

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: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S Parts I-III Date/Time Prepared: 11/28/2011 8:16 am
--	----------------------	---	---

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: 11/28/2011	Time: 8:16 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: 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 PEKIN MEMORIAL HOSPITAL for the cost reporting period beginning 05/01/2010 and ending 04/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V		Title XVIII		HIT	Title XIX	
	1.00	2.00	Part A	Part B			
PART III - SETTLEMENT SUMMARY							
1.00 Hospital	0	136,155		-13,225	0	0	1.00
2.00 Subprovider - IPF	0	0		0		0	2.00
3.00 Subprovider - IRF	0	0		0		0	3.00
4.00 SUBPROVIDER I	0	0		0		0	4.00
5.00 Swing bed - SNF	0	0		0		0	5.00
6.00 Swing bed - NF	0	0		0		0	6.00
7.00 Skilled Nursing Facility	0	0		0		0	7.00
8.00 Nursing Facility	0	0		0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0		263		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0		0		0	11.00
12.00 CMHC I	0	0		0		0	12.00
200.00 Total	0	136,155		-12,962	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.

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: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S Parts I-III Date/Time Prepared: 11/28/2011 8:16 am
--	----------------------	---------------------------------------	--

PART I - COST REPORT STATUS

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

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

Date: 11/28/2011 Time: 8:16 am

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PEKIN MEMORIAL HOSPITAL for the cost reporting period beginning 05/01/2010 and ending 04/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
 ECR: Date: 11/28/2011 Time: 8:16 am
 IjNzU9xI2bz0. Jevr3Wj j xZh8ZpPn0
 ol9zX0vYTj GgHTj LbXKMHTqYvz9XRl
 SxZe1dl Xua0Ch2Vm
 PI: Date: 11/28/2011 Time: 8:16 am
 EFskvEl 6: Pd1D7UtwTPGDT005E: Cc1
 rYB4u0I5xi FMZQvGrKe: JM: pi 9He36
 ApyJm8nNEVOFYr: g

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

 Title

 Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	136,155	-13,225	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 Skilled Nursing Facility	0	0	0	0	0	7.00
8.00 Nursing Facility	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	263	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	136,155	-12,962	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: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 1:41 pm					
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 600 SOUTH 13TH STREET			PO Box:									
2.00	City: PEKIN			State: IL		Zip Code: 61554-		County: TAZWELL					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
		V		XVIII	XIX								
Hospital and Hospital-Based Component Identification:													
3.00	Hospital		PEKIN MEMORIAL HOSPITAL	140120	37900	1	07/01/1966	N	P	N			
4.00	Subprovider - IPF					0		N	N	N			
5.00	Subprovider - IRF					0		N	N	N			
6.00	Subprovider - (Other)												
7.00	Swing Beds - SNF							N	N	N			
8.00	Swing Beds - NF							N		N			
9.00	Hospital-Based SNF		PEKIN MEMORIAL SNF	145766	37900		10/01/1993	N	P	N			
10.00	Hospital-Based NF							N		N			
11.00	Hospital-Based OLTC												
12.00	Hospital-Based HHA		PEKIN HOME HEALTH	147057	37900		01/01/1966	N	P	N			
13.00	Separately Certified ASC							N	N	N			
14.00	Hospital-Based Hospice												
15.00	Hospital-Based Health Clinic - RHC							N	N	N			
16.00	Hospital-Based Health Clinic - FOHC							N	N	N			
17.00	Hospital-Based (CMHC) 1							N	N	N			
17.10	Hospital-Based (CORF) 1							N	N	N			
18.00	Renal Dialysis												
19.00	Other												
							From:	To:					
							1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2010	04/30/2011		20.00			
21.00	Type of Control (see instructions)						2		21.00				
Inpatient PPS Information													
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00			
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days						
		1.00	2.00	3.00	4.00	5.00	6.00						
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.						2,313	281	0	0	0	0	24.00
25.00	If this provider is an IRF then enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.						0	0	0	0	0	0	25.00
							1.00						
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								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			
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			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 1:41 pm		
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 1:41 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
				V		XIX
				1.00		2.00
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 1:41 pm	
			V	XIX	
			1.00	2.00	
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N	N	107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
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
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		20,000,000	20,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	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.		N		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H076	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: PROGRESSIVE HEALTH SYSTEMS	Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC	Contractor's Number: 00131		141.00
142.00	Street: 600 SOUTH 13TH STREET	PO Box:			142.00
143.00	City: PEKIN	State: IL	Zip Code:	61554	143.00
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part II Date/Time Prepared: 11/28/2011 1:41 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		
			Description	Y/N	Date
			0	1.00	2.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		Y	07/15/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part II Date/Time Prepared: 11/28/2011 1:41 pm
---	--	----------------------	---	---

		Part A				
		Description	Y/N	Date		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N			27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N			31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N			33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N			35.00
					Y/N	Date
					1.00	2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?		Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part II Date/Time Prepared: 11/28/2011 1:41 pm
---	----------------------	---	---

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	07/15/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/28/2011 1:41 pm
--	--	----------------------	---	--

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	90	32,850	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)		90	32,850	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		98	35,770	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY	44.00	27	9,855		19.00
20.00 NURSING FACILITY	45.00	0	0		20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				23.00
24.00 HOSPICE	116.00	0	0		24.00
25.00 CMHC - CMHC	99.00				25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		125			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140120

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

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	6,672	1,644	12,484		1.00
2.00 HMO		1,273	364			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	6,672	1,644	12,484		7.00
8.00 INTENSIVE CARE UNIT	0	724	65	1,299		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		521	873		13.00
14.00 Total (see instructions)	0	7,396	2,230	14,656		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	2,603	0	3,544		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	5,906	0	9,002		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		321	1,532		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				81		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	83		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/28/2011 1:41 pm
--	--	----------------------	---	--

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,619	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	530.91	0.00	0	1,619	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	17.36	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	8.91	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	557.18	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140120

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

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	703	3,600		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)	703	3,600		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part II Date/Time Prepared: 11/28/2011 1:41 pm
---------------------------------	--	----------------------	---------------------------------------	--

