL SERVICE/CASE MANAGEMENT								
1.00	ADMINISTRATIVE & GENERAL	5.00	1,269,739	353,927	0	0		1.00
2.00		0.00	0	0	0	0		2.00
	TOTALS		1,269,739	353,927				
N - WORKMANS COMP								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,206,925	0	0		1.00
	TOTALS		0	1,206,925				
500.00	Grand Total: Decreases		16,244,404	40,978,993				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/27/2012 10:16 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	65,000	0	0	0	1.00
2.00	Land Improvements	1,763,289	960	0	960	2.00
3.00	Buildings and Fixtures	66,271,719	10,665,779	0	10,665,779	3.00
4.00	Building Improvements	77,154	0	0	0	4.00
5.00	Fixed Equipment	12,588,902	0	0	0	5.00
6.00	Movable Equipment	74,756,668	5,413,769	0	5,413,769	6.00
7.00	HIT designated Assets	1,321,464	5,890,700	0	5,890,700	7.00
8.00	Subtotal (sum of lines 1-7)	156,844,196	21,971,208	0	21,971,208	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	156,844,196	21,971,208	0	21,971,208	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	10,489,496	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,489,496	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	78,766,747	0	78,766,747	0.440492	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	100,048,657	0	100,048,657	0.559508	2.00
3.00	Total (sum of lines 1-2)	178,815,404	0	178,815,404	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	65,000	0		1.00	
2.00	Land Improvements	1,764,249	0		2.00	
3.00	Buildings and Fixtures	76,937,498	0		3.00	
4.00	Building Improvements	77,154	0		4.00	
5.00	Fixed Equipment	12,588,902	0		5.00	
6.00	Movable Equipment	80,170,437	0		6.00	
7.00	HIT designated Assets	7,212,164	0		7.00	
8.00	Subtotal (sum of lines 1-7)	178,815,404	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	178,815,404	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	10,489,496		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	10,489,496		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,478,414	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,011,082	0
3.00	Total (sum of lines 1-2)	0	0	0	10,489,496	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,478,414	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,011,082	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,489,496	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
1/27/2012 10:16 am

		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
1.00	Investment income - buildings and fixtures (chapter 2)	B	-2,545,875	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00
3.00	Investment income - other (chapter 2)	B	-163,149	ADMINISTRATIVE & GENERAL	5.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-116,654	OPERATION OF PLANT	7.00
8.00	Television and radio service (chapter 21)	A	-225,892	OPERATION OF PLANT	7.00
9.00	Parking lot (chapter 21)		0		0.00
10.00	Provider-based physician adjustment	A-8-2	-1,488,175		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00
12.00	Related organization transactions (chapter 10)	A-8-1	-7,768,032		12.00
13.00	Laundry and linen service		0		0.00
14.00	Cafeteria-employees and guests	B	-803,985	CAFETERIA	11.00
15.00	Rental of quarters to employee and others		0		0.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00
17.00	Sale of drugs to other than patients		0		0.00
18.00	Sale of medical records and abstracts	B	-7,750	MEDICAL RECORDS & LIBRARY	16.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00
20.00	Vending machines		0		0.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00
26.00	Depreciation - buildings and fixtures			NEW CAP REL COSTS-BLDG & FIXT	1.00
27.00	Depreciation - movable equipment			NEW CAP REL COSTS-MVBLE EQUIP	2.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00
29.00	Physicians' assistant				0.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00
33.00	MEDICAL STAFF	B	-9,125	ADMINISTRATIVE & GENERAL	5.00
34.00	OTHER INCOME	B	-163,990	ADMINISTRATIVE & GENERAL	5.00
35.00	RADIOLOGY X-RAY COPY FEE	B	-6,240	RADIOLOGY-DIAGNOSTIC	54.00
36.00	NURSING EDUCATION INCOME	B	-1,995	NURSING ADMINISTRATION	13.00
37.00	MEALS ON WHEELS	B	-16,376	CAFETERIA	11.00
39.00	ER OTHER INCOME	B	-5,295	EMERGENCY	91.00
40.00	IDPA PROVIDER TAX	B	-4,950,240	ADMINISTRATIVE & GENERAL	5.00
45.00			0		0.00
45.01			0		0.00
45.02	CHILD CARE CENTER	B	-725,273	EMPLOYEE BENEFITS	4.00
45.03	NELSON BUILDING RENT	A	-11,558	HOME HEALTH AGENCY	101.00
45.04			0		0.00
45.05			0		0.00
45.06			0		0.00
45.07			0		0.00
45.08	IHA LOBBYING EXPENSE	A	-35,000	ADMINISTRATIVE & GENERAL	5.00
45.09	2002 INTEREST INCOME	A	-410	ADMINISTRATIVE & GENERAL	5.00
45.10	RELATED RENATL	A	-32,536	RADIOLOGY-THERAPEUTIC	55.00
45.11	2002 INTEREST INCOME	B	-6,402	NEW CAP REL COSTS-BLDG & FIXT	1.00

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ADJUSTMENTS TO EXPENSES

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
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		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
45.12	1998/2002 INTEREST EXPENSE	A	-1,048,193	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.12
45.13	1998/2002 INTEREST EXPENSE	A	-67,172	ADMINISTRATIVE & GENERAL	5.00 45.13
45.14			0		0.00 45.14
45.15	ONCOLOGY EDUCATION INCOME	B	-5,796	RADIOLOGY-THERAPEUTIC	55.00 45.15
45.16	HOUSEKEEPING SERVICES	B	-166,719	HOUSEKEEPING	9.00 45.16
45.17	MEMBERSHIP DUES	A	-2,175	ADMINISTRATIVE & GENERAL	5.00 45.17
45.18	LABORATORY INCOME	B	-431,541	LABORATORY	60.00 45.18
45.19	EXPRESSO CART EXPENSE	A	-36,604	CAFETERIA	11.00 45.19
45.20	CABLE EXPENSE	A	-225,892	OPERATION OF PLANT	7.00 45.20
45.21	OTHER INCOME	B	-1,904	ADMINISTRATIVE & GENERAL	5.00 45.21
45.22	MAINTENANCE SERVICES	B	-48,405	OPERATION OF PLANT	7.00 45.22
45.23	RELATED RENTAL	A	-13,132	RESPIRATORY THERAPY	65.00 45.23
45.24	RELATED RENTAL	A	-11,672	EMERGENCY	91.00 45.24
45.25	RELATED RENTAL	A	-91,128	CARDIAC REHABILITATION	76.97 45.25
45.26	RELATED RENTAL	A	-88,526	LABORATORY	60.00 45.26
45.27	RELATED RENTAL	A	-15,082	OPERATION OF PLANT	7.00 45.27
45.28	RELATED RENTAL	A	-17,184	OPERATION OF PLANT	7.00 45.28
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,355,077		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
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		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	MEDICAL STAFF	0	33.00
34.00	OTHER INCOME	0	34.00
35.00	RADIOLOGY X-RAY COPY FEE	0	35.00
36.00	NURSING EDUCATION INCOME	0	36.00
37.00	MEALS ON WHEELS	0	37.00
39.00	ER OTHER INCOME	0	39.00
40.00	IDPA PROVIDER TAX	0	40.00
45.00		0	45.00
45.01		0	45.01
45.02	CHILD CARE CENTER	0	45.02
45.03	NELSON BUILDING RENT	0	45.03
45.04		0	45.04
45.05		0	45.05
45.06		0	45.06
45.07		0	45.07
45.08	IHA LOBBYING EXPENSE	0	45.08
45.09	2002 INTEREST INCOME	0	45.09
45.10	RELATED RENATL	0	45.10
45.11	2002 INTEREST INCOME	11	45.11
45.12	1998/2002 INTEREST EXPENSE	11	45.12
45.13	1998/2002 INTEREST EXPENSE	0	45.13
45.14		0	45.14
45.15	ONCOLOGY EDUCATION INCOME	0	45.15
45.16	HOUSEKEEPING SERVICES	0	45.16
45.17	MEMBERSHIP DUES	0	45.17
45.18	LABORATORY INCOME	0	45.18
45.19	EXPRESSO CART EXPENSE	0	45.19
45.20	CABLE EXPENSE	0	45.20

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ADJUSTMENTS TO EXPENSES

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
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		Wkst. A-7 Ref.	
		5.00	
45.21	OTHER INCOME	0	45.21
45.22	MAINTENANCE SERVICES	0	45.22
45.23	RELATED RENTAL	0	45.23
45.24	RELATED RENTAL	0	45.24
45.25	RELATED RENTAL	0	45.25
45.26	RELATED RENTAL	0	45.26
45.27	RELATED RENTAL	0	45.27
45.28	RELATED RENTAL	0	45.28
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/27/2012 10:16 am
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	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.00	ADMINISTRATIVE & GENERAL	CENTEGRA HEALTH SYSTEM	1.00
2.00	91.00	EMERGENCY	CENTEGRA HEALTH SYSTEM	2.00
3.00	0.00			3.00
4.00	0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 140116
 Period: From 07/01/2010 To 06/30/2011
 Worksheet A-8-1
 Date/Time Prepared: 1/27/2012 10:16 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	28,376,976	36,623,867	-8,246,891	0	1.00
2.00	478,859	0	478,859	0	2.00
3.00	0	0	0	0	3.00
4.00	0	0	0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	28,855,835	36,623,867	-7,768,032	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/27/2012 10:16 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	A & G	38,905	38,905	1.00
2.00	30.00	ADULTS & PEDI	291,354	291,354	2.00
3.00	50.00	OR	567,876	567,876	3.00
4.00	53.00	ANESTHESIA	60,000	0	4.00
5.00	54.00	RADIOLOGY DIAG	74,800	18,400	5.00
6.00	55.00	RADIOLOGY THERAPUTIC	40,000	0	6.00
7.00	65.00	RESPIRATORY THERAPY	63,873	56,540	7.00
8.00	76.97	CARDIAC REHAB	30,000	0	8.00
9.00	91.00	EMERGENCY ROOM	446,900	416,900	9.00
10.00	0.00		0	0	10.00
200.00		TOTAL (lines 1.00 through 199.00)	1,613,708	1,389,975	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	60,000	200,300	332	31,971	1,599	4.00
5.00	56,400	225,300	275	29,787	1,489	5.00
6.00	40,000	177,200	931	79,314	3,966	6.00
7.00	7,333	177,200	279	23,769	1,188	7.00
8.00	30,000	177,200	109	9,286	464	8.00
9.00	30,000	177,200	84	7,156	358	9.00
10.00	0	0	0	0	0	10.00
200.00	223,733		2,010	181,283	9,064	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/27/2012 10:16 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	31,971	4.00
5.00	0	0	0	0	29,787	5.00
6.00	0	0	0	0	79,314	6.00
7.00	0	0	0	0	23,769	7.00
8.00	0	0	0	0	9,286	8.00
9.00	0	0	0	0	7,156	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	181,283	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/27/2012 10:16 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	38,905	1.00
2.00	0	291,354	2.00
3.00	0	567,876	3.00
4.00	28,029	28,029	4.00
5.00	26,613	45,013	5.00
6.00	0	0	6.00
7.00	0	56,540	7.00
8.00	20,714	20,714	8.00
9.00	22,844	439,744	9.00
10.00	0	0	10.00
200.00	98,200	1,488,175	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