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	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	27,362,130	0	27,362,130	1.00	
2.00	Non-physician anesthetist Part A		0	0	0	2.00	
3.00	Non-physician anesthetist Part B		2,027,450	0	2,027,450	3.00	
4.00	Physician-Part A		0	0	0	4.00	
5.00	Physician-Part B		0	0	0	5.00	
6.00	Non-physician-Part B		0	0	0	6.00	
7.00	Interns & residents (in an approved program)	21.00	0	0	0	7.00	
8.00	Home office personnel		2,111,463	0	2,111,463	8.00	
9.00	SNF	44.00	723,929	0	723,929	9.00	
10.00	Excluded area salaries (see instructions)		530,062	0	530,062	10.00	
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,801,456	0	1,801,456	11.00	
12.00	Management and administrative services		0	0	0	12.00	
13.00	Contract labor: physician-Part A		0	0	0	13.00	
14.00	Home office salaries & wage-related costs		1,765,501	0	1,765,501	14.00	
15.00	Home office: physician Part A		0	0	0	15.00	
16.00	Teaching physician salaries (see instructions)		0	0	0	16.00	
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		6,668,230	0	6,668,230	17.00	
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0	18.00	
19.00	Excluded areas		322,480	0	322,480	19.00	
20.00	Non-physician anesthetist Part A		0	0	0	20.00	
21.00	Non-physician anesthetist Part B		242,084	0	242,084	21.00	
22.00	Physician Part A		0	0	0	22.00	
23.00	Physician Part B		0	0	0	23.00	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00	
25.00	Interns & residents (in an approved program)		0	0	0	25.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	5,168	0	161,520	166,688	26.00
27.00	Administrative & General	5.00	4,761,695	0	-161,520	4,600,175	27.00
28.00	Administrative & General under contract (see inst.)		333,127	0	0	333,127	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	531,459	0	0	531,459	30.00
31.00	Laundry & Linen Service	8.00	154,397	0	0	154,397	31.00
32.00	Housekeeping	9.00	733,751	0	0	733,751	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	603,293	0	-451,065	152,228	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	451,065	451,065	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	850,836	0	0	850,836	38.00
39.00	Central Services and Supply	14.00	72,034	0	0	72,034	39.00
40.00	Pharmacy	15.00	772,699	0	0	772,699	40.00
41.00	Medical Records & Medical Records Library	16.00	630,472	0	0	630,472	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: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part II Date/Time Prepared: 11/28/2011 1:41 pm
---------------------------------	--	----------------------	---	---

		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)	1,158,927.19	23.61	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	21,261.38	95.36	3.00
4.00	Physician-Part A	0.00	0.00	4.00
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
8.00	Home office personnel	52,968.61	39.86	8.00
9.00	SNF	36,114.98	20.05	9.00
10.00	Excluded area salaries (see instructions)	20,079.04	26.40	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	43,972.04	40.97	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs	44,444.32	39.72	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	8,177.90	20.38	26.00
27.00	Administrative & General	206,533.01	22.27	27.00
28.00	Administrative & General under contract (see inst.)	1,434.50	232.23	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	23,080.27	23.03	30.00
31.00	Laundry & Linen Service	12,617.33	12.24	31.00
32.00	Housekeeping	67,969.24	10.80	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	12,378.91	12.30	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	36,679.77	12.30	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	26,711.65	31.85	38.00
39.00	Central Services and Supply	5,491.50	13.12	39.00
40.00	Pharmacy	23,986.17	32.21	40.00
41.00	Medical Records & Medical Records Library	39,618.12	15.91	41.00
42.00	Social Service	0.00	0.00	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part III Date/Time Prepared: 11/28/2011 1:41 pm
---------------------------------	--	----------------------	---	--

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cat ion of 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)		23,556,344	0	0	23,556,344	1.00
2.00	Excluded area salaries (see instructions)		1,253,991	0	0	1,253,991	2.00
3.00	Subtotal salaries (line 1 minus line 2)		22,302,353	0	0	22,302,353	3.00
4.00	Subtotal other wages & related costs (see inst.)		3,566,957	0	0	3,566,957	4.00
5.00	Subtotal wage-related costs (see inst.)		6,668,230	0	0	6,668,230	5.00
6.00	Total (sum of lines 3 thru 5)		32,537,540	0	0	32,537,540	6.00
7.00	Total overhead cost (see instructions)		9,448,931	0	0	9,448,931	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part III Date/Time Prepared: 11/28/2011 1:41 pm
---------------------------------	--	----------------------	---	--

		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)	1,086,131.70	21.69	1.00
2.00	Excluded area salaries (see instructions)	56,194.02	22.32	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,029,937.68	21.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	88,416.36	40.34	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	29.90	5.00
6.00	Total (sum of lines 3 thru 5)	1,118,354.04	29.09	6.00
7.00	Total overhead cost (see instructions)	464,678.37	20.33	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2011 1:41 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			25,718 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			251,380 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost			558,123 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			174,670 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			33,701 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)			3,223,216 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			26,905 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			439,709 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			1,868,039 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			51,041 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			15,728 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			6,668,230 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: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part V Date/Time Prepared: 11/28/2011 1:41 pm
--	----------------------	---	--

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,774,011	134,510	1.00
2.00	Hospital	2,546,208	134,510	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	672	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	227,131	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	OTHER (SPECIFY)	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-4
		Component CCN: 147057		Date/Time Prepared: 11/28/2011 1:41 pm
			Home Health Agency I	PPS

		1.00					
0.00	County	TAZEWELL					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	885	0	65	950	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	387.00	25.00	192.00	604.00	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		1.23	0.00	1.23	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.31	0.00	0.31	5.00
6.00	Direct Nursing Service			7.12	0.00	7.12	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	3.39	3.39	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.13	0.13	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.05	0.05	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.25	0.00	0.25	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.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			37900			20.00
20.01				99914			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	2.00	3.00	4.00	5.00
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,657	40	69	66	2,832	21.00
22.00	Skilled Nursing Visit Charges	439,303	6,651	11,403	10,891	468,248	22.00
23.00	Physical Therapy Visits	2,075	0	25	57	2,157	23.00
24.00	Physical Therapy Visit Charges	374,125	0	4,506	10,271	388,902	24.00
25.00	Occupational Therapy Visits	98	0	0	11	109	25.00
26.00	Occupational Therapy Visit Charges	17,747	0	0	1,986	19,733	26.00
27.00	Speech Pathology Visits	69	0	0	0	69	27.00
28.00	Speech Pathology Visit Charges	13,529	0	0	0	13,529	28.00
29.00	Medical Social Service Visits	1	0	0	0	1	29.00
30.00	Medical Social Service Visit Charges	265	0	0	0	265	30.00
31.00	Home Health Aide Visits	693	16	2	27	738	31.00
32.00	Home Health Aide Visit Charges	51,631	1,199	150	2,012	54,992	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,593	56	96	161	5,906	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	896,600	7,850	16,059	25,160	945,669	35.00
36.00	Total Number of Episodes (standard/non outlier)	346		34	11	391	36.00
37.00	Total Number of Outlier Episodes		1		0	1	37.00
38.00	Total Non-Routine Medical Supply Charges	7,316	375	319	92	8,102	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-7 Date/Time Prepared: 11/28/2011 1:41 pm
--	----------------------	---	--

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	20	0	20	5.00
6.00	RVL	188	0	188	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	143	0	143	9.00
10.00	RML	746	0	746	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	28	0	28	13.00
14.00	RUA	17	0	17	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	75	0	75	16.00
17.00	RVA	342	0	342	17.00
18.00	RHC	63	0	63	18.00
19.00	RHB	139	0	139	19.00
20.00	RHA	343	0	343	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	67	0	67	22.00
23.00	RMA	169	0	169	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	14	0	14	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	4	0	4	35.00
36.00	HB1	8	0	8	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	2	0	2	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	27	0	27	44.00
45.00	CE2	4	0	4	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	4	0	4	47.00
48.00	CD1	23	0	23	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	10	0	10	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	64	0	64	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	23	0	23	54.00
55.00	SE3	35	0	35	55.00
56.00	SE2	42	0	42	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140120