Period: 07/01/2010 To 06/30/2011

Worksheet B Part I Date/Time Prepared: 1/27/2012 10:16 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	2,478,414	2,478,414				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	8,011,082		8,011,082			2.00
4.00 EMPLOYEE BENEFITS	17,044,244	40,722	131,626	17,216,592		4.00
5.00 ADMINISTRATIVE & GENERAL	33,684,609	418,281	1,352,021	524,481	35,979,392	5.00
7.00 OPERATION OF PLANT	3,514,666	189,541	612,661	330,294	4,647,162	7.00
8.00 LAUNDRY & LINEN SERVICE	742,281	4,007	12,952	17,374	776,614	8.00
9.00 HOUSEKEEPING	1,938,110	29,625	95,758	352,471	2,415,964	9.00
10.00 DIETARY	2,175,108	76,323	246,703	252,974	2,751,108	10.00
11.00 CAFETERIA	264,847	0	0	131,582	396,429	11.00
13.00 NURSING ADMINISTRATION	1,957,737	10,026	32,408	453,950	2,454,121	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,278,303	49,121	158,776	108,553	1,594,753	14.00
15.00 PHARMACY	3,307,811	25,481	82,363	623,734	4,039,389	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,784,353	8,528	27,565	389,983	2,210,429	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	18,454,056	400,316	1,293,957	4,137,172	24,285,501	30.00
31.00 INTENSIVE CARE UNIT	5,179,371	76,982	248,834	1,117,757	6,622,944	31.00
41.00 SUBPROVIDER - IRF	1,396,237	47,066	152,134	320,127	1,915,564	41.00
43.00 NURSERY	911,999	65,406	211,416	174,617	1,363,438	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	9,766,969	356,623	1,152,727	1,621,226	12,897,545	50.00
51.00 RECOVERY ROOM	1,047,067	20,018	64,706	231,692	1,363,483	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,234,244	35,858	115,907	236,316	1,622,325	52.00
53.00 ANESTHESIOLOGY	637,124	6,456	20,868	29,178	693,626	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,299,758	150,300	485,822	961,572	7,897,452	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,475,960	96,864	313,097	460,441	3,346,362	55.00
56.00 RADIOISOTOPE	1,808,986	24,180	78,157	114,397	2,025,720	56.00
57.00 CT SCAN	1,157,913	16,636	53,774	164,401	1,392,724	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	514,126	19,017	61,468	75,287	669,898	58.00
59.00 CARDIAC CATHETERIZATION	2,456,672	87,206	281,879	362,040	3,187,797	59.00
60.00 LABORATORY	6,224,737	10,155	32,824	547,166	6,814,882	60.00
65.00 RESPIRATORY THERAPY	1,456,446	1,010	3,266	275,683	1,736,405	65.00
66.00 PHYSICAL THERAPY	4,625,201	73,001	235,964	937,837	5,872,003	66.00
67.00 OCCUPATIONAL THERAPY	686,717	0	0	163,237	849,954	67.00
68.00 SPEECH PATHOLOGY	365,693	0	0	86,364	452,057	68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEUROLOGY	63,325	9,632	31,135	14,628	118,720	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,229,130	0	0	0	7,229,130	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	9,024,161	0	0	0	9,024,161	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,284,768	0	0	0	10,284,768	73.00
76.00 RADIOLOGY	652,567	12,372	39,992	147,417	852,348	76.00
76.97 CARDIAC REHABILITATION	597,973	1,327	4,290	117,783	721,373	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	493,737	21,971	71,016	91,883	678,607	90.00
91.00 EMERGENCY	5,138,418	81,871	264,637	985,416	6,470,342	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 DURABLE MEDICAL EQUIP. - SOLD	90,024	0	0	96	90,120	97.00
101.00 HOME HEALTH AGENCY	3,072,679	0	0	642,404	3,715,083	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	181,527,623	2,465,922	7,970,703	17,201,533	181,459,693	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	600	12,492	40,379	0	53,471	190.00
192.01 OCCUPATIONAL HEALTH	131,984	0	0	15,059	147,043	192.01
192.02 FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04 WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	181,660,207	2,478,414	8,011,082	17,216,592	181,660,207	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/27/2012 10:16 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	35,979,392					5.00
7.00	OPERATION OF PLANT	1,147,728	5,794,890				7.00
8.00	LAUNDRY & LINEN SERVICE	191,803	12,690	981,107			8.00
9.00	HOUSEKEEPING	596,680	93,818	0	3,106,462		9.00
10.00	DIETARY	679,452	241,702	0	131,995	3,804,257	10.00
11.00	CAFETERIA	97,908	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	606,104	31,752	0	17,340	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	393,863	155,558	0	84,951	0	14.00
15.00	PHARMACY	997,624	80,694	0	44,067	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	545,918	27,006	0	14,748	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,997,907	1,267,729	425,877	692,317	3,013,591	30.00
31.00	INTENSIVE CARE UNIT	1,635,695	243,790	80,341	133,135	458,341	31.00
41.00	SUBPROVIDER - IRF	473,095	149,051	47,403	81,398	332,325	41.00
43.00	NURSERY	336,734	207,131	12,978	113,115	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,185,358	1,129,363	98,111	616,752	0	50.00
51.00	RECOVERY ROOM	336,745	63,395	19,973	34,620	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	400,672	113,557	17,560	62,014	0	52.00
53.00	ANESTHESIOLOGY	171,308	20,445	0	11,165	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,950,465	475,975	73,833	259,933	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	826,464	306,751	0	167,519	0	55.00
56.00	RADIOISOTOPE	500,300	76,573	0	41,817	0	56.00
57.00	CT SCAN	343,967	52,684	0	28,771	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	165,447	60,222	0	32,888	0	58.00
59.00	CARDIAC CATHETERIZATION	787,303	276,165	59,367	150,816	0	59.00
60.00	LABORATORY	1,683,099	32,158	0	17,562	0	60.00
65.00	RESPIRATORY THERAPY	428,847	3,200	0	1,747	0	65.00
66.00	PHYSICAL THERAPY	1,450,232	231,182	0	126,250	0	66.00
67.00	OCCUPATIONAL THERAPY	209,917	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	111,646	0	0	0	0	68.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEUROLOGY	29,321	30,504	0	16,659	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,785,407	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,228,733	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,540,070	0	0	0	0	73.00
76.00	CARDIOLOGY	210,508	39,181	0	21,397	0	76.00
76.97	CARDIAC REHABILITATION	178,160	4,203	0	2,295	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	167,598	69,577	0	37,996	0	90.00
91.00	EMERGENCY	1,598,006	259,273	145,664	141,591	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	DURABLE MEDICAL EQUIP. - SOLD	22,257	0	0	0	0	97.00
101.00	HOME HEALTH AGENCY	917,529	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,929,870	5,755,329	981,107	3,084,858	3,804,257	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,206	39,561	0	21,604	0	190.00
192.01	OCCUPATIONAL HEALTH	36,316	0	0	0	0	192.01
192.02	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	35,979,392	5,794,890	981,107	3,106,462	3,804,257	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	494,337					11.00
13.00 NURSING ADMINISTRATION	13,000	3,122,317				13.00
14.00 CENTRAL SERVICES & SUPPLY	5,728	0	2,234,853			14.00
15.00 PHARMACY	16,631	0	0	5,178,405		15.00
16.00 MEDICAL RECORDS & LIBRARY	17,046	0	0	0	2,815,147	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	143,505	1,487,362	0	0	263,856	30.00
31.00 INTENSIVE CARE UNIT	31,293	324,355	0	0	64,047	31.00
41.00 SUBPROVIDER - IRF	10,031	103,964	0	0	20,846	41.00
43.00 NURSERY	4,923	51,026	0	0	10,819	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	50,411	522,479	0	0	350,557	50.00
51.00 RECOVERY ROOM	5,713	59,188	0	0	44,191	51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,657	69,042	0	0	14,642	52.00
53.00 ANESTHESIOLOGY	964	10,007	0	0	33,468	53.00
54.00 RADIOLOGY-DIAGNOSTIC	27,718	0	0	0	234,291	54.00
55.00 RADIOLOGY-THERAPEUTIC	11,944	0	0	0	88,305	55.00
56.00 RADIOISOTOPE	3,180	0	0	0	59,613	56.00
57.00 CT SCAN	5,369	0	0	0	237,349	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,226	0	0	0	60,986	58.00
59.00 CARDIAC CATHETERIZATION	9,385	0	0	0	101,274	59.00
60.00 LABORATORY	21,698	0	0	0	378,674	60.00
65.00 RESPIRATORY THERAPY	9,508	98,542	0	0	38,899	65.00
66.00 PHYSICAL THERAPY	27,483	0	0	0	62,719	66.00
67.00 OCCUPATIONAL THERAPY	4,108	0	0	0	11,181	67.00
68.00 SPEECH PATHOLOGY	2,190	0	0	0	8,740	68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEUROLOGY	636	0	0	0	3,103	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,005,027	0	107,641	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	1,229,826	0	132,515	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	5,178,405	350,227	73.00
76.00 RADIOLOGY	4,169	43,230	0	0	11,337	76.00
76.97 CARDIAC REHABILITATION	3,349	34,718	0	0	5,001	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	2,687	0	0	0	6,389	90.00
91.00 EMERGENCY	30,718	318,404	0	0	114,477	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 DURABLE MEDICAL EQUIP. - SOLD	5	0	0	0	0	97.00
101.00 HOME HEALTH AGENCY	21,349	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	493,624	3,122,317	2,234,853	5,178,405	2,815,147	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01 OCCUPATIONAL HEALTH	713	0	0	0	0	192.01
192.02 FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04 WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	494,337	3,122,317	2,234,853	5,178,405	2,815,147	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	37,577,645	0	37,577,645	30.00
31.00 INTENSIVE CARE UNIT	0	9,593,941	0	9,593,941	31.00
41.00 SUBPROVIDER - IRF	0	3,133,677	0	3,133,677	41.00
43.00 NURSERY	0	2,100,164	0	2,100,164	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	18,850,576	0	18,850,576	50.00
51.00 RECOVERY ROOM	0	1,927,308	0	1,927,308	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,306,469	0	2,306,469	52.00
53.00 ANESTHESIOLOGY	0	940,983	0	940,983	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	10,919,667	0	10,919,667	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	4,747,345	0	4,747,345	55.00
56.00 RADIOISOTOPE	0	2,707,203	0	2,707,203	56.00
57.00 CT SCAN	0	2,060,864	0	2,060,864	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	991,667	0	991,667	58.00
59.00 CARDIAC CATHETERIZATION	0	4,572,107	0	4,572,107	59.00
60.00 LABORATORY	0	8,948,073	0	8,948,073	60.00
65.00 RESPIRATORY THERAPY	0	2,317,148	0	2,317,148	65.00
66.00 PHYSICAL THERAPY	0	7,769,869	0	7,769,869	66.00
67.00 OCCUPATIONAL THERAPY	0	1,075,160	0	1,075,160	67.00
68.00 SPEECH PATHOLOGY	0	574,633	0	574,633	68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 NEUROLOGY	0	198,943	0	198,943	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,127,205	0	10,127,205	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	12,615,235	0	12,615,235	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	18,353,470	0	18,353,470	73.00
76.00 RADIOLOGY	0	1,182,170	0	1,182,170	76.00
76.97 CARDIAC REHABILITATION	0	949,099	0	949,099	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	962,854	0	962,854	90.00
91.00 EMERGENCY	0	9,078,475	0	9,078,475	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0		0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	112,382	0	112,382	97.00
101.00 HOME HEALTH AGENCY	0	4,653,961	0	4,653,961	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 INTEREST EXPENSE	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	181,348,293	0	181,348,293	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	127,842	0	127,842	190.00
192.01 OCCUPATIONAL HEALTH	0	184,072	0	184,072	192.01
192.02 FLIGHT FOR LIFE	0	0	0	0	192.02
192.04 WELLNESS PROGRAM	0	0	0	0	192.04
200.00 Cross Foot Adjustments	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	181,660,207	0	181,660,207	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
1/27/2012 10:16 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	40,722	131,626	172,348	4.00
5.00	ADMINISTRATIVE & GENERAL	1,462,257	418,281	1,352,021	3,232,559	5.00
7.00	OPERATION OF PLANT	86,093	189,541	612,661	888,295	7.00
8.00	LAUNDRY & LINEN SERVICE	0	4,007	12,952	16,959	8.00
9.00	HOUSEKEEPING	0	29,625	95,758	125,383	9.00
10.00	DIETARY	9,261	76,323	246,703	332,287	10.00
11.00	CAFETERIA	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	510	10,026	32,408	42,944	13.00
14.00	CENTRAL SERVICES & SUPPLY	299,441	49,121	158,776	507,338	14.00
15.00	PHARMACY	582,238	25,481	82,363	690,082	15.00
16.00	MEDICAL RECORDS & LIBRARY	11,791	8,528	27,565	47,884	16.00
17.00	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,578	400,316	1,293,957	1,700,851	30.00
31.00	INTENSIVE CARE UNIT	2,765	76,982	248,834	328,581	31.00
41.00	SUBPROVIDER - IRF	3,151	47,066	152,134	202,351	41.00
43.00	NURSERY	0	65,406	211,416	276,822	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	32,821	356,623	1,152,727	1,542,171	50.00
51.00	RECOVERY ROOM	375	20,018	64,706	85,099	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	35,858	115,907	151,765	52.00
53.00	ANESTHESIOLOGY	21,887	6,456	20,868	49,211	53.00
54.00	RADIOLOGY-DIAGNOSTIC	567,334	150,300	485,822	1,203,456	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,143	96,864	313,097	411,104	55.00
56.00	RADIOISOTOPE	565,109	24,180	78,157	667,446	56.00
57.00	CT SCAN	750	16,636	53,774	71,160	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	19,017	61,468	80,485	58.00
59.00	CARDIAC CATHETERIZATION	3,352	87,206	281,879	372,437	59.00
60.00	LABORATORY	171,805	10,155	32,824	214,784	60.00
65.00	RESPIRATORY THERAPY	86,841	1,010	3,266	91,117	65.00
66.00	PHYSICAL THERAPY	471,578	73,001	235,964	780,543	66.00
67.00	OCCUPATIONAL THERAPY	245	0	0	245	67.00
68.00	SPEECH PATHOLOGY	255	0	0	255	68.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	NEUROLOGY	0	9,632	31,135	40,767	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	CARDIOLOGY	0	12,372	39,992	52,364	76.00
76.97	CARDIAC REHABILITATION	169,350	1,327	4,290	174,967	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	67,150	21,971	71,016	160,137	90.00
91.00	EMERGENCY	281	81,871	264,637	346,789	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	97.00
101.00	HOME HEALTH AGENCY	37,388	0	0	37,388	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,661,749	2,465,922	7,970,703	15,098,374	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	12,492	40,379	52,871	190.00
192.01	OCCUPATIONAL HEALTH	63,520	0	0	63,520	192.01
192.02	FLIGHT FOR LIFE	0	0	0	0	192.02
192.04	WELLNESS PROGRAM	0	0	0	0	192.04
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,725,269	2,478,414	8,011,082	15,214,765	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/27/2012 10:16 am
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	3,237,810					5.00
7.00	OPERATION OF PLANT	103,283	994,885				7.00
8.00	LAUNDRY & LINEN SERVICE	17,260	2,179	36,572			8.00
9.00	HOUSEKEEPING	53,695	16,107	0	198,714		9.00
10.00	DIETARY	61,143	41,496	0	8,443	445,902	10.00
11.00	CAFETERIA	8,811	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	54,543	5,451	0	1,109	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	35,443	26,707	0	5,434	0	14.00
15.00	PHARMACY	89,775	13,854	0	2,819	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	49,127	4,637	0	943	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	539,801	217,646	15,875	44,287	353,227	30.00
31.00	INTENSIVE CARE UNIT	147,195	41,855	2,995	8,516	53,723	31.00
41.00	SUBPROVIDER - IRF	42,573	25,589	1,767	5,207	38,952	41.00
43.00	NURSERY	30,302	35,561	484	7,236	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	286,648	193,893	3,657	39,452	0	50.00
51.00	RECOVERY ROOM	30,303	10,884	744	2,215	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	36,056	19,496	655	3,967	0	52.00
53.00	ANESTHESIOLOGY	15,416	3,510	0	714	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	175,521	81,717	2,752	16,627	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	74,373	52,664	0	10,716	0	55.00
56.00	RADIOISOTOPE	45,022	13,146	0	2,675	0	56.00
57.00	CT SCAN	30,953	9,045	0	1,840	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	14,888	10,339	0	2,104	0	58.00
59.00	CARDIAC CATHETERIZATION	70,849	47,413	2,213	9,647	0	59.00
60.00	LABORATORY	151,461	5,521	0	1,123	0	60.00
65.00	RESPIRATORY THERAPY	38,592	549	0	112	0	65.00
66.00	PHYSICAL THERAPY	130,505	39,690	0	8,076	0	66.00
67.00	OCCUPATIONAL THERAPY	18,890	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	10,047	0	0	0	0	68.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEUROLOGY	2,639	5,237	0	1,066	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	160,667	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	200,562	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	228,579	0	0	0	0	73.00
76.00	CARDIOLOGY	18,943	6,727	0	1,369	0	76.00
76.97	CARDIAC REHABILITATION	16,033	722	0	147	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	15,082	11,945	0	2,431	0	90.00
91.00	EMERGENCY	143,803	44,513	5,430	9,057	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	DURABLE MEDICAL EQUIP. - SOLD	2,003	0	0	0	0	97.00
101.00	HOME HEALTH AGENCY	82,568	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,233,354	988,093	36,572	197,332	445,902	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,188	6,792	0	1,382	0	190.00
192.01	OCCUPATIONAL HEALTH	3,268	0	0	0	0	192.01
192.02	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	3,237,810	994,885	36,572	198,714	445,902	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
1/27/2012 10:16 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	10,128					11.00
13.00 NURSING ADMINISTRATION	266	108,858				13.00
14.00 CENTRAL SERVICES & SUPPLY	117	0	576,126			14.00
15.00 PHARMACY	341	0	0	803,116		15.00
16.00 MEDICAL RECORDS & LIBRARY	349	0	0	0	106,844	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,940	51,856	0	0	10,034	30.00
31.00 INTENSIVE CARE UNIT	641	11,308	0	0	2,436	31.00
41.00 SUBPROVIDER - IRF	206	3,625	0	0	793	41.00
43.00 NURSERY	101	1,779	0	0	411	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,033	18,216	0	0	13,331	50.00
51.00 RECOVERY ROOM	117	2,064	0	0	1,680	51.00
52.00 DELIVERY ROOM & LABOR ROOM	136	2,407	0	0	557	52.00
53.00 ANESTHESIOLOGY	20	349	0	0	1,273	53.00
54.00 RADIOLOGY-DIAGNOSTIC	568	0	0	0	8,909	54.00
55.00 RADIOLOGY-THERAPEUTIC	245	0	0	0	3,358	55.00
56.00 RADIOISOTOPE	65	0	0	0	2,267	56.00
57.00 CT SCAN	110	0	0	0	9,026	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	46	0	0	0	2,319	58.00
59.00 CARDIAC CATHETERIZATION	192	0	0	0	3,851	59.00
60.00 LABORATORY	445	0	0	0	14,193	60.00
65.00 RESPIRATORY THERAPY	195	3,436	0	0	1,479	65.00
66.00 PHYSICAL THERAPY	563	0	0	0	2,385	66.00
67.00 OCCUPATIONAL THERAPY	84	0	0	0	425	67.00
68.00 SPEECH PATHOLOGY	45	0	0	0	332	68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEUROLOGY	13	0	0	0	118	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	259,085	0	4,093	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	317,041	0	5,039	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	803,116	13,318	73.00
76.00 RADIOLOGY	85	1,507	0	0	431	76.00
76.97 CARDIAC REHABILITATION	69	1,210	0	0	190	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	55	0	0	0	243	90.00
91.00 EMERGENCY	629	11,101	0	0	4,353	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
101.00 HOME HEALTH AGENCY	437	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,113	108,858	576,126	803,116	106,844	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01 OCCUPATIONAL HEALTH	15	0	0	0	0	192.01
192.02 FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04 WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	10,128	108,858	576,126	803,116	106,844	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/27/2012 10:16 am
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Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	2,977,916	0	2,977,916	30.00
31.00 INTENSIVE CARE UNIT	0	608,441	0	608,441	31.00
41.00 SUBPROVIDER - IRF	0	324,268	0	324,268	41.00
43.00 NURSERY	0	354,444	0	354,444	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	2,114,632	0	2,114,632	50.00
51.00 RECOVERY ROOM	0	135,426	0	135,426	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	217,405	0	217,405	52.00
53.00 ANESTHESIOLOGY	0	70,785	0	70,785	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,499,177	0	1,499,177	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	557,070	0	557,070	55.00
56.00 RADIOISOTOPE	0	731,766	0	731,766	56.00
57.00 CT SCAN	0	123,780	0	123,780	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	110,935	0	110,935	58.00
59.00 CARDIAC CATHETERIZATION	0	510,227	0	510,227	59.00
60.00 LABORATORY	0	393,005	0	393,005	60.00
65.00 RESPIRATORY THERAPY	0	138,240	0	138,240	65.00
66.00 PHYSICAL THERAPY	0	971,151	0	971,151	66.00
67.00 OCCUPATIONAL THERAPY	0	21,278	0	21,278	67.00
68.00 SPEECH PATHOLOGY	0	11,544	0	11,544	68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 NEUROLOGY	0	49,986	0	49,986	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	423,845	0	423,845	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	522,642	0	522,642	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,045,013	0	1,045,013	73.00
76.00 RADIOLOGY	0	82,902	0	82,902	76.00
76.97 CARDIAC REHABILITATION	0	194,517	0	194,517	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	190,813	0	190,813	90.00
91.00 EMERGENCY	0	575,541	0	575,541	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0		0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	2,004	0	2,004	97.00
101.00 HOME HEALTH AGENCY	0	126,825	0	126,825	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 INTEREST EXPENSE	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	15,085,578	0	15,085,578	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,233	0	62,233	190.00
192.01 OCCUPATIONAL HEALTH	0	66,954	0	66,954	192.01
192.02 FLIGHT FOR LIFE	0	0	0	0	192.02
192.04 WELLNESS PROGRAM	0	0	0	0	192.04
200.00 Cross Foot Adjustments	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	15,214,765	0	15,214,765	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/27/2012 10:16 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	289,461						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		289,461					2.00
4.00 EMPLOYEE BENEFITS	4,756	4,756	71,492,415				4.00
5.00 ADMINISTRATIVE & GENERAL	48,852	48,852	2,177,924	-35,979,392	145,680,815		5.00
7.00 OPERATION OF PLANT	22,137	22,137	1,371,556	0	4,647,162		7.00
8.00 LAUNDRY & LINEN SERVICE	468	468	72,144	0	776,614		8.00
9.00 HOUSEKEEPING	3,460	3,460	1,463,645	0	2,415,964		9.00
10.00 DIETARY	8,914	8,914	1,050,483	0	2,751,108		10.00
11.00 CAFETERIA	0	0	546,397	0	396,429		11.00
13.00 NURSING ADMINISTRATION	1,171	1,171	1,885,043	0	2,454,121		13.00
14.00 CENTRAL SERVICES & SUPPLY	5,737	5,737	450,769	0	1,594,753		14.00
15.00 PHARMACY	2,976	2,976	2,590,073	0	4,039,389		15.00
16.00 MEDICAL RECORDS & LIBRARY	996	996	1,619,417	0	2,210,429		16.00
17.00 SOCIAL SERVICE	0	0	0	0	0		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	46,754	46,754	17,179,723	0	24,285,501		30.00
31.00 INTENSIVE CARE UNIT	8,991	8,991	4,641,520	0	6,622,944		31.00
41.00 SUBPROVIDER - IRF	5,497	5,497	1,329,339	0	1,915,564		41.00
43.00 NURSERY	7,639	7,639	725,103	0	1,363,438		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	41,651	41,651	6,732,192	0	12,897,545		50.00
51.00 RECOVERY ROOM	2,338	2,338	962,107	0	1,363,483		51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,188	4,188	981,310	0	1,622,325		52.00
53.00 ANESTHESIOLOGY	754	754	121,164	0	693,626		53.00
54.00 RADIOLOGY-DIAGNOSTIC	17,554	17,554	3,992,957	0	7,897,452		54.00
55.00 RADIOLOGY-THERAPEUTIC	11,313	11,313	1,911,997	0	3,346,362		55.00
56.00 RADIO SOTOPE	2,824	2,824	475,035	0	2,025,720		56.00
57.00 CT SCAN	1,943	1,943	682,681	0	1,392,724		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,221	2,221	312,630	0	669,898		58.00
59.00 CARDIAC CATHETERIZATION	10,185	10,185	1,503,381	0	3,187,797		59.00
60.00 LABORATORY	1,186	1,186	2,272,122	0	6,814,882		60.00
65.00 RESPIRATORY THERAPY	118	118	1,144,781	0	1,736,405		65.00
66.00 PHYSICAL THERAPY	8,526	8,526	3,894,395	0	5,872,003		66.00
67.00 OCCUPATIONAL THERAPY	0	0	677,847	0	849,954		67.00
68.00 SPEECH PATHOLOGY	0	0	358,630	0	452,057		68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
70.01 NEUROLOGY	1,125	1,125	60,745	0	118,720		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,229,130		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	9,024,161		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	10,284,768		73.00
76.00 RADIOLOGY	1,445	1,445	612,154	0	852,348		76.00
76.97 CARDIAC REHABILITATION	155	155	489,098	0	721,373		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	2,566	2,566	381,546	0	678,607		90.00
91.00 EMERGENCY	9,562	9,562	4,091,972	0	6,470,342		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	398	0	90,120		97.00
101.00 HOME HEALTH AGENCY	0	0	2,667,602	0	3,715,083		101.00
SPECIAL PURPOSE COST CENTERS							
113.00 INTEREST EXPENSE	0	0	0	0	0		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	288,002	288,002	71,429,880	-35,979,392	145,480,301		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,459	1,459	0	0	53,471		190.00
192.01 OCCUPATIONAL HEALTH	0	0	62,535	0	147,043		192.01
192.02 FLIGHT FOR LIFE	0	0	0	0	0		192.02
192.04 WELLNESS PROGRAM	0	0	0	0	0		192.04
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)	2,478,414	8,011,082	17,216,592		35,979,392		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.562169	27.675860	0.240817		0.246974		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			172,348		3,237,810		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002411		0.022225		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1
Date/Time Prepared:
1/27/2012 10:16 am