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

Worksheet S-7
Date/Time Prepared:
11/28/2011 1:41 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)		
		1.00	2.00	3.00	4.00		
69.00		PE2	0	0	0	69.00	
70.00		PE1	0	0	0	70.00	
71.00		PD2	0	0	0	71.00	
72.00		PD1	0	0	0	72.00	
73.00		PC2	0	0	0	73.00	
74.00		PC1	2	0	2	74.00	
75.00		PB2	0	0	0	75.00	
76.00		PB1	0	0	0	76.00	
77.00		PA2	0	0	0	77.00	
78.00		PA1	0	0	0	78.00	
199.00		AAA	1	0	1	199.00	
200.00	TOTAL		2,603	0	2,603	200.00	
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)		
				1.00	2.00		
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		37900	37900	201.00	
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?		
			1.00	2.00	3.00		
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)							
202.00	Staffing		0	25.05		202.00	
203.00	Recruitment		0	0.00		203.00	
204.00	Retention of employees		0	0.00		204.00	
205.00	Training		0	0.00		205.00	
206.00	OTHER (SPECIFY)		0	6.06		206.00	
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		2,146,670			207.00	
					1.00		
1.00	Wage Index Factor				0.0000	1.00	
		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	186.11	186.11	0	266.82	3.00
4.00		RUL	164.57	164.57	0	260.04	4.00
5.00		RVX	141.03	141.03	0	241.42	5.00
6.00		RVL	131.67	131.67	0	214.30	6.00
7.00		RHX	119.31	119.31	0	221.85	7.00
8.00		RHL	116.50	116.50	0	195.70	8.00
9.00		RMX	135.32	135.32	0	205.09	9.00
10.00		RML	124.55	124.55	0	187.66	10.00
11.00		RLX	96.17	96.17	0	182.17	11.00
12.00		RUC	159.42	159.42	0	194.65	12.00
13.00		RUB	146.31	146.31	0	194.65	13.00
14.00		RUA	139.76	139.76	0	157.36	14.00
15.00		RVC	126.99	126.99	0	169.25	15.00
16.00		RVB	120.90	120.90	0	143.58	16.00
17.00		RVA	109.67	109.67	0	143.10	17.00
18.00		RHC	109.95	109.95	0	149.69	18.00
19.00		RHB	105.26	105.26	0	133.22	19.00
20.00		RHA	98.24	98.24	0	115.30	20.00
21.00		RMC	101.14	101.14	0	133.41	21.00
22.00		RMB	98.33	98.33	0	123.73	22.00
23.00		RMA	96.46	96.46	0	99.51	23.00
24.00		RLB	88.68	88.68	0	132.28	24.00
25.00		RLA	76.04	76.04	0	80.95	25.00
26.00		ES3	202.92	202.92	0	202.92	26.00
27.00		ES2	158.84	158.84	0	158.84	27.00
28.00		ES1	141.89	141.89	0	141.89	28.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140120

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

Worksheet S-7

Date/Time Prepared:
11/28/2011 1:41 pm

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
29.00	HE2	137.04	137.04	0	137.04	29.00
30.00	HE1	113.80	113.80	0	113.80	30.00
31.00	HD2	128.33	128.33	0	128.33	31.00
32.00	HD1	107.02	107.02	0	107.02	32.00
33.00	HC2	121.06	121.06	0	121.06	33.00
34.00	HC1	101.20	101.20	0	101.20	34.00
35.00	HB2	119.61	119.61	0	119.61	35.00
36.00	HB1	100.24	100.24	0	100.24	36.00
37.00	LE2	124.45	124.45	0	124.45	37.00
38.00	LE1	104.11	104.11	0	104.11	38.00
39.00	LD2	119.61	119.61	0	119.61	39.00
40.00	LD1	100.24	100.24	0	100.24	40.00
41.00	LC2	105.08	105.08	0	105.08	41.00
42.00	LC1	88.61	88.61	0	88.61	42.00
43.00	LB2	99.75	99.75	0	99.75	43.00
44.00	LB1	84.74	84.74	0	84.74	44.00
45.00	CE2	110.89	110.89	0	110.89	45.00
46.00	CE1	102.17	102.17	0	102.17	46.00
47.00	CD2	105.08	105.08	0	105.08	47.00
48.00	CD1	96.36	96.36	0	96.36	48.00
49.00	CC2	81.44	81.44	0	92.00	49.00
50.00	CC1	74.89	74.89	0	85.22	50.00
51.00	CB2	71.14	71.14	0	85.22	51.00
52.00	CB1	67.86	67.86	0	78.93	52.00
53.00	CA2	67.40	67.40	0	72.14	53.00
54.00	CA1	63.65	63.65	0	67.30	54.00
55.00	SE3	109.06	109.06	0	0.00	55.00
56.00	SE2	93.15	93.15	0	0.00	56.00
57.00	SE1	83.31	83.31	0	0.00	57.00
58.00	SSC	81.91	81.91	0	0.00	58.00
59.00	SSB	77.70	77.70	0	0.00	59.00
60.00	SSA	76.29	76.29	0	0.00	60.00
61.00	IB2	60.84	60.84	0	0.00	61.00
62.00	IB1	59.90	59.90	0	0.00	62.00
63.00	IA2	55.22	55.22	0	0.00	63.00
64.00	IA1	53.35	53.35	0	0.00	64.00
65.00	BB2	60.37	60.37	0	76.50	65.00
66.00	BB1	58.97	58.97	0	73.11	66.00
67.00	BA2	54.76	54.76	0	63.42	67.00
68.00	BA1	51.01	51.01	0	60.52	68.00
69.00	PE2	65.52	65.52	0	102.17	69.00
70.00	PE1	64.59	64.59	0	97.33	70.00
71.00	PD2	62.25	62.25	0	96.36	71.00
72.00	PD1	61.31	61.31	0	91.52	72.00
73.00	PC2	59.44	59.44	0	82.80	73.00
74.00	PC1	58.97	58.97	0	78.93	74.00
75.00	PB2	52.88	52.88	0	70.21	75.00
76.00	PB1	51.95	51.95	0	67.30	76.00
77.00	PA2	51.48	51.48	0	58.10	77.00
78.00	PA1	50.07	50.07	0	55.68	78.00
199.00	AAA	50.07	50.07	0	0.00	199.00
200.00	TOTAL			0		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140120