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT	213,716					7.00
8.00 LAUNDRY & LINEN SERVICE	468	1,308,130				8.00
9.00 HOUSEKEEPING	3,460	0	209,788			9.00
10.00 DIETARY	8,914	0	8,914	306,264		10.00
11.00 CAFETERIA	0	0	0	0	96,394	11.00
13.00 NURSING ADMINISTRATION	1,171	0	1,171	0	2,535	13.00
14.00 CENTRAL SERVICES & SUPPLY	5,737	0	5,737	0	1,117	14.00
15.00 PHARMACY	2,976	0	2,976	0	3,243	15.00
16.00 MEDICAL RECORDS & LIBRARY	996	0	996	0	3,324	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	46,754	567,831	46,754	242,611	27,983	30.00
31.00 INTENSIVE CARE UNIT	8,991	107,120	8,991	36,899	6,102	31.00
41.00 SUBPROVIDER - IRF	5,497	63,204	5,497	26,754	1,956	41.00
43.00 NURSERY	7,639	17,304	7,639	0	960	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	41,651	130,813	41,651	0	9,830	50.00
51.00 RECOVERY ROOM	2,338	26,630	2,338	0	1,114	51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,188	23,413	4,188	0	1,298	52.00
53.00 ANESTHESIOLOGY	754	0	754	0	188	53.00
54.00 RADIOLOGY-DIAGNOSTIC	17,554	98,443	17,554	0	5,405	54.00
55.00 RADIOLOGY-THERAPEUTIC	11,313	0	11,313	0	2,329	55.00
56.00 RADIOISOTOPE	2,824	0	2,824	0	620	56.00
57.00 CT SCAN	1,943	0	1,943	0	1,047	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,221	0	2,221	0	434	58.00
59.00 CARDIAC CATHETERIZATION	10,185	79,155	10,185	0	1,830	59.00
60.00 LABORATORY	1,186	0	1,186	0	4,231	60.00
65.00 RESPIRATORY THERAPY	118	0	118	0	1,854	65.00
66.00 PHYSICAL THERAPY	8,526	0	8,526	0	5,359	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	801	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	427	68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEUROLOGY	1,125	0	1,125	0	124	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 RADIOLOGY	1,445	0	1,445	0	813	76.00
76.97 CARDIAC REHABILITATION	155	0	155	0	653	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	2,566	0	2,566	0	524	90.00
91.00 EMERGENCY	9,562	194,217	9,562	0	5,990	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	1	97.00
101.00 HOME HEALTH AGENCY	0	0	0	0	4,163	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	212,257	1,308,130	208,329	306,264	96,255	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,459	0	1,459	0	0	190.00
192.01 OCCUPATIONAL HEALTH	0	0	0	0	139	192.01
192.02 FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04 WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	5,794,890	981,107	3,106,462	3,804,257	494,337	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	27.114910	0.750007	14.807625	12.421496	5.128296	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	994,885	36,572	198,714	445,902	10,128	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	4.655173	0.027957	0.947213	1.455940	0.105069	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/27/2012 10:16 am

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	(DIRECT NRSING HRS)					
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	1,221,847					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	16,398,771				14.00
15.00 PHARMACY	0	0	10,284,768			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	611,737,667		16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	582,045	0	0	57,335,177	0	30.00
31.00 INTENSIVE CARE UNIT	126,929	0	0	13,917,198	0	31.00
41.00 SUBPROVIDER - IRF	40,684	0	0	4,529,864	0	41.00
43.00 NURSERY	19,968	0	0	2,350,954	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	204,460	0	0	76,174,931	0	50.00
51.00 RECOVERY ROOM	23,162	0	0	9,602,607	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	27,018	0	0	3,181,640	0	52.00
53.00 ANESTHESIOLOGY	3,916	0	0	7,272,489	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	50,910,792	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	19,188,456	0	55.00
56.00 RADIOISOTOPE	0	0	0	12,953,731	0	56.00
57.00 CT SCAN	0	0	0	51,575,093	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,252,162	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	22,006,537	0	59.00
60.00 LABORATORY	0	0	0	82,299,550	0	60.00
65.00 RESPIRATORY THERAPY	38,562	0	0	8,452,538	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	13,628,607	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	2,429,671	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	1,899,129	0	68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEUROLOGY	0	0	0	674,232	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,374,610	0	23,389,984	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	9,024,161	0	28,795,102	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	10,284,768	76,103,265	0	73.00
76.00 RADIOLOGY	16,917	0	0	2,463,597	0	76.00
76.97 CARDIAC REHABILITATION	13,586	0	0	1,086,639	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	1,388,290	0	90.00
91.00 EMERGENCY	124,600	0	0	24,875,432	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,221,847	16,398,771	10,284,768	611,737,667	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01 OCCUPATIONAL HEALTH	0	0	0	0	0	192.01
192.02 FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04 WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	3,122,317	2,234,853	5,178,405	2,815,147	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.555408	0.136282	0.503502	0.004602	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	108,858	576,126	803,116	106,844	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.089093	0.035132	0.078088	0.000175	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet C
Part I
Date/Time Prepared:
1/27/2012 10:16 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		37,577,645	0	37,577,645	30.00
31.00	INTENSIVE CARE UNIT		9,593,941	0	9,593,941	31.00
41.00	SUBPROVIDER - IRF		3,133,677	0	3,133,677	41.00
43.00	NURSERY		2,100,164	0	2,100,164	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		18,850,576	0	18,850,576	50.00
51.00	RECOVERY ROOM		1,927,308	0	1,927,308	51.00
52.00	DELIVERY ROOM & LABOR ROOM		2,306,469	0	2,306,469	52.00
53.00	ANESTHESIOLOGY		940,983	28,029	969,012	53.00
54.00	RADIOLOGY-DIAGNOSTIC		10,919,667	26,613	10,946,280	54.00
55.00	RADIOLOGY-THERAPEUTIC		4,747,345	0	4,747,345	55.00
56.00	RADIOISOTOPE		2,707,203	0	2,707,203	56.00
57.00	CT SCAN		2,060,864	0	2,060,864	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		991,667	0	991,667	58.00
59.00	CARDIAC CATHETERIZATION		4,572,107	0	4,572,107	59.00
60.00	LABORATORY		8,948,073	0	8,948,073	60.00
65.00	RESPIRATORY THERAPY	0	2,317,148	0	2,317,148	65.00
66.00	PHYSICAL THERAPY	0	7,769,869	0	7,769,869	66.00
67.00	OCCUPATIONAL THERAPY	0	1,075,160	0	1,075,160	67.00
68.00	SPEECH PATHOLOGY	0	574,633	0	574,633	68.00
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
70.01	NEUROLOGY		198,943	0	198,943	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		10,127,205	0	10,127,205	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		12,615,235	0	12,615,235	72.00
73.00	DRUGS CHARGED TO PATIENTS		18,353,470	0	18,353,470	73.00
76.00	CARDIOLOGY		1,182,170	0	1,182,170	76.00
76.97	CARDIAC REHABILITATION		949,099	20,714	969,813	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		962,854	0	962,854	90.00
91.00	EMERGENCY		9,078,475	22,844	9,101,319	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,624,993	0	1,624,993	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	DURABLE MEDICAL EQUIP. - SOLD		112,382	0	112,382	97.00
101.00	HOME HEALTH AGENCY		4,653,961	0	4,653,961	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		182,973,286	98,200	183,071,486	200.00
201.00	Less Observation Beds		1,624,993		1,624,993	201.00
202.00	Total (see instructions)		181,348,293	98,200	181,446,493	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	50,679,197		50,679,197		30.00
31.00	INTENSIVE CARE UNIT	13,917,198		13,917,198		31.00
41.00	SUBPROVIDER - IRF	4,529,864		4,529,864		41.00
43.00	NURSERY	2,350,954		2,350,954		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	25,831,943	50,342,988	76,174,931	0.247464	50.00
51.00	RECOVERY ROOM	3,445,117	6,157,490	9,602,607	0.200707	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,034,301	147,339	3,181,640	0.724931	52.00
53.00	ANESTHESIOLOGY	3,323,949	3,948,540	7,272,489	0.129389	53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,421,596	38,489,196	50,910,792	0.214486	54.00
55.00	RADIOLOGY-THERAPEUTIC	886,641	18,301,815	19,188,456	0.247406	55.00
56.00	RADIOISOTOPE	2,778,797	10,174,934	12,953,731	0.208990	56.00
57.00	CT SCAN	13,769,477	37,805,616	51,575,093	0.039959	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,738,356	9,513,806	13,252,162	0.074831	58.00
59.00	CARDIAC CATHETERIZATION	14,021,897	7,984,640	22,006,537	0.207761	59.00
60.00	LABORATORY	38,523,691	43,775,859	82,299,550	0.108726	60.00
65.00	RESPIRATORY THERAPY	7,325,401	1,127,137	8,452,538	0.274136	65.00
66.00	PHYSICAL THERAPY	3,537,008	10,091,599	13,628,607	0.570115	66.00
67.00	OCCUPATIONAL THERAPY	2,391,085	38,586	2,429,671	0.442513	67.00
68.00	SPEECH PATHOLOGY	1,892,050	7,079	1,899,129	0.302577	68.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	NEUROLOGY	381,370	292,862	674,232	0.295066	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,928,986	8,460,998	23,389,984	0.432972	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	19,349,466	9,445,636	28,795,102	0.438104	72.00
73.00	DRUGS CHARGED TO PATIENTS	42,486,941	33,616,324	76,103,265	0.241165	73.00
76.00	CARDIOLOGY	610,394	1,853,203	2,463,597	0.479855	76.00
76.97	CARDIAC REHABILITATION	48,996	1,037,643	1,086,639	0.873426	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	7,726	1,380,564	1,388,290	0.693554	90.00
91.00	EMERGENCY	8,326,237	16,549,195	24,875,432	0.364957	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,655,980	6,655,980	0.244140	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	233,002	233,002	0.482322	97.00
101.00	HOME HEALTH AGENCY	0	6,403,230	6,403,230		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	294,538,638	323,835,261	618,373,899		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	294,538,638	323,835,261	618,373,899		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/27/2012 10:16 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.247464		50.00
51.00	RECOVERY ROOM	0.200707		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.724931		52.00
53.00	ANESTHESIOLOGY	0.133244		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.215009		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.247406		55.00
56.00	RADIOISOTOPE	0.208990		56.00
57.00	CT SCAN	0.039959		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.074831		58.00
59.00	CARDIAC CATHETERIZATION	0.207761		59.00
60.00	LABORATORY	0.108726		60.00
65.00	RESPIRATORY THERAPY	0.274136		65.00
66.00	PHYSICAL THERAPY	0.570115		66.00
67.00	OCCUPATIONAL THERAPY	0.442513		67.00
68.00	SPEECH PATHOLOGY	0.302577		68.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	NEUROLOGY	0.295066		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432972		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.438104		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.241165		73.00
76.00	CARDIOLOGY	0.479855		76.00
76.97	CARDIAC REHABILITATION	0.892489		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.693554		90.00
91.00	EMERGENCY	0.365876		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.244140		92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.482322		97.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/27/2012 10:16 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,977,916	0	2,977,916	36,491	81.61	30.00
31.00 INTENSIVE CARE UNIT	608,441		608,441	5,310	114.58	31.00
41.00 SUBPROVIDER - IRF	324,268	0	324,268	3,850	84.23	41.00
43.00 NURSERY	354,444		354,444	2,023	175.21	43.00
200.00 Total (lines 30-199)	4,265,069		4,265,069	47,674		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140116		Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII		Hospital	PPS
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	19,077	1,556,874		30.00
31.00	INTENSIVE CARE UNIT	3,025	346,605		31.00
41.00	SUBPROVIDER - IRF	2,653	223,462		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	24,755	2,126,941		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/27/2012 10:16 am
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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	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,114,632	76,174,931	0.027760	11,624,550	322,698	50.00
51.00	RECOVERY ROOM	135,426	9,602,607	0.014103	1,428,780	20,150	51.00
52.00	DELIVERY ROOM & LABOR ROOM	217,405	3,181,640	0.068331	0	0	52.00
53.00	ANESTHESIOLOGY	70,785	7,272,489	0.009733	1,410,569	13,729	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,499,177	50,910,792	0.029447	7,871,363	231,788	54.00
55.00	RADIOLOGY-THERAPEUTIC	557,070	19,188,456	0.029032	573,605	16,653	55.00
56.00	RADIOISOTOPE	731,766	12,953,731	0.056491	1,560,964	88,180	56.00
57.00	CT SCAN	123,780	51,575,093	0.002400	8,603,480	20,648	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	110,935	13,252,162	0.008371	1,856,375	15,540	58.00
59.00	CARDIAC CATHETERIZATION	510,227	22,006,537	0.023185	7,601,916	176,250	59.00
60.00	LABORATORY	393,005	82,299,550	0.004775	21,739,896	103,808	60.00
65.00	RESPIRATORY THERAPY	138,240	8,452,538	0.016355	4,638,343	75,860	65.00
66.00	PHYSICAL THERAPY	971,151	13,628,607	0.071258	1,538,887	109,658	66.00
67.00	OCCUPATIONAL THERAPY	21,278	2,429,671	0.008758	788,917	6,909	67.00
68.00	SPEECH PATHOLOGY	11,544	1,899,129	0.006079	476,230	2,895	68.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	NEUROLOGY	49,986	674,232	0.074138	234,953	17,419	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	423,845	23,389,984	0.018121	7,831,155	141,908	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	522,642	28,795,102	0.018150	10,163,209	184,462	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,045,013	76,103,265	0.013732	22,241,450	305,420	73.00
76.00	CARDIOLOGY	82,902	2,463,597	0.033651	338,094	11,377	76.00
76.97	CARDIAC REHABILITATION	194,517	1,086,639	0.179008	25,823	4,623	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	190,813	1,388,290	0.137445	6,877	945	90.00
91.00	EMERGENCY	575,541	24,875,432	0.023137	4,627,648	107,070	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	128,776	6,655,980	0.019347	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	DURABLE MEDICAL EQUIP. - SOLD	2,004	233,002	0.008601	0	0	97.00
200.00	Total (lines 50-199)	10,822,460	540,493,456		117,183,084	1,977,990	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140116		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/27/2012 10:16 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140116		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/27/2012 10:16 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	36,491	0.00	19,077	0	0	30.00
31.00	INTENSIVE CARE UNIT	5,310	0.00	3,025	0	0	31.00
41.00	SUBPROVIDER - IRF	3,850	0.00	2,653	0	0	41.00
43.00	NURSERY	2,023	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	47,674		24,755	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140116		Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII		Hospital	PPS
Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost			
	12.00	13.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
41.00	SUBPROVIDER - IRF	0	0		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:16 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
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 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
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
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
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01 NEUROLOGY	0	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. 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
76.00 CARDIOLOGY	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
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
OTHER REIMBURSABLE COST CENTERS							
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	0	97.00
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: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:16 am
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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	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	76,174,931	0.000000	0.000000	11,624,550	50.00
51.00	RECOVERY ROOM	0	9,602,607	0.000000	0.000000	1,428,780	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,181,640	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	7,272,489	0.000000	0.000000	1,410,569	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	50,910,792	0.000000	0.000000	7,871,363	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	19,188,456	0.000000	0.000000	573,605	55.00
56.00	RADIOISOTOPE	0	12,953,731	0.000000	0.000000	1,560,964	56.00
57.00	CT SCAN	0	51,575,093	0.000000	0.000000	8,603,480	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	13,252,162	0.000000	0.000000	1,856,375	58.00
59.00	CARDIAC CATHETERIZATION	0	22,006,537	0.000000	0.000000	7,601,916	59.00
60.00	LABORATORY	0	82,299,550	0.000000	0.000000	21,739,896	60.00
65.00	RESPIRATORY THERAPY	0	8,452,538	0.000000	0.000000	4,638,343	65.00
66.00	PHYSICAL THERAPY	0	13,628,607	0.000000	0.000000	1,538,887	66.00
67.00	OCCUPATIONAL THERAPY	0	2,429,671	0.000000	0.000000	788,917	67.00
68.00	SPEECH PATHOLOGY	0	1,899,129	0.000000	0.000000	476,230	68.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	NEUROLOGY	0	674,232	0.000000	0.000000	234,953	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,389,984	0.000000	0.000000	7,831,155	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	28,795,102	0.000000	0.000000	10,163,209	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	76,103,265	0.000000	0.000000	22,241,450	73.00
76.00	CARDIOLOGY	0	2,463,597	0.000000	0.000000	338,094	76.00
76.97	CARDIAC REHABILITATION	0	1,086,639	0.000000	0.000000	25,823	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	1,388,290	0.000000	0.000000	6,877	90.00
91.00	EMERGENCY	0	24,875,432	0.000000	0.000000	4,627,648	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,655,980	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	233,002	0.000000	0.000000	0	97.00
200.00	Total (Lines 50-199)	0	540,493,456			117,183,084	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:16 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	OPERATING ROOM	0	13,797,534	0	0	0	50.00
51.00	RECOVERY ROOM	0	994,176	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	731,137	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	8,564,202	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	8,607,576	0	0	0	55.00
56.00	RADIOISOTOPE	0	4,172,004	0	0	0	56.00
57.00	CT SCAN	0	9,081,441	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,512,493	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	7,043,232	0	0	0	59.00
60.00	LABORATORY	0	1,643,991	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	381,477	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	157,083	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	22,825	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	2,951	0	0	0	68.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEUROLOGY	0	79,752	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,148,067	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	329,513	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	12,428,294	0	0	0	73.00
76.00	CARDIOLOGY	0	567,419	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	596,181	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	529,323	0	0	0	90.00
91.00	EMERGENCY	0	2,744,716	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,674,153	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
200.00	Total (Lines 50-199)	0	78,809,540	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:16 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
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
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 NEUROLOGY	0	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 CARDIOLOGY	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0		90.00
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0		97.00
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/27/2012 10:16 am
	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	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.247464	13,797,534	0	0	50.00
51.00 RECOVERY ROOM	0.200707	994,176	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.724931	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.129389	731,137	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.214486	8,564,202	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.247406	8,607,576	0	0	55.00
56.00 RADIOISOTOPE	0.208990	4,172,004	0	0	56.00
57.00 CT SCAN	0.039959	9,081,441	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.074831	2,512,493	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.207761	7,043,232	0	0	59.00
60.00 LABORATORY	0.108726	1,643,991	0	0	60.00
65.00 RESPIRATORY THERAPY	0.274136	381,477	0	0	65.00
66.00 PHYSICAL THERAPY	0.570115	157,083	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.442513	22,825	0	0	67.00
68.00 SPEECH PATHOLOGY	0.302577	2,951	0	0	68.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01 NEUROLOGY	0.295066	79,752	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432972	2,148,067	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.438104	329,513	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.241165	12,428,294	0	114,554	73.00
76.00 RADIOLOGY	0.479855	567,419	0	0	76.00
76.97 CARDIAC REHABILITATION	0.873426	596,181	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0.693554	529,323	0	0	90.00
91.00 EMERGENCY	0.364957	2,744,716	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.244140	1,674,153	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 DURABLE MEDICAL EQUIP. - SOLD	0.482322	0	0	0	97.00
200.00 Subtotal (see instructions)		78,809,540	0	114,554	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		78,809,540	0	114,554	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/27/2012 10:16 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	3,414,393	0	0		50.00
51.00 RECOVERY ROOM	199,538	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	94,601	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,836,901	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	2,129,566	0	0		55.00
56.00 RADIOISOTOPE	871,907	0	0		56.00
57.00 CT SCAN	362,885	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	188,012	0	0		58.00
59.00 CARDIAC CATHETERIZATION	1,463,309	0	0		59.00
60.00 LABORATORY	178,745	0	0		60.00
65.00 RESPIRATORY THERAPY	104,577	0	0		65.00
66.00 PHYSICAL THERAPY	89,555	0	0		66.00
67.00 OCCUPATIONAL THERAPY	10,100	0	0		67.00
68.00 SPEECH PATHOLOGY	893	0	0		68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 NEUROLOGY	23,532	0	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	930,053	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	144,361	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,997,270	0	27,626		73.00
76.00 RADIOLOGY	272,279	0	0		76.00
76.97 CARDIAC REHABILITATION	520,720	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	367,114	0	0		90.00
91.00 EMERGENCY	1,001,703	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	408,728	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	17,610,742	0	27,626		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	17,610,742	0	27,626		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140116 Component CCN: 14T116		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part II Date/Time Prepared: 1/27/2012 10:16 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,114,632	76,174,931	0.027760	9,488	263	50.00
51.00	RECOVERY ROOM	135,426	9,602,607	0.014103	967	14	51.00
52.00	DELIVERY ROOM & LABOR ROOM	217,405	3,181,640	0.068331	0	0	52.00
53.00	ANESTHESIOLOGY	70,785	7,272,489	0.009733	339	3	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,499,177	50,910,792	0.029447	52,585	1,548	54.00
55.00	RADIOLOGY-THERAPEUTIC	557,070	19,188,456	0.029032	0	0	55.00
56.00	RADIOISOTOPE	731,766	12,953,731	0.056491	7,088	400	56.00
57.00	CT SCAN	123,780	51,575,093	0.002400	47,228	113	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	110,935	13,252,162	0.008371	9,067	76	58.00
59.00	CARDIAC CATHETERIZATION	510,227	22,006,537	0.023185	0	0	59.00
60.00	LABORATORY	393,005	82,299,550	0.004775	534,822	2,554	60.00
65.00	RESPIRATORY THERAPY	138,240	8,452,538	0.016355	53,593	877	65.00
66.00	PHYSICAL THERAPY	971,151	13,628,607	0.071258	870,086	62,001	66.00
67.00	OCCUPATIONAL THERAPY	21,278	2,429,671	0.008758	855,448	7,492	67.00
68.00	SPEECH PATHOLOGY	11,544	1,899,129	0.006079	873,663	5,311	68.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	NEUROLOGY	49,986	674,232	0.074138	2,520	187	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	423,845	23,389,984	0.018121	85,686	1,553	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	522,642	28,795,102	0.018150	3,176	58	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,045,013	76,103,265	0.013732	771,899	10,600	73.00
76.00	CARDIOLOGY	82,902	2,463,597	0.033651	1,834	62	76.00
76.97	CARDIAC REHABILITATION	194,517	1,086,639	0.179008	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	190,813	1,388,290	0.137445	0	0	90.00
91.00	EMERGENCY	575,541	24,875,432	0.023137	1,239	29	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	128,776	6,655,980	0.019347	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	DURABLE MEDICAL EQUIP. - SOLD	2,004	233,002	0.008601	0	0	97.00
200.00	Total (lines 50-199)	10,822,460	540,493,456		4,180,728	93,141	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:16 am
	Component CCN: 14T116	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	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
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEUROLOGY	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 RADIOLOGY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:16 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	76,174,931	0.000000	0.000000	9,488	50.00
51.00 RECOVERY ROOM	0	9,602,607	0.000000	0.000000	967	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,181,640	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	7,272,489	0.000000	0.000000	339	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	50,910,792	0.000000	0.000000	52,585	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	19,188,456	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	12,953,731	0.000000	0.000000	7,088	56.00
57.00 CT SCAN	0	51,575,093	0.000000	0.000000	47,228	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	13,252,162	0.000000	0.000000	9,067	58.00
59.00 CARDIAC CATHETERIZATION	0	22,006,537	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	82,299,550	0.000000	0.000000	534,822	60.00
65.00 RESPIRATORY THERAPY	0	8,452,538	0.000000	0.000000	53,593	65.00
66.00 PHYSICAL THERAPY	0	13,628,607	0.000000	0.000000	870,086	66.00
67.00 OCCUPATIONAL THERAPY	0	2,429,671	0.000000	0.000000	855,448	67.00
68.00 SPEECH PATHOLOGY	0	1,899,129	0.000000	0.000000	873,663	68.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01 NEUROLOGY	0	674,232	0.000000	0.000000	2,520	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,389,984	0.000000	0.000000	85,686	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	28,795,102	0.000000	0.000000	3,176	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	76,103,265	0.000000	0.000000	771,899	73.00
76.00 RADIOLOGY	0	2,463,597	0.000000	0.000000	1,834	76.00
76.97 CARDIAC REHABILITATION	0	1,086,639	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	1,388,290	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	24,875,432	0.000000	0.000000	1,239	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,655,980	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	233,002	0.000000	0.000000	0	97.00
200.00 Total (lines 50-199)	0	540,493,456			4,180,728	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:16 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	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
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEUROLOGY	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,075	0	0	0	73.00
76.00 RADIOLOGY	0	0	0	0	0	76.00
76.97 RADIOLOGY REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
200.00 Total (lines 50-199)	0	1,075	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:16 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
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
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 NEUROLOGY	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 CARDIOLOGY	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	97.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/27/2012 10:16 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.247464	0	0	0	50.00
51.00 RECOVERY ROOM	0.200707	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.724931	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.129389	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.214486	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.247406	0	0	0	55.00
56.00 RADIOISOTOPE	0.208990	0	0	0	56.00
57.00 CT SCAN	0.039959	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.074831	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.207761	0	0	0	59.00
60.00 LABORATORY	0.108726	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0.274136	0	0	0	65.00
66.00 PHYSICAL THERAPY	0.570115	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.442513	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.302577	0	0	0	68.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01 NEUROLOGY	0.295066	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432972	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.438104	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.241165	1,075	0	1,075	73.00
76.00 RADIOLOGY	0.479855	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0.873426	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0.693554	0	0	0	90.00
91.00 EMERGENCY	0.364957	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.244140	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 DURABLE MEDICAL EQUIP. - SOLD	0.482322	0	0	0	97.00
200.00 Subtotal (see instructions)		1,075	0	1,075	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		1,075	0	1,075	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/27/2012 10:16 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
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
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 NEUROLOGY	0	0	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	259	0	259		73.00
76.00 CARDIOLOGY	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	259	0	259		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	259	0	259		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII	Hospital	PPS
Cost Center Description				
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		36,491	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,491	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)		36,491	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		19,077	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		37,577,645	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)		37,577,645	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		50,679,197	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		50,679,197	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.741481	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)		1,388.81	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)		37,577,645	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,029.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,645,113	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)		19,645,113	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/27/2012 10:16 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,593,941	5,310	1,806.77	3,025	5,465,479	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,739,381	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					52,849,973	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)					1,903,479	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,977,990	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,881,469	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,968,504	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)					1,578	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,029.78	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,624,993	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/27/2012 10:16 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,977,916	37,577,645	0.079247	1,624,993	128,776	90.00
91.00	Nursing School cost	0	37,577,645	0.000000	1,624,993	0	91.00
92.00	Allied health cost	0	37,577,645	0.000000	1,624,993	0	92.00
93.00	All other Medical Education	0	37,577,645	0.000000	1,624,993	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Component CCN:		Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII	Subprovider - IPF	
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			0 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			0 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)			0 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			0 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			0.00 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1	
				Component CCN:			Date/Time Prepared: 1/27/2012 10:16 am
				Title XVIII	Subprovider - IPF		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Component CCN:		Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII	Subprovider - IPF	