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

Worksheet S-7
Date/Time Prepared:
11/28/2011 1:41 pm

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
3.00	266.82	0	0	3.00
4.00	260.04	0	0	4.00
5.00	241.42	0	0	5.00
6.00	214.30	0	0	6.00
7.00	221.85	0	0	7.00
8.00	195.70	0	0	8.00
9.00	205.09	0	0	9.00
10.00	187.66	0	0	10.00
11.00	182.17	0	0	11.00
12.00	194.65	0	0	12.00
13.00	194.65	0	0	13.00
14.00	157.36	0	0	14.00
15.00	169.25	0	0	15.00
16.00	143.58	0	0	16.00
17.00	143.10	0	0	17.00
18.00	149.69	0	0	18.00
19.00	133.22	0	0	19.00
20.00	115.30	0	0	20.00
21.00	133.41	0	0	21.00
22.00	123.73	0	0	22.00
23.00	99.51	0	0	23.00
24.00	132.28	0	0	24.00
25.00	80.95	0	0	25.00
26.00	202.92	0	0	26.00
27.00	158.84	0	0	27.00
28.00	141.89	0	0	28.00
29.00	137.04	0	0	29.00
30.00	113.80	0	0	30.00
31.00	128.33	0	0	31.00
32.00	107.02	0	0	32.00
33.00	121.06	0	0	33.00
34.00	101.20	0	0	34.00
35.00	119.61	0	0	35.00
36.00	100.24	0	0	36.00
37.00	124.45	0	0	37.00
38.00	104.11	0	0	38.00
39.00	119.61	0	0	39.00
40.00	100.24	0	0	40.00
41.00	105.08	0	0	41.00
42.00	88.61	0	0	42.00
43.00	99.75	0	0	43.00
44.00	84.74	0	0	44.00
45.00	110.89	0	0	45.00
46.00	102.17	0	0	46.00
47.00	105.08	0	0	47.00
48.00	96.36	0	0	48.00
49.00	92.00	0	0	49.00
50.00	85.22	0	0	50.00
51.00	85.22	0	0	51.00
52.00	78.93	0	0	52.00
53.00	72.14	0	0	53.00
54.00	67.30	0	0	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	0	56.00
57.00	0.00	0	0	57.00
58.00	0.00	0	0	58.00
59.00	0.00	0	0	59.00
60.00	0.00	0	0	60.00
61.00	0.00	0	0	61.00
62.00	0.00	0	0	62.00
63.00	0.00	0	0	63.00
64.00	0.00	0	0	64.00
65.00	76.50	0	0	65.00
66.00	73.11	0	0	66.00
67.00	63.42	0	0	67.00
68.00	60.52	0	0	68.00
69.00	102.17	0	0	69.00
70.00	97.33	0	0	70.00
71.00	96.36	0	0	71.00
72.00	91.52	0	0	72.00
73.00	82.80	0	0	73.00
74.00	78.93	0	0	74.00
75.00	70.21	0	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140120

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

Worksheet S-7
Date/Time Prepared:
11/28/2011 1:41 pm

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
76.00	67.30	0	0	76.00
77.00	58.10	0	0	77.00
78.00	55.68	0	0	78.00
199.00	0.00	0	0	199.00
200.00 TOTAL		0	0	200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet S-10 Date/Time Prepared: 11/28/2011 1:41 pm
---	----------------------	---	---

			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)		0.237118	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,882,343	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		2,662,774	5.00	
6.00	Medicaid charges		33,809,238	6.00	
7.00	Medicaid cost (line 1 times line 6)		8,016,779	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,471,662	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		37,737	9.00	
10.00	Stand-alone SCHIP charges		347,493	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		82,397	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		44,660	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,516,322	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,416,789	0	6,416,789	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,521,536	0	1,521,536	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,521,536	0	1,521,536	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)		8,122,577	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		297,428	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		7,825,149	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,855,484	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		3,377,020	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,893,342	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/28/2011 1:41 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		1,439,914	1,439,914	1,137,877	2,577,791	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		2,468,259	2,468,259	60,710	2,528,969	2.00
3.00 OTHER CAP RELATED COST		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	5,168	6,656,290	6,661,458	535,613	7,197,071	4.00
5.00 ADMIN STRATIVE & GENERAL	4,761,695	8,153,378	12,915,073	-1,520,432	11,394,641	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	531,459	1,432,225	1,963,684	22,739	1,986,423	7.00
8.00 LAUNDRY & LINEN SERVICE	154,397	107,433	261,830	0	261,830	8.00
9.00 HOUSEKEEPING	733,751	369,180	1,102,931	0	1,102,931	9.00
10.00 DIETARY	603,293	870,022	1,473,315	-1,101,555	371,760	10.00
11.00 CAFETERIA	0	0	0	1,101,555	1,101,555	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	850,836	73,459	924,295	-777	923,518	13.00
14.00 CENTRAL SERVICES & SUPPLY	72,034	289,471	361,505	-284,378	77,127	14.00
15.00 PHARMACY	772,699	2,524,626	3,297,325	-2,261,629	1,035,696	15.00
16.00 MEDICAL RECORDS & LIBRARY	630,472	98,409	728,881	-1,288	727,593	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED. ED. PRGM.-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	5,393,624	401,987	5,795,611	-1,080,296	4,715,315	30.00
31.00 INTENSIVE CARE UNIT	1,204,295	34,321	1,238,616	26,288	1,264,904	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	197,841	197,841	43.00
44.00 SKILLED NURSING FACILITY	723,929	57,398	781,327	-14,604	766,723	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,079,245	4,535,228	6,614,473	-4,088,422	2,526,051	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	0	0	722,004	722,004	52.00
53.00 ANESTHESIOLOGY	2,061,044	192,077	2,253,121	-78,114	2,175,007	53.00
54.00 RADIOLOGY - DIAGNOSTIC	1,214,121	395,590	1,609,711	175,467	1,785,178	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIO SOTOPE	140,462	349,384	489,846	-731	489,115	56.00
57.00 CT SCAN	238,038	272,170	510,208	50,903	561,111	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	145,114	59,078	204,192	-28,116	176,076	58.00
59.00 CARDIAC CATHETERIZATION	298,129	405,530	703,659	-246,936	456,723	59.00
60.00 LABORATORY	1,052,255	1,127,656	2,179,911	-36,058	2,143,853	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	570,186	570,186	39,141	609,327	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	422,213	78,481	500,694	-31,241	469,453	65.00
66.00 PHYSICAL THERAPY	0	892,381	892,381	1,118	893,499	66.00
67.00 OCCUPATIONAL THERAPY	0	281,263	281,263	0	281,263	67.00
68.00 SPEECH PATHOLOGY	0	146,784	146,784	3,753	150,537	68.00
69.00 ELECTROCARDIOLOGY	445,685	253,423	699,108	6,346	705,454	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,750,400	5,750,400	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,249,878	2,249,878	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	136,161	136,161	1,436	137,597	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	145,575	18,003	163,578	-3,430	160,148	90.00
91.00 EMERGENCY	2,152,535	334,802	2,487,337	-200,861	2,286,476	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED		0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD		0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	0	98.00
99.00	CMHC		0	0	0	0	0	99.00
99.10	CORF		0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.		0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY		504,007	312,633	816,640	-14,324	802,316	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	KIDNEY ACQUISITION		0	0	0	0	0	105.00
106.00	HEART ACQUISITION		0	0	0	0	0	106.00
107.00	LIVER ACQUISITION		0	0	0	0	0	107.00
108.00	LUNG ACQUISITION		0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION		0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	0	0	111.00
113.00	INTEREST EXPENSE		0	1,089,877	1,089,877	-1,089,877	0	113.00
114.00	UTILIZATION REVIEW-SNF		0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	0	0	115.00
116.00	HOSPICE		0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)		27,336,075	36,427,079	63,763,154	0	63,763,154	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN		26,055	396	26,451	0	26,451	190.00
191.00	RESEARCH		0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES		0	0	0	0	0	192.00
193.00	NONPAID WORKERS		0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	0	0	194.00
194.01	RENTED SPACE		0	0	0	0	0	194.01
194.02	FOUNDATION		0	0	0	0	0	194.02
200.00	TOTAL (SUM OF LINES 118-199)		27,362,130	36,427,475	63,789,605	0	63,789,605	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/28/2011 1:41 pm
---	----------------------	---	--

Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
	6.00	7.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	-111,495	2,466,296	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	-99,774	2,429,195	2.00
3.00 OTHER CAP RELATED COST	0	0	3.00
4.00 EMPLOYEE BENEFITS	-2,047,943	5,149,128	4.00
5.00 ADMINISTRATIVE & GENERAL	-3,037,949	8,356,692	5.00
6.00 MAINTENANCE & REPAIRS	0	0	6.00
7.00 OPERATION OF PLANT	0	1,986,423	7.00
8.00 LAUNDRY & LINEN SERVICE	-3,778	258,052	8.00
9.00 HOUSEKEEPING	0	1,102,931	9.00
10.00 DIETARY	0	371,760	10.00
11.00 CAFETERIA	-509,204	592,351	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00 NURSING ADMINISTRATION	-14,451	909,067	13.00
14.00 CENTRAL SERVICES & SUPPLY	-6,420	70,707	14.00
15.00 PHARMACY	-329	1,035,367	15.00
16.00 MEDICAL RECORDS & LIBRARY	-30,673	696,920	16.00
17.00 SOCIAL SERVICE	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00 NURSING SCHOOL	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	22.00
23.00 PARAMED. ED. PRGM. -(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-410	4,714,905	30.00
31.00 INTENSIVE CARE UNIT	0	1,264,904	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	-643	197,198	43.00
44.00 SKILLED NURSING FACILITY	-14,783	751,940	44.00
45.00 NURSING FACILITY	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	2,526,051	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	722,004	52.00
53.00 ANESTHESIOLOGY	-2,027,450	147,557	53.00
54.00 RADIOLOGY - DIAGNOSTIC	-12,947	1,772,231	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	489,115	56.00
57.00 CT SCAN	0	561,111	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	176,076	58.00
59.00 CARDIAC CATHETERIZATION	0	456,723	59.00
60.00 LABORATORY	-70,620	2,073,233	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	609,327	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	469,453	65.00
66.00 PHYSICAL THERAPY	-12,152	881,347	66.00
67.00 OCCUPATIONAL THERAPY	0	281,263	67.00
68.00 SPEECH PATHOLOGY	0	150,537	68.00
69.00 ELECTROCARDIOLOGY	-247,692	457,762	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,750,400	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,249,878	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 SLEEP LAB	-135,450	2,147	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	160,148	90.00
91.00 EMERGENCY	0	2,286,476	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/28/2011 1:41 pm
---	----------------------	---	--

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	100.00
101.00	HOME HEALTH AGENCY	0	802,316	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-8,384,163	55,378,991	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	26,451	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	RENTED SPACE	0	0	194.01
194.02	FOUNDATION	0	0	194.02
200.00	TOTAL (SUM OF LINES 118-199)	-8,384,163	55,405,442	200.00

RECLASSIFICATIONS

Provider CCN: 140120

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

Worksheet A-6
Date/Time Prepared:
11/28/2011 1:41 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - TO RECLASS CAFETERIA COSTS						
1.00	CAFETERIA	11.00	451,065	650,490	1.00	
	TOTALS		451,065	650,490		
B - TO RECLASS BLOOD SALARIES FROM LAB						
1.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	52,679	0	1.00	
	TOTALS		52,679	0		
C - TO RECLASS LDR EXPENSES						
1.00	NURSERY	43.00	186,414	6,882	1.00	
2.00	LABOR ROOM & DELIVERY ROOM	52.00	680,304	25,115	2.00	
	TOTALS		866,718	31,997		
D - TO RECLASS CLINICAL ENGINEERING EXP						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	35,012	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	12,917	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	33,089	3.00	
4.00	NURSERY	43.00	0	4,545	4.00	
5.00	SKILLED NURSING FACILITY	44.00	0	2,260	5.00	
6.00	OPERATING ROOM	50.00	0	123,556	6.00	
7.00	LABOR ROOM & DELIVERY ROOM	52.00	0	16,585	7.00	
8.00	ANESTHESIOLOGY	53.00	0	43,085	8.00	
9.00	RADIOLOGY - DIAGNOSTIC	54.00	0	236,158	9.00	
10.00	RADIOISOTOPE	56.00	0	5,967	10.00	
11.00	CT SCAN	57.00	0	123,519	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	98,314	12.00	
13.00	LABORATORY	60.00	0	71,465	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	25,527	14.00	
15.00	PHYSICAL THERAPY	66.00	0	3,466	15.00	
16.00	SPEECH PATHOLOGY	68.00	0	3,887	16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	12,572	17.00	
18.00	SLEEP LAB	76.00	0	2,142	18.00	
19.00	CLINIC	90.00	0	9,304	19.00	
20.00	EMERGENCY	91.00	0	20,617	20.00	
	TOTALS		0	883,987		
E - TO RECLASS SUPPLY COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,750,400	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
	TOTALS		0	5,750,400		
F - TO RECLASS BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,249,878	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	TOTALS		0	2,249,878	
G - TO RECLASS TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,813	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	12,813	
H - TO RECLASS HUMAN RESOURCES					
1.00	EMPLOYEE BENEFITS	4.00	161,520	374,093	1.00
	TOTALS		161,520	374,093	
I - TO RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,089,877	1.00
	TOTALS		0	1,089,877	
J - TO RECLASS PROPERTY INSURANCE					
1.00	OTHER CAP RELATED COST	3.00	0	108,710	1.00
	TOTALS		0	108,710	
K - TO RECLASS MRI LEASE EXPENSE					
1.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	4,935	1.00
	TOTALS		0	4,935	
L - TO RECLASS MRI BUILDING UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	22,739	1.00
	TOTALS		0	22,739	
500.00	Grand Total: Increases		1,531,982	11,179,919	500.00