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Component CCN: 14T116		Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,850	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,850	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)		3,850	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,653	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,133,677	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)		3,133,677	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,529,864	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,529,864	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.691782	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)		1,176.59	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)		3,133,677	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		813.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,159,383	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,159,383	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
					Component CCN: 14T116		Date/Time Prepared: 1/27/2012 10:16 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,456,449	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,615,832	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)						223,462	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						93,141	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						316,603	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,299,229	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	324,268	3,133,677	0.103478	0	0	90.00
91.00 Nursing School cost	0	3,133,677	0.000000	0	0	91.00
92.00 Allied health cost	0	3,133,677	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,133,677	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/27/2012 10:16 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		30,384,824		30.00
31.00	INTENSIVE CARE UNIT		8,072,923		31.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.247464	11,624,550	2,876,658	50.00
51.00	RECOVERY ROOM	0.200707	1,428,780	286,766	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.724931	0	0	52.00
53.00	ANESTHESIOLOGY	0.133244	1,410,569	187,950	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.215009	7,871,363	1,692,414	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.247406	573,605	141,913	55.00
56.00	RADIOISOTOPE	0.208990	1,560,964	326,226	56.00
57.00	CT SCAN	0.039959	8,603,480	343,786	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.074831	1,856,375	138,914	58.00
59.00	CARDIAC CATHETERIZATION	0.207761	7,601,916	1,579,382	59.00
60.00	LABORATORY	0.108726	21,739,896	2,363,692	60.00
65.00	RESPIRATORY THERAPY	0.274136	4,638,343	1,271,537	65.00
66.00	PHYSICAL THERAPY	0.570115	1,538,887	877,343	66.00
67.00	OCCUPATIONAL THERAPY	0.442513	788,917	349,106	67.00
68.00	SPEECH PATHOLOGY	0.302577	476,230	144,096	68.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	NEUROLOGY	0.295066	234,953	69,327	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432972	7,831,155	3,390,671	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.438104	10,163,209	4,452,543	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.241165	22,241,450	5,363,859	73.00
76.00	CARDIOLOGY	0.479855	338,094	162,236	76.00
76.97	CARDIAC REHABILITATION	0.892489	25,823	23,047	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.693554	6,877	4,770	90.00
91.00	EMERGENCY	0.365876	4,627,648	1,693,145	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.244140	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.482322	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		117,183,084	27,739,381	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)		117,183,084		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
41.00	SUBPROVIDER - IRF		3,124,228	41.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.247464	9,488	50.00
51.00	RECOVERY ROOM	0.200707	967	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.724931	0	52.00
53.00	ANESTHESIOLOGY	0.133244	339	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.215009	52,585	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.247406	0	55.00
56.00	RADIOISOTOPE	0.208990	7,088	56.00
57.00	CT SCAN	0.039959	47,228	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.074831	9,067	58.00
59.00	CARDIAC CATHETERIZATION	0.207761	0	59.00
60.00	LABORATORY	0.108726	534,822	60.00
65.00	RESPIRATORY THERAPY	0.274136	53,593	65.00
66.00	PHYSICAL THERAPY	0.570115	870,086	66.00
67.00	OCCUPATIONAL THERAPY	0.442513	855,448	67.00
68.00	SPEECH PATHOLOGY	0.302577	873,663	68.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	NEUROLOGY	0.295066	2,520	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432972	85,686	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.438104	3,176	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.241165	771,899	73.00
76.00	CARDIOLOGY	0.479855	1,834	76.00
76.97	CARDIAC REHABILITATION	0.892489	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.693554	0	90.00
91.00	EMERGENCY	0.365876	1,239	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.244140	0	92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.482322	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		4,180,728	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)		4,180,728	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/27/2012 10:16 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		37,512,308		1.00
2.00	Outlier payments for discharges. (see instructions)		773,047		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)		152.68		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00		31.00
32.00	Sum of lines 30 and 31		0.00		32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00		33.00
34.00	Disproportionate share adjustment (see instructions)		0		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		38,285,355		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		38,285,355		49.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/27/2012 10:16 am	
		Title XVIII	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)		3,217,290		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)		41,502,645		59.00
60.00	Primary payer payments		20,762		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		41,481,883		61.00
62.00	Deductibles billed to program beneficiaries		3,466,476		62.00
63.00	Coinsurance billed to program beneficiaries		95,883		63.00
64.00	Allowable bad debts (see instructions)		497,726		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		348,408		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		350,409		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,267,932		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)		38,267,932		71.00
72.00	Interim payments		38,252,660		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)		15,272		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		27,626	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,610,742	2.00
3.00	PPS payments		16,906,179	3.00
4.00	Outlier payment (see instructions)		30,017	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		27,626	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		114,554	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)		114,554	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		114,554	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		86,928	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)		27,626	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)		16,936,196	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,936,066	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		13,027,756	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)		13,027,756	30.00
31.00	Primary payer payments		7,751	31.00
32.00	Subtotal (line 30 minus line 31)		13,020,005	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		476,083	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		333,258	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		400,550	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		13,353,263	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)		13,353,263	40.00
41.00	Interim payments		13,292,740	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)		60,523	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/27/2012 10:16 am
	Title XVIII	Hospital	PPS
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			259 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			259 2.00
3.00	PPS payments			236 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			259 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			1,075 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)			1,075 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			1,075 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			816 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)			259 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)			236 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 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)			495 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)			495 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			495 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			495 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)			495 40.00
41.00	Interim payments			504 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)			-9 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/27/2012 10:16 am
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140116		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/27/2012 10:16 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		37,917,381		13,007,180	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		335,279		285,560	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)		38,252,660		13,292,740	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		15,272		60,523	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		38,267,932		13,353,263	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: 140116 Component CCN: 14T116	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/27/2012 10:16 am		
		Title XVIII	Subprovider - IRF	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				504	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		3,130,468		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)		3,130,468		504	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		26,833		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		9	6.02
7.00	Total Medicare program liability (see instructions)		3,157,301		495	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,092,100 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0034 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			58,298 3.00
4.00	Outlier Payments			39,444 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)			10.547945 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)			3,189,842 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)			3,189,842 17.00
18.00	Primary payer payments			5,000 18.00
19.00	Subtotal (line 17 less line 18).			3,184,842 19.00
20.00	Deductibles			19,020 20.00
21.00	Subtotal (line 19 minus line 20)			3,165,822 21.00
22.00	Coinsurance			12,762 22.00
23.00	Subtotal (line 21 minus line 22)			3,153,060 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,059 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			4,241 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			6,059 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,157,301 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)			3,157,301 32.00
33.00	Interim payments			3,130,468 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)			26,833 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
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: 140116 Period: From 07/01/2010 To 06/30/2011 Worksheet G
 Date/Time Prepared: 1/27/2012 10:16 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	55,000	0	0	0	1.00
2.00	Temporary investments	17,252,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	25,729,000	0	0	0	4.00
5.00	Other receivable	69,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,917,000	0	0	0	7.00
8.00	Prepaid expenses	1,419,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	32,351,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	80,792,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	65,000	0	0	0	12.00
13.00	Land improvements	1,764,249	0	0	0	13.00
14.00	Accumulated depreciation	-1,377,152	0	0	0	14.00
15.00	Buildings	76,937,498	0	0	0	15.00
16.00	Accumulated depreciation	-30,141,523	0	0	0	16.00
17.00	Leasehold improvements	77,154	0	0	0	17.00
18.00	Accumulated depreciation	-66,884	0	0	0	18.00
19.00	Fixed equipment	12,588,902	0	0	0	19.00
20.00	Accumulated depreciation	-12,529,761	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	80,170,438	0	0	0	23.00
24.00	Accumulated depreciation	-62,048,085	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	7,212,164	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)	72,652,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	81,393,000	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	9,724,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	91,117,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	244,561,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,160,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,703,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,640,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,489,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,992,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	60,944,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,911,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	66,855,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	97,847,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	146,714,000				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)	146,714,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	244,561,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-1

Date/Time Prepared:
1/27/2012 10:16 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		126,622,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		22,539,000			2.00
3.00	Total (sum of line 1 and line 2)		149,161,000		0	3.00
4.00	NET ASSETS RELEASED	535,000		0		4.00
5.00	CHANGES IN UNREALIZED GAINS	9,742,000		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)		10,277,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		159,438,000		0	11.00
12.00	TRASNFRS TO AFFILIATES	12,224,000		0		12.00
13.00	OTHER	500,000		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)		12,724,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		146,714,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-1

Date/Time Prepared:
1/27/2012 10:16 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 NET ASSETS RELEASED	0		0			4.00
5.00 CHANGES IN UNREALIZED GAINS	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 TRASNFRS TO AFFILIATES	0		0			12.00
13.00 OTHER	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: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
1/27/2012 10:16 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	50,679,197		50,679,197	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,529,864		4,529,864	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	55,209,061		55,209,061	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,917,198		13,917,198	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,917,198		13,917,198	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	69,126,259		69,126,259	17.00
18.00	Ancillary services	225,455,406	317,914,590	543,369,996	18.00
19.00	Outpatient services	0	0	0	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		6,403,230	6,403,230	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	294,581,665	324,317,820	618,899,485	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		203,015,284		29.00
30.00	BAD DEBT EXPENSE	16,363,000			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)		16,363,000		36.00
37.00	CREDIT BALANCE IN NRCC	1,478			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)		1,478		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		219,376,806		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/27/2012 10:16 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	618,899,485	1.00
2.00	Less contractual allowances and discounts on patients' accounts	389,007,485	2.00
3.00	Net patient revenues (line 1 minus line 2)	229,892,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	219,376,806	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,515,194	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	339,000	6.00
7.00	Income from investments	8,050,000	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	2,731,000	24.00
24.01	INTEREST SWAP DERIVATIVE	903,000	24.01
24.02	ROUNDING	806	24.02
25.00	Total other income (sum of lines 6-24)	12,023,806	25.00
26.00	Total (line 5 plus line 25)	22,539,000	26.00
27.00	0	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	22,539,000	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS	Provider CCN: 140116	Period: From 07/01/2010	Worksheet H
	HHA CCN: 147455	To 06/30/2011	Date/Time Prepared: 1/27/2012 10:16 am
		Home Health Agency I	PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	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	0	0	0	0	4.00
5.00	Administrative and General	671,245	0	0	123,845	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	954,689	0	72,017	0	6.00
7.00	Physical Therapy	721,700	0	55,580	0	7.00
8.00	Occupational Therapy	122,746	0	8,899	0	8.00
9.00	Speech Pathology	55,748	0	4,042	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	107,330	0	13,724	0	11.00
12.00	Supplies (see instructions)	0	0	0	115,721	12.00
13.00	Drugs	0	0	0	22,807	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,633,458	0	154,262	0	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet H
		HHA CCN: 147455		Date/Time Prepared: 1/27/2012 10:16 am
			Home Health Agency I	PPS

		Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	795,090	34,144	829,234	-11,558	817,676	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,026,706	0	1,026,706	0	1,026,706	6.00
7.00	Physical Therapy	777,280	0	777,280	0	777,280	7.00
8.00	Occupational Therapy	131,645	0	131,645	0	131,645	8.00
9.00	Speech Pathology	59,790	0	59,790	0	59,790	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	121,054	0	121,054	0	121,054	11.00
12.00	Supplies (see instructions)	115,721	0	115,721	0	115,721	12.00
13.00	Drugs	22,807	0	22,807	0	22,807	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,050,093	34,144	3,084,237	-11,558	3,072,679	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.
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COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 140116	Period: From 07/01/2010	Worksheet H-1 Part I Date/Time Prepared: 1/27/2012 10:16 am
	HHA CCN: 147455	To 06/30/2011	
		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			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	817,676	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,026,706	0	0	0	6.00
7.00	Physical Therapy	777,280	0	0	0	7.00
8.00	Occupational Therapy	131,645	0	0	0	8.00
9.00	Speech Pathology	59,790	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	121,054	0	0	0	11.00
12.00	Supplies (see instructions)	115,721	0	0	0	12.00
13.00	Drugs	22,807	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,072,679	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 140116	Period:	Worksheet H-1
	HHA CCN: 147455	From 07/01/2010 To 06/30/2011	Part I Date/Time Prepared: 1/27/2012 10:16 am
		Home Health Agency I	PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	817,676	817,676	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	1,026,706	372,289	1,398,995
7.00	Physical Therapy	777,280	281,846	1,059,126
8.00	Occupational Therapy	131,645	47,735	179,380
9.00	Speech Pathology	59,790	21,680	81,470
10.00	Medical Social Services	0	0	0
11.00	Home Health Aide	121,054	43,895	164,949
12.00	Supplies (see instructions)	115,721	41,961	157,682
13.00	Drugs	22,807	8,270	31,077
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
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 (specify)	0	0	0
24.00	Total (sum of lines 1-23)	2,255,003		3,072,679