RECLASSIFICATIONS

Provider CCN: 140120

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

Worksheet A-6
Date/Time Prepared:
11/28/2011 1:41 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - TO RECLASS CAFETERIA COSTS							
1.00	DIETARY	10.00	451,065	650,490	0		1.00
	TOTALS		451,065	650,490			
B - TO RECLASS BLOOD SALARIES FROM LAB							
1.00	LABORATORY	60.00	52,679	0	0		1.00
	TOTALS		52,679	0			
C - TO RECLASS LDR EXPENSES							
1.00	ADULTS & PEDIATRICS	30.00	866,718	31,997	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		866,718	31,997			
D - TO RECLASS CLINICAL ENGINEERING EXP							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	883,987	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
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
	TOTALS		0	883,987			
E - TO RECLASS SUPPLY COSTS							
1.00	NURSING ADMINISTRATION	13.00	0	777	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	299,749	0		2.00
3.00	PHARMACY	15.00	0	100,046	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	193,801	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	6,597	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	16,608	0		6.00
7.00	OPERATING ROOM	50.00	0	4,207,454	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	118,199	0		8.00
9.00	RADIOLOGY - DIAGNOSTIC	54.00	0	56,079	0		9.00
10.00	RADIOISOTOPE	56.00	0	6,396	0		10.00
11.00	CT SCAN	57.00	0	38,759	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,206	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	342,104	0		13.00
14.00	LABORATORY	60.00	0	54,844	0		14.00
15.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	675	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	56,651	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	2,348	0		17.00
18.00	SPEECH PATHOLOGY	68.00	0	134	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	6,222	0		19.00
20.00	SLEEP LAB	76.00	0	706	0		20.00
21.00	CLINIC	90.00	0	12,689	0		21.00
22.00	EMERGENCY	91.00	0	214,032	0		22.00
23.00	HOME HEALTH AGENCY	101.00	0	14,324	0		23.00
	TOTALS		0	5,750,400			
F - TO RECLASS BILLABLE DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,641	0		1.00
2.00	PHARMACY	15.00	0	2,161,583	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	697	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	204	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	0	127	0		5.00
6.00	OPERATING ROOM	50.00	0	4,524	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	3,000	0		7.00
8.00	RADIOLOGY - DIAGNOSTIC	54.00	0	2,322	0		8.00
9.00	RADIOISOTOPE	56.00	0	302	0		9.00
10.00	CT SCAN	57.00	0	33,857	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	3,146	0		11.00
12.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	12,863	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	117	0		13.00

Provider CCN: 140120

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

Worksheet A-6
Date/Time Prepared:
11/28/2011 1:41 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
14.00	ELECTROCARDIOLOGY	69.00	0	4	0		14.00
15.00	CLINIC	90.00	0	45	0		15.00
16.00	EMERGENCY	91.00	0	7,446	0		16.00
	TOTALS		0	2,249,878			
G - TO RECLASS TELEPHONE EXPENSE							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,288	0		1.00
2.00	SKILLED NURSING FACILITY	44.00	0	129	0		2.00
3.00	RADIOLOGY - DIAGNOSTIC	54.00	0	2,290	0		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	9,106	0		4.00
	TOTALS		0	12,813			
H - TO RECLASS HUMAN RESOURCES							
1.00	ADMINISTRATIVE & GENERAL	5.00	161,520	374,093	0		1.00
	TOTALS		161,520	374,093			
I - TO RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	1,089,877	11		1.00
	TOTALS		0	1,089,877			
J - TO RECLASS PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	108,710	0		1.00
	TOTALS		0	108,710			
K - TO RECLASS MRI LEASE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,935	0		1.00
	TOTALS		0	4,935			
L - TO RECLASS MRI BUILDING UTILITIES							
1.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	22,739	0		1.00
	TOTALS		0	22,739			
500.00	Grand Total: Decreases		1,531,982	11,179,919			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140120

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/28/2011 1:41 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,449,581	0	0	0	1.00
2.00	Land Improvements	1,800,779	372	0	372	2.00
3.00	Buildings and Fixtures	11,554,361	0	0	0	3.00
4.00	Building Improvements	16,268,294	408,621	0	408,621	4.00
5.00	Fixed Equipment	13,469,615	905,125	0	905,125	5.00
6.00	Movable Equipment	22,696,290	2,064,511	0	2,064,511	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	67,238,920	3,378,629	0	3,378,629	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	67,238,920	3,378,629	0	3,378,629	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,439,914	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,468,259	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,908,173	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	30,032,427	0	30,032,427	0.441540	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	38,385,431	400,341	37,985,090	0.558460	2.00
3.00	Total (sum of lines 1-2)	68,417,858	400,341	68,017,517	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140120

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/28/2011 1:41 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,449,581	0		1.00	
2.00	Land Improvements	1,801,151	0		2.00	
3.00	Buildings and Fixtures	11,554,361	0		3.00	
4.00	Building Improvements	16,676,915	0		4.00	
5.00	Fixed Equipment	14,068,494	0		5.00	
6.00	Movable Equipment	24,316,937	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	69,867,439	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	69,867,439	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	1,439,914		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,468,259		2.00	
3.00	Total (sum of lines 1-2)	0	3,908,173		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	48,000	1,507,562	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	60,710	2,368,485	0 2.00
3.00	Total (sum of lines 1-2)	0	0	108,710	3,876,047	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140120

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	910,734	48,000	0	0	2,466,296	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	60,710	0	0	2,429,195	2.00
3.00	Total (sum of lines 1-2)	910,734	108,710	0	0	4,895,491	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140120

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

Worksheet A-8

Date/Time Prepared:
11/28/2011 1:41 pm

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)	B	-179,143	CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00	Television and radio service (chapter 21)		0		0.00 8.00
9.00	Parking lot (chapter 21)		0		0.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-433,698		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,499,770		12.00
13.00	Laundry and linen service	B	-3,778	LAUNDRY & LINEN SERVICE	8.00 13.00
14.00	Cafeteria-employees and guests	B	-361,028	CAFETERIA	11.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-6,420	CENTRAL SERVICES & SUPPLY	14.00 16.00
17.00	Sale of drugs to other than patients	B	-6	PHARMACY	15.00 17.00
18.00	Sale of medical records and abstracts	B	-30,673	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines		0		0.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00 25.00
26.00	Depreciation - buildings and fixtures		0	CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment		0	CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00	Physicians' assistant		0		0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	ADMIN FLEX FEE	B	-133	ADMINISTRATIVE & GENERAL	5.00 33.00
33.01	MEALS ON WHEELS AND CATERING	B	-148,176	CAFETERIA	11.00 33.01
33.02	WELLNESS CENTER AND AEROBICS CLASSES	B	-22,944	ELECTROCARDIOLOGY	69.00 33.02
33.03	PHYSICAL THERAPY OTHER INCOME	B	-12,152	PHYSICAL THERAPY	66.00 33.03
33.04	EDUCATION REVENUE	B	-8,451	NURSING ADMINISTRATOR	13.00 33.04
33.05	SICKBAY REVENUE	B	-410	ADULTS & PEDIATRICS	30.00 33.05
33.06	RADIOLOGY TRANSCRIPT REVENUE	B	-12,947	RADIOLOGY - DIAGNOSTIC	54.00 33.06
33.07	NURSERY OTHER INCOME	B	-643	NURSERY	43.00 33.07
33.08	CORONER AUTOPSY FEES	B	-3,120	LABORATORY	60.00 33.08
33.09	CASH ADJUSTMENTS	B	-574	ADMINISTRATIVE & GENERAL	5.00 33.09
33.10	MISCELLANEOUS OTHER INCOME	B	-17,996	ADMINISTRATIVE & GENERAL	5.00 33.10
33.11	DEPRECIATION LAPSING SCHEDULES	A	67,648	CAP REL COSTS-BLDG & FIXT	1.00 33.11
33.12	ADVERTISING SALARY EXPENSE	A	-147,855	ADMINISTRATIVE & GENERAL	5.00 33.12
33.13	ADVERTISING EXPENSE	A	-552,529	ADMINISTRATIVE & GENERAL	5.00 33.13
33.14	ADVERTISING BENEFITS	A	-27,580	EMPLOYEE BENEFITS	4.00 33.14
33.15	CRNA SALARIES	A	-2,027,450	ANESTHESIOLOGY	53.00 33.15
33.16	CRNA EMPLOYEE BENEFITS	A	-146,552	EMPLOYEE BENEFITS	4.00 33.16
33.17	FEDERAL EXCISE TAX	A	-323	PHARMACY	15.00 33.17
33.18	IDPA BED TAX	A	-14,783	SKILLED NURSING FACILITY	44.00 33.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 140120