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140116	Period: From 07/01/2010	Worksheet H-1
	HHA CCN: 147455	To 06/30/2011	Part II Date/Time Prepared: 1/27/2012 10:16 am
		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			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-817,676	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-817,676	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	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: 140116	Period: From 07/01/2010	Worksheet H-1
	HHA CCN: 147455	To 06/30/2011	Part II Date/Time Prepared: 1/27/2012 10:16 am
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	2,255,003	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,026,706	6.00
7.00	Physical Therapy	777,280	7.00
8.00	Occupational Therapy	131,645	8.00
9.00	Speech Pathology	59,790	9.00
10.00	Medical Social Services	0	10.00
11.00	Home Health Aide	121,054	11.00
12.00	Supplies (see instructions)	115,721	12.00
13.00	Drugs	22,807	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	2,255,003	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	817,676	25.00
26.00	Unit Cost Multiplier	0.362605	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/27/2012 10:16 am
		HHA CCN: 147455	Home Health Agency I	PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
1.00	Administrative and General	0	0	642,404	642,404	1.00
2.00	Skilled Nursing Care	1,398,995	0	0	1,398,995	2.00
3.00	Physical Therapy	1,059,126	0	0	1,059,126	3.00
4.00	Occupational Therapy	179,380	0	0	179,380	4.00
5.00	Speech Pathology	81,470	0	0	81,470	5.00
6.00	Medical Social Services	0	0	0	0	6.00
7.00	Home Health Aide	164,949	0	0	164,949	7.00
8.00	Supplies (see instructions)	157,682	0	0	157,682	8.00
9.00	Drugs	31,077	0	0	31,077	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 (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	3,072,679	0	642,404	3,715,083	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: 140116	Period: From 07/01/2010	Worksheet H-2			
		HHA CCN: 147455	To 06/30/2011	Part I			
		Home Health Agency I		Date/Time Prepared: 1/27/2012 10:16 am			
				PPS			
		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	158,657	0	0	0	0	1.00
2.00	Skilled Nursing Care	345,516	0	0	0	0	2.00
3.00	Physical Therapy	261,577	0	0	0	0	3.00
4.00	Occupational Therapy	44,302	0	0	0	0	4.00
5.00	Speech Pathology	20,121	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	40,738	0	0	0	0	7.00
8.00	Supplies (see instructions)	38,943	0	0	0	0	8.00
9.00	Drugs	7,675	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 (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	917,529	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: 140116	Period: From 07/01/2010	Worksheet H-2 Part I Date/Time Prepared: 1/27/2012 10:16 am
	HHA CCN: 147455	To 06/30/2011	
		Home Health Agency I	PPS

	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	21,349	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 (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	21,349	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: 140116 HHA CCN: 147455		Period: From 07/01/2010 To 06/30/2011		Worksheet H-2 Part I Date/Time Prepared: 1/27/2012 10:16 am PPS	
		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	822,410	0	822,410		1.00
2.00	Skilled Nursing Care	0	1,744,511	0	1,744,511	374,443	2.00
3.00	Physical Therapy	0	1,320,703	0	1,320,703	283,478	3.00
4.00	Occupational Therapy	0	223,682	0	223,682	48,012	4.00
5.00	Speech Pathology	0	101,591	0	101,591	21,806	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	205,687	0	205,687	44,149	7.00
8.00	Supplies (see instructions)	0	196,625	0	196,625	42,204	8.00
9.00	Drugs	0	38,752	0	38,752	8,318	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 (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	4,653,961	0	4,653,961	822,410	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.					0.214642	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: 140116	Period: From 07/01/2010	Worksheet H-2
	HHA CCN: 147455	To 06/30/2011	Part I Date/Time Prepared: 1/27/2012 10:16 am
		Home Health Agency I	PPS

		Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	2,118,954	2.00
3.00	Physical Therapy	1,604,181	3.00
4.00	Occupational Therapy	271,694	4.00
5.00	Speech Pathology	123,397	5.00
6.00	Medical Social Services	0	6.00
7.00	Home Health Aide	249,836	7.00
8.00	Supplies (see instructions)	238,829	8.00
9.00	Drugs	47,070	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19) (2)	4,653,961	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 STATISTICAL BASIS	Provider CCN: 140116	Period: From 07/01/2010	Worksheet H-2
	HHA CCN: 147455	To 06/30/2011	Part II Date/Time Prepared: 1/27/2012 10:16 am
		Home Health Agency I	PPS

	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
1.00	Administrative and General	0	0	2,667,602	5A	642,404	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,398,995	2.00
3.00	Physical Therapy	0	0	0	0	1,059,126	3.00
4.00	Occupational Therapy	0	0	0	0	179,380	4.00
5.00	Speech Pathology	0	0	0	0	81,470	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	164,949	7.00
8.00	Supplies (see instructions)	0	0	0	0	157,682	8.00
9.00	Drugs	0	0	0	0	31,077	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 (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	2,667,602		3,715,083	20.00
21.00	Total cost to be allocated	0	0	642,404		917,529	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.240817		0.246974	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II
	HHA CCN: 147455		Date/Time Prepared: 1/27/2012 10:16 am
		Home Health Agency I	PPS

	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	0	0	0	4,163	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 (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	4,163	20.00
21.00 Total cost to be allocated	0	0	0	0	21,349	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	5.128273	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140116	Period: From 07/01/2010	Worksheet H-2
	HHA CCN: 147455	To 06/30/2011	Part II Date/Time Prepared: 1/27/2012 10:16 am
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	NURSING ADMINISTRATION (DIRECT NRSING HRS) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 16.00	SOCIAL SERVICE (TIME SPENT) 17.00	
1.00	Administrative and General	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	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 (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 140116 HHA CCN: 147455	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/27/2012 10:16 am	
			Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 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	2,118,954		2,118,954	15,716 1.00
2.00	Physical Therapy	3.00	1,604,181	0	1,604,181	12,129 2.00
3.00	Occupational Therapy	4.00	271,694	0	271,694	1,942 3.00
4.00	Speech Pathology	5.00	123,397	0	123,397	882 4.00
5.00	Medical Social Services	6.00	0		0	0 5.00
6.00	Home Health Aide	7.00	249,836		249,836	2,995 6.00
7.00	Total (sum of lines 1-6)		4,368,062	0	4,368,062	33,664 7.00
Program Visits						
Part B						
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	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		16974	6,388	3,473	8.00
8.01	Skilled Nursing Care		29404	696	539	8.01
8.02	Skilled Nursing Care		99952	4	0	8.02
9.00	Physical Therapy		16974	5,786	2,721	9.00
9.01	Physical Therapy		29404	490	135	9.01
9.02	Physical Therapy		99952	9	0	9.02
10.00	Occupational Therapy		16974	767	534	10.00
10.01	Occupational Therapy		29404	118	152	10.01
10.02	Occupational Therapy		99952	0	0	10.02
11.00	Speech Pathology		16974	478	200	11.00
11.01	Speech Pathology		29404	52	16	11.01
11.02	Speech Pathology		99952	0	0	11.02
12.00	Medical Social Services		16974	0	0	12.00
12.01	Medical Social Services		29404	0	0	12.01
12.02	Medical Social Services		99952	0	0	12.02
13.00	Home Health Aide		16974	1,063	1,515	13.00
13.01	Home Health Aide		29404	76	177	13.01
13.02	Home Health Aide		99952	0	0	13.02
14.00	Total (sum of lines 8-13)			15,927	9,462	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 (cols. 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	238,829	0	238,829	215,512 15.00
16.00	Cost of Drugs	9.00	47,070	0	47,070	19,715 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	0.570115	0	0 1.00
2.00	Occupational Therapy		67.00	0.442513	0	0 2.00
3.00	Speech Pathology		68.00	0.302577	0	0 3.00
4.00	Cost of Medical Supplies		71.00	0.432972	0	0 4.00
5.00	Cost of Drugs		73.00	0.241165	0	0 5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 140116 HHA CCN: 147455	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 1/27/2012 10:16 am
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits		9.00	
			Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		
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	134.83	7,088	4,012		1.00
2.00	Physical Therapy	132.26	6,285	2,856		2.00
3.00	Occupational Therapy	139.90	885	686		3.00
4.00	Speech Pathology	139.91	530	216		4.00
5.00	Medical Social Services	0.00	0	0		5.00
6.00	Home Health Aide	83.42	1,139	1,692		6.00
7.00	Total (sum of lines 1-6)		15,927	9,462		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
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B		7.00	8.00
			Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	1.108194	80,844	79,641	0	15.00
16.00	Cost of Drugs	2.387522	0	0	0	16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		col. 2, line 2.00			1.00
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: 140116	Period: From 07/01/2010	Worksheet H-3 Parts I-III Date/Time Prepared: 1/27/2012 10:16 am
	HHA CCN: 147455	To 06/30/2011	
	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	955,675	540,938		1,496,613	1.00
2.00	Physical Therapy	831,254	377,735		1,208,989	2.00
3.00	Occupational Therapy	123,811	95,971		219,782	3.00
4.00	Speech Pathology	74,152	30,221		104,373	4.00
5.00	Medical Social Services	0	0		0	5.00
6.00	Home Health Aide	95,015	141,147		236,162	6.00
7.00	Total (sum of lines 1-6)	2,079,907	1,186,012		3,265,919	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
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	89,591	88,258	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140116 HHA CCN: 147455	Period: From 07/01/2010 To 06/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 1/27/2012 10:16 am	
		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	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	194	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		-194	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		2,945,331	1,624,498	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		24,858	9,861	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		39,341	28,187	13.00
14.00	Total PPS Reimbursement - PEP Episodes		16,978	6,282	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		12,785	4,072	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		3,039,099	1,672,900	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		3,039,099	1,672,900	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		3,039,099	1,672,900	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		3,039,099	1,672,900	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		3,039,099	1,672,900	31.00
32.00	Interim payments (see instructions)		3,039,099	1,672,900	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140116	Period: From 07/01/2010	Worksheet H-5
	HHA CCN: 147455	To 06/30/2011	Date/Time Prepared: 1/27/2012 10:16 am
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,039,099		1,672,900	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)		3,039,099		1,672,900	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,039,099		1,672,900	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: 140116	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/27/2012 10:16 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,059,397	1.00
2.00	Capital DRG outlier payments		78,655	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		110.20	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)		1.83	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		10.80	8.00
9.00	Sum of lines 7 and 8		12.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.59	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		79,238	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,217,290	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

SPECIAL REPORTS - LONG-TERM CARE COST TO CHARGE RATIO REPORT		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	LONG-TERM CARE COST TO CHARGE RATIO RPT Date/Time Prepared: 1/27/2012 10:16 am
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		1.00	2.00	
SECTION I: LTC COST TO CHARGE RATIO DETERMINATION				
1.00	Medicare inpatient cost (D-1, T.18, Line 49)	52,849,973		1.00
2.00	Routine Pass Through Cost (D, Part III, Col. 9, sum of Lines 30-35)	0		2.00
3.00	Ancillary Pass Through Cost (D Pt IV, Col. 11 Line 200)	0		3.00
4.00	Total inpatient cost (Line 1 minus sum of Lines 2 and 3)	52,849,973		4.00
5.00	Medicare inpatient charges (D-3 T.18 Col. 2 sum of Lines 30-35 + 202)	155,640,831		5.00
6.00	Long-term care cost to charge ratio (Line 4, divided by Line 5) (Max is 1.215)	0.340		6.00
SECTION II: MEDICAID PATIENT DAYS TO TOTAL DAYS				
11.00	Medicaid Patients Days (S-3 Pt I col 7 line 14)	4,658		11.00
12.00	Total Days (S-3 Pt I Col. 8 Line 14 + Col. 8 Line 32 minus sum of Lines 5 and 6, plus emp discount days Col. 8 Line 30)	42,246		12.00
13.00	Medicaid Ratio (Line 11 divided by Line 12)	0.1103	%	13.00
SECTION III: INTERNS & RESIDENTS / BED RATIO				
21.00	Number of FTE Interns & Residents (S-3 Pt I Line 14 Col. 9)	0.00		21.00
22.00	Number of Beds	157.0000	(1)	22.00
23.00	Ratio of Interns & Residents / Beds - Line 21 / Line 22 (Rounded to four decimal places)	0.0000		23.00
Interns & Residents / Average Daily Census Ratio for Capital PPS				
24.00	Number of FTE Interns & Residents (S-3 Pt I Line 14 Col. 9)	0.00		24.00
25.00	Average Daily Census for PPS Hospital	110.2000	(2)	25.00
26.00	Ratio of Interns & Residents / Average Daily Census - Line 24 / Line 25 (Round to four decimal places)	0.0000		26.00
SECTION IV: BED SIZE				
31.00	Bed Size (E Pt A Line 4 Logic)	152.68		31.00
SECTION V: AVERAGE LENGTH OF STAY (ALOS)				
41.00	I/P Days (S-3 Pt I Lines 14 + 33, Col. 6)	22,102		41.00
42.00	I/P Discharges (S-3 Pt I Line 1, Col. 13)	4,656		42.00
43.00	Average Length of Stay (Line 41 / Line 42)	4.75		43.00

(1) CMS 2552-10: Worksheet S-3 Col 3 Line 14 minus Col 3 Line 13 plus Col 8 Lines 5 + 6, divided by the number of days in the cost reporting period.

(2) CMS 2552-10: Worksheet S-3 Col 8 Line 14 minus Col 8 Lines 5, 6, 13 divided by the number of days in the cost reporting period.

SPECIAL REPORTS - PSYCH RATE REPORT		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	PSYCH RATE REPORT
			Hospital	Date/Time Prepared: 1/27/2012 10:16 am
			PPS	
			1.00	
PSYCH RATIO OF COST TO CHARGES (RCC) REPORT (PER CR7609)				
1.00	Total program cost (D-1 Pt II Line 49.00 minus ((D Pt III Col 9 Lines 30-35 if hospital or line 40 if sub-provider) plus D Pt IV Line 200 Col 11))		0	1.00
2.00	Total program charges (D-3 Col 2 sum of lines 30-35 if hospital or line 40 if sub-provider plus D-3 Col 2 Line 202; where possible, these charges should be confirmed with the PS&R data)		0	2.00
3.00	Psych unit Ratio of Cost to Charges (Line 1 divided by line 2)		0.000	3.00
PSYCH RESIDENTS TO AVERAGE DAILY CENSUS REPORT				
11.00	W/S E-3, Pt II Line 8 I&R PPS Med Ed Adj		0.00	11.00
12.00	W/S E-3, Pt II Line 9 Ave Daily Census		0.000000	12.00
13.00	Psych Residents Average Daily Census		0.0000	13.00
PSYCH NATIONAL URBAN & RURAL COST TO CHARGE RATIOS FOR THE IPF PPS FY 2012 (PER CR#7367)				
21.00	Urban Median		0.0000	21.00
22.00	Urban Ceiling		0.0000	22.00
23.00	Rural Median		0.0000	23.00
24.00	Rural Ceiling		0.0000	24.00
BED SIZE				
31.00	Bed Size (W/S S-3, Pt I Line 16 Col 2)		0.00	31.00

SPECIAL REPORTS - OPPS RCC REPORT WITH PARAMED. ED & ALLIED HEALTH Provi der CCN: 140116 Peri od: From 07/01/2010 To 06/30/2011 OPPS RCC Report
 COSTS EXCLUDED Date/Time Prepared: 1/27/2012 10:16 am

Cost Center Description	Cost/Charge Ratio	PPS Servi ces FYB to 12/31	PPS Servi ces 1/1 to FYE	Total Charges (C)	Total Costs (C)	
	1.00	2.00	2.01	3.00	4.00	
ANCILLARY SERVICE COST CENTERS (B)						
50.00 OPERATING ROOM	0.247464	13,797,534	0	13,797,534	3,414,393	50.00
51.00 RECOVERY ROOM	0.200707	994,176	0	994,176	199,538	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.129389	731,137	0	731,137	94,601	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.214486	8,564,202	0	8,564,202	1,836,901	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.247406	8,607,576	0	8,607,576	2,129,566	55.00
56.00 RADIOISOTOPE	0.208990	4,172,004	0	4,172,004	871,907	56.00
57.00 CT SCAN	0.039959	9,081,441	0	9,081,441	362,885	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.074831	2,512,493	0	2,512,493	188,012	58.00
59.00 CARDIAC CATHETERIZATION	0.207761	7,043,232	0	7,043,232	1,463,309	59.00
60.00 LABORATORY	0.108726	1,643,991	0	1,643,991	178,745	60.00
65.00 RESPIRATORY THERAPY	0.274137	381,477	0	381,477	104,577	65.00
66.00 PHYSICAL THERAPY	0.570113	157,083	0	157,083	89,555	66.00
67.00 OCCUPATIONAL THERAPY	0.442497	22,825	0	22,825	10,100	67.00
68.00 SPEECH PATHOLOGY	0.302609	2,951	0	2,951	893	68.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01 NEUROLOGY	0.295065	79,752	0	79,752	23,532	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432972	2,148,067	0	2,148,067	930,053	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.438104	329,513	0	329,513	144,361	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.241165	12,428,294	0	12,428,294	2,997,270	73.00
76.00 RADIOLOGY	0.479855	567,419	0	567,419	272,279	76.00
76.97 CARDIAC REHABILITATION	0.873426	596,181	0	596,181	520,720	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.693554	529,323	0	529,323	367,114	90.00
91.00 EMERGENCY	0.364957	2,744,716	0	2,744,716	1,001,703	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.244140	1,674,153	0	1,674,153	408,728	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	0	0	97.00
202.00 Total		78,809,540	0	78,809,540	17,610,742	202.00
RCC Calculation (B)						
211.00 Total Cost (Col 4, line 200)					17,610,742	211.00
212.00 Total Charges (Col 3, line 200)					78,809,540	212.00
213.00 OPPS / Charge Ratio (OPPS Cost/Charge Ratio Max is 1.000)					0.223	213.00
Statewide Average Operating RCC						
214.00 Urban					0.238	214.00
215.00 Rural					0.230	215.00
Section II - Bed Size						
221.00 Bed Size (E Pt A line 4 logic)					152.68	221.00
Section III - Non Opps RCC for FISS-Core, 41 Screen, Page 3						
231.00 W/S E Part B, line 1, col 1					27,626	231.00
232.00 W/S E Part B line 12, col 1					114,554	232.00
233.00 Non OPPS RCC (line 231 / line 232)					0.241	233.00

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health
 (B) Worksheet A line numbers. If lines 96-97 present, review to ensure that "Non Implantable DME" is Excluded
 (C) Wks A lines 61, 66-68, 74, 88, 89, 94, 95 are not included in Totals

SPECIAL REPORTS - COST TO CHARGE RATIO REPORT

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Cost to Charge Rati
Date/Time Prepared:
1/27/2012 10:16 am

		1.00	
1.00	Ref:	Change Req #7134	1.00
I. COST TO CHARGE RATIO FOR PPS HOSPITALS			
11.00	Total program (Title XVIII) inpatient operating cost excluding capital related, nonphysician anesthesiologist and medical education cost (Worksheet D-1, Part II, Line 53 minus Line 42 nursery costs)	48,968,504	11.00
12.00	Hospital Part A Title XVIII charges (Sum of routine charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	155,640,831	12.00
13.00	Ratio of cost to charges (Line 1/Line 2) (Operating Max is 1.175)	0.315	13.00
II. COST TO CHARGE RATIO FOR CAPITAL			
21.00	Total Medicare inpatient PPS capital related costs (W/S D Part I, Lines 25-30, and 43, columns 7; Plus D Part II, Line 200, column 5)	3,881,469	21.00
22.00	Total Medicare inpatient PPS capital related costs (Worksheet L, Part III Line 1. If zero then L, Part II Line 3)	0	22.00
23.00	Hospital Part A Title XVIII charges (Sum of routine charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	155,640,831	23.00
24.00	Ratio of cost to charges (Line 1/Line 3) (Capital Max is 0.159)	0.025	24.00
III. MEDICAID PATIENT DAYS TO TOTAL DAYS			
31.00	Medicaid Patient Days (S-2, Part I Columns 1-6 Line 24)	4,561	31.00
32.00	Total Days (S-3, Part I Column 8 Line 14 + Column 8 Line 32 minus sum of Lines 5-6, plus employee discount days Column 8 Line 30)	42,246	32.00
33.00	Medicaid Ratio (Line 1 divided by Line 2)	0.1080	33.00
IV. BED SIZE			
41.00	Bed Size (W/S E, Part A, Line 3 Logic)	152.68	41.00

SPECIAL REPORTS - PASS THRU PER DIEM REPORT		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Pass Thru Per Diem Date/Time Prepared: 1/27/2012 10:16 am
			1.00	
MEDICAL EDUCATION PASS-THRU PER DIEM (PTA EDU)				
1.00	Direct Medical Education (E Pt A lines 52 + 53)		0	1.00
2.00	Medicare Days (E-4 line 26 cols 1 + 2)		0	2.00
3.00	Direct Med Ed Pass-Thru Per Diem (line 1 / line 2)		0.00	3.00
4.00	Routine Service Pass-Thru (E Pt A line 57)		0	4.00
5.00	Ancillary Service Pass-Thru (E Pt A Line 58)		0	5.00
6.00	Total Allied Health Education Costs (line 4 + line 5)		0	6.00
7.00	Medicare Days (S-3 Pt I line 14 col 6)		22,102	7.00
8.00	Allied Health Ed Pass-Thru Per Diem (line 6 / line 7)		0.00	8.00
9.00	Total Medical Education Pass-Thru Per Diem (line 3 + line 8)		0.00	9.00
ORGAN ACQUISITION PASS-THRU PER DIEM (PTA ORG)				
10.00	Net Organ Acquisition Cost (E Pt A line 55)		0	10.00
11.00	Medicare Days (S-3 Pt I line 14 col 6)		22,102	11.00
12.00	Organ Acquisition Pass-Thru Per Diem (line 10 / line 11)		0.00	12.00
13.00	Total Pass-Thru Per Diem (line 9 + line 12)		0.00	13.00

SPECIAL REPORTS - SPECIAL REHAB HOSPITAL PPS REPORT		Provider CCN: 140116	Period: From 07/01/2010 To 06/30/2011	Special Rehab Hospi Date/Time Prepared: 1/27/2012 10:16 am
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		1.00	
1.00	Type of Hospital:	General Short Term	1.00
2.00	Status:		2.00
3.00	Change Request:	7510 + 7/29/2011 Fed Reg (CR 7609 CCR Calc Ref)	3.00
4.00	SubProvider:	NIMC REHABILITATION UNIT	4.00
5.00	SubProvider Number:	14T116	5.00
6.00	Type of SubProvider:	Rehabilitation	6.00
EXTRACTED DATA FOR REHABILITATION PPS			
11.00	Total Medicare Cost D-1, Part II Line 49 minus (D, Part III column 9 Lines 30-35[Hospital] or Line 41[Subprovider] plus D, Part IV Column 11 Line 200)	3,615,832	11.00
12.00	Total Medicare Charges D-3 Column 2 Lines 30-35 [Hospital] or Line 41 [Subprovider] plus D-3 Column 2 Line 202 (where possible, these charges should be confirmed with the PS&R data)	7,304,956	12.00
13.00	Ratio of Cost to Charges (Line 1 divided by Line 2)	0.490	13.00
14.00	Inpatient Days (S-3, Column 5, Line 14.xx + 2.01 [Subprovider] or Line 1.00 + 2.00 [Hospital])	2,653	14.00
15.00	Total Days (S-3, Column 6, Line 14.xx [Subprovider] or Line 1.00 [Hospital])	3,850	15.00
16.00	Ratio of IRF Days to Total Days (Line 5 divided by Line 6)	0.689	16.00
17.00	RCC Max is:	1.550	17.00
18.00	National Cost to Charge Ratio: Urban	0.520	18.00
19.00	National Cost to Charge Ratio: Rural	0.669	19.00
REHAB RESIDENTS TO AVERAGE DAILY CENSUS REPORT			
21.00	W/S E-3, Part III, Line 9.00 I&R IRF PPS Med Ed Adj	0.00	21.00
22.00	W/S E-3, Part III, Line 10.00 Avg Daily Census	10.547945	22.00
23.00	Rehab Residents Average Daily Census (Line 21/Line 22)	0.000	23.00
BED SIZE			
31.00	Bed Size (S-3, Part I Line 17 Column 2)	15.00	31.00
REHAB MEDICAID RATIO			
41.00	IRF Medicaid Days (S-2, Part I Columns 1-6 Line 25)	146	41.00
42.00	IRF Total Days (S-3, Part I Column 8 Line 1 or Line 17 plus Employee Discount Days Column 8 Line 30 (or Line 31 for Subproviders))	3,850	42.00
43.00	IRF Medicaid Ratio (Line 31/Line 32)	0.0379	43.00

SPECIAL REPORTS - HI TECH FISS DATA REPORT

Provider CCN: 140116

Period:
From 07/01/2010
To 06/30/2011

Worksheet HI TECH FI
Date/Time Prepared:
1/27/2012 10:16 am

		1.00	
1.00	Acceptance Date		1.00
1.01	Is this a CAH?	NO	1.01
CAH DATA FIELDS:			
2.00	Inpatient Days - Part A (S-3 Pt I col 6, lines 1 + 8-12)		2.00
3.00	Inpatient Days - Part C (S-3 Pt I col 6, line 2)		3.00
4.00	Total I/P Days (S-3 Pt I col 8, lines 1 + 8-12)		4.00
5.00	Total Charges (C Pt I col 8, line 200)		5.00
6.00	Charity Care (S-10 col 3, line 20)		6.00
		1.00	
7.00	Cost of EHR Equipment (obtained from provider)		7.00
		1.00	
NON-CAH DATA FIELDS:			
8.00	Total Discharges (S-3 Pt I col 15, line 14)	10,089	8.00
9.00	Inpatient Days - Part A (S-3 Pt I col 6, lines 1 + 8-12)	22,102	9.00
10.00	Inpatient Days - Part C (S-3 Pt I col 6, line 2)	0	10.00
11.00	Total I/P Days (S-3 Pt I col 8, lines 1 + 8-12)	40,223	11.00
12.00	Total Charges (C Pt I col 8, line 200)	618,373,899	12.00
13.00	Charity Care (S-10 col 3, line 20)	17,789,631	13.00
		1.00	
14.00	Input into FISS:		14.00
15.00	Date input into FISS:		15.00