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

Worksheet A-8

Date/Time Prepared:
11/28/2011 1:41 pm

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
		Basis/Code (2)	Amount	Cost Center	Line #	
		1.00	2.00	3.00	4.00	
33.19	SELF INSURANCE EXPENSE	A	-1,792,256	EMPLOYEE BENEFITS	4.00	33.19
33.20	COUNTRY CLUB DUES	A	-421	ADMINISTRATIVE & GENERAL	5.00	33.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,384,163			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140120

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

Worksheet A-8
Date/Time Prepared:
11/28/2011 1:41 pm

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	11	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	ADMIN FLEX FEE	0	33.00
33.01	MEALS ON WHEELS AND CATERING	0	33.01
33.02	WELLNESS CENTER AND AEROBICS CLASSES	0	33.02
33.03	PHYSICAL THERAPY OTHER INCOME	0	33.03
33.04	EDUCATION REVENUE	0	33.04
33.05	SICKBAY REVENUE	0	33.05
33.06	RADIOLOGY TRANSCRIPT REVENUE	0	33.06
33.07	NURSERY OTHER INCOME	0	33.07
33.08	CORONER AUTOPSY FEES	0	33.08
33.09	CASH ADJUSTMENTS	0	33.09
33.10	MISCELLANEOUS OTHER INCOME	0	33.10
33.11	DEPRECIATION LAPSING SCHEDULES	9	33.11
33.12	ADVERTISING SALARY EXPENSE	0	33.12
33.13	ADVERTISING EXPENSE	0	33.13
33.14	ADVERTISING BENEFITS	0	33.14
33.15	CRNA SALARIES	0	33.15
33.16	CRNA EMPLOYEE BENEFITS	0	33.16
33.17	FEDERAL EXCISE TAX	0	33.17
33.18	IDPA BED TAX	0	33.18
33.19	SELF INSURANCE EXPENSE	0	33.19
33.20	COUNTRY CLUB DUES	0	33.20
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: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet A-8-1 Date/Time Prepared: 11/28/2011 1:41 pm
---	----------------------	---------------------------------------	---

	Line No. 1.00	Cost Center 2.00	Expense Items 3.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL COST MME	1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE/FINANCE/IS	2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	PROVIDER TAX HOSPITAL	3.00
4.00		4.00	EMPLOYEE BENEFITS	HUMAN RESOURCES	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) 1.00	Name 2.00	Percentage of Ownership 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		B	PROGRESSIVE HEA	100.00	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: 140120
 Period: From 05/01/2010 To 04/30/2011
 Worksheet A-8-1
 Date/Time Prepared: 11/28/2011 1:41 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	4.00	5.00	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	554,301	654,075	-99,774	9	1.00	
2.00	3,453,004	4,204,396	-751,392	0	2.00	
3.00	0	1,567,049	-1,567,049	0	3.00	
4.00	454,058	535,613	-81,555	0	4.00	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	4,461,363	6,961,133	-2,499,770		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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		0.00	HEALTH CARE MGT	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: 140120

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

Worksheet A-8-2

Date/Time Prepared:
11/28/2011 1:41 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	76.00	SLEEP LAB / AGGREGATE	135,450	135,450	1.00
2.00	13.00	NURSING ADMINISTRATION	6,000	6,000	2.00
3.00	60.00	LABORATORY / AGGREGATE	67,500	67,500	3.00
4.00	69.00	EKG / AGGREGATE	224,748	224,748	4.00
5.00	0.00		0	0	5.00
6.00	0.00		0	0	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00		TOTAL (lines 1.00 through 199.00)	433,698	433,698	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140120

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

Worksheet A-8-2

Date/Time Prepared:
11/28/2011 1:41 pm

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140120

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

Worksheet A-8-2

Date/Time Prepared:
11/28/2011 1:41 pm

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140120

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

Worksheet A-8-2
Date/Time Prepared:
11/28/2011 1:41 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	135,450	1.00
2.00	0	6,000	2.00
3.00	0	67,500	3.00
4.00	0	224,748	4.00
5.00	0	0	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	433,698	200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm
---	--	----------------------	---	--

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,466,296	2,466,296			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,429,195		2,429,195		2.00
4.00	EMPLOYEE BENEFITS	5,149,128	12,006	255	5,161,389	4.00
5.00	ADMINISTRATIVE & GENERAL	8,356,692	684,593	574,102	918,465	10,533,852
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	1,986,423	216,401	23,579	109,634	2,336,037
8.00	LAUNDRY & LINEN SERVICE	258,052	30,456	12,836	31,850	333,194
9.00	HOUSEKEEPING	1,102,931	2,403	4,738	151,365	1,261,437
10.00	DIETARY	371,760	53,315	18,592	31,403	475,070
11.00	CAFETERIA	592,351	16,218	0	93,050	701,619
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	909,067	34,345	64,022	175,518	1,182,952
14.00	CENTRAL SERVICES & SUPPLY	70,707	42,202	65,321	14,860	193,090
15.00	PHARMACY	1,035,367	13,800	8,168	159,399	1,216,734
16.00	MEDICAL RECORDS & LIBRARY	696,920	33,809	19,111	130,059	879,899
17.00	SOCIAL SERVICE	0	0	0	0	0
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
23.00	PARAMED. ED. PRGM. -(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,714,905	290,309	47,244	933,860	5,986,318
31.00	INTENSIVE CARE UNIT	1,264,904	32,356	5,556	248,433	1,551,249
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	197,198	8,401	10,942	38,455	254,996
44.00	SKILLED NURSING FACILITY	751,940	81,036	10,185	149,339	992,500
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,526,051	166,268	384,437	428,925	3,505,681
51.00	RECOVERY ROOM	0	0	0	0	0
52.00	LABOR ROOM & DELIVERY ROOM	722,004	27,274	39,935	140,339	929,552
53.00	ANESTHESIOLOGY	147,557	2,833	71,335	6,930	228,655
54.00	RADIOLOGY - DIAGNOSTIC	1,772,231	126,444	422,867	250,460	2,572,002
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	RADIOISOTOPE	489,115	7,103	54,651	28,976	579,845
57.00	CT SCAN	561,111	20,366	276,665	49,105	907,247
58.00	MAGNETIC RESONANCE IMAGING (MRI)	176,076	16,494	51,597	29,935	274,102
59.00	CARDIAC CATHETERIZATION	456,723	6,210	29,643	61,501	554,077
60.00	LABORATORY	2,073,233	44,572	97,589	206,202	2,421,596
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING, & TRANS.	609,327	0	401	10,867	620,595
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	469,453	12,387	22,776	87,098	591,714
66.00	PHYSICAL THERAPY	881,347	32,064	2,503	0	915,914
67.00	OCCUPATIONAL THERAPY	281,263	6,307	0	0	287,570
68.00	SPEECH PATHOLOGY	150,537	14,765	0	0	165,302
69.00	ELECTROCARDIOLOGY	457,762	35,960	77,829	91,940	663,491
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,750,400	0	0	0	5,750,400
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	2,249,878	0	0	0	2,249,878
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	SLEEP LAB	2,147	6,007	0	0	8,154
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	160,148	16,405	1,912	30,031	208,496

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm
---	--	----------------------	---	--

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
91.00 EMERGENCY	2,286,476	115,453	28,340	444,044	2,874,313	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	802,316	15,115	16	103,971	921,418	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	55,378,991	2,223,677	2,427,147	5,156,014	55,128,949	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	26,451	49,897	1,784	5,375	83,507	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	152,850	264	0	153,114	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 RENTED SPACE	0	35,846	0	0	35,846	194.01
194.02 FOUNDATION	0	4,026	0	0	4,026	194.02
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)	55,405,442	2,466,296	2,429,195	5,161,389	55,405,442	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	10,533,852					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	548,396	0	2,884,433			7.00
8.00	LAUNDRY & LINEN SERVICE	78,219	0	56,557	467,970		8.00
9.00	HOUSEKEEPING	296,129	0	4,462	3,550	1,565,578	9.00
10.00	DIETARY	111,525	0	99,004	345	54,898	10.00
11.00	CAFETERIA	164,709	0	30,117	0	16,700	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	277,704	0	63,777	0	35,364	13.00
14.00	CENTRAL SERVICES & SUPPLY	45,329	0	78,368	9,369	43,455	14.00
15.00	PHARMACY	285,634	0	25,625	0	14,209	15.00
16.00	MEDICAL RECORDS & LIBRARY	206,561	0	62,782	0	34,813	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED. ED. PRGM. -(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,405,342	0	539,096	122,740	298,929	30.00
31.00	INTENSIVE CARE UNIT	364,163	0	60,084	69,525	33,316	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	59,862	0	15,601	7,544	8,651	43.00
44.00	SKILLED NURSING FACILITY	232,994	0	150,481	53,746	83,441	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	822,976	0	308,755	60,797	171,204	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	218,217	0	50,648	27,531	28,084	52.00
53.00	ANESTHESIOLOGY	53,678	0	5,261	0	2,917	53.00
54.00	RADIOLOGY - DIAGNOSTIC	603,790	0	234,803	31,409	130,198	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	136,122	0	13,190	0	7,314	56.00
57.00	CT SCAN	212,981	0	37,820	0	20,971	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	64,347	0	30,630	1,677	16,984	58.00
59.00	CARDIAC CATHETERIZATION	130,072	0	11,531	0	6,394	59.00
60.00	LABORATORY	568,482	0	82,770	35	45,896	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	145,688	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	138,908	0	23,003	0	12,755	65.00
66.00	PHYSICAL THERAPY	215,015	0	59,541	9,467	33,015	66.00
67.00	OCCUPATIONAL THERAPY	67,508	0	11,712	0	6,494	67.00
68.00	SPEECH PATHOLOGY	38,805	0	27,419	0	15,204	68.00
69.00	ELECTROCARDIOLOGY	155,758	0	66,777	543	37,028	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,349,935	0	0	0	0	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	528,170	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	1,914	0	11,155	789	6,185	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	48,945	0	30,464	0	16,892	90.00
91.00	EMERGENCY	674,759	0	214,394	53,746	118,881	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm
---	--	----------------------	---	--

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	216,307	0	28,067	0	15,563	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,468,944	0	2,433,894	452,813	1,315,755	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	19,604	0	92,658	0	51,379	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	35,944	0	283,838	15,157	157,388	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	RENTED SPACE	8,415	0	66,566	0	36,910	194.01
194.02	FOUNDATION	945	0	7,477	0	4,146	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	10,533,852	0	2,884,433	467,970	1,565,578	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140120			Period: From 05/01/2010 To 04/30/2011		Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY	740,842						10.00
11.00	CAFETERIA	0	913,145					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	30,812	0	1,590,609			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	6,335	0	0	375,946		14.00
15.00	PHARMACY	0	27,668	0	0	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	45,714	0	0	1,060		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0		22.00
23.00	PARAMED. ED. PRGM. -(SPECIFY)	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	542,834	228,302	0	1,131,769	3,451		30.00
31.00	INTENSIVE CARE UNIT	56,113	50,177	0	104,275	645		31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
43.00	NURSERY	0	8,567	0	70,078	95		43.00
44.00	SKILLED NURSING FACILITY	141,895	41,658	0	284,487	531		44.00
45.00	NURSING FACILITY	0	0	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	94,667	0	0	3,256		50.00
51.00	RECOVERY ROOM	0	0	0	0	0		51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	31,244	0	0	348		52.00
53.00	ANESTHESIOLOGY	0	26,924	0	0	570		53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	65,079	0	0	2,231		54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0		55.00
56.00	RADIOISOTOPE	0	4,607	0	0	55		56.00
57.00	CT SCAN	0	9,431	0	0	87		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	8,783	0	0	401		58.00
59.00	CARDIAC CATHETERIZATION	0	10,487	0	0	204		59.00
60.00	LABORATORY	0	53,705	0	0	1,399		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	2,856	0	0	3		63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	21,693	0	0	472		65.00
66.00	PHYSICAL THERAPY	0	0	0	0	90		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	32		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	17		68.00
69.00	ELECTROCARDIOLOGY	0	21,669	0	0	382		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	355,065		71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
76.00	SLEEP LAB	0	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00	CLINIC	0	7,511	0	0	272		90.00
91.00	EMERGENCY	0	92,075	0	0	5,055		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0		94.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm
---	--	----------------------	---	--

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	21,381	0	0	161	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	740,842	911,345	0	1,590,609	375,882	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	1,800	0	0	64	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	RENTED SPACE	0	0	0	0	0	194.01
194.02	FOUNDATION	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	740,842	913,145	0	1,590,609	375,946	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140120

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	1,569,870					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,230,829				16.00
17.00 SOCIAL SERVICE	0	0	0			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED. ED. PRGM.-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,162	721,701	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	510	35,073	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	130	52,840	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	16,387	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,310	259,560	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	475	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	17,072	0	0	0	0	53.00
54.00 RADIOLOGY - DIAGNOSTIC	1,807	0	0	0	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	825	0	0	0	0	56.00
57.00 CT SCAN	339	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	10,401	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	60	0	0	0	0	59.00
60.00 LABORATORY	101	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	190	99,284	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,531,004	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	1,757	45,984	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140120

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	727	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,569,870	1,230,829	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 RENTED SPACE	0	0	0	0	0	194.01
194.02 FOUNDATION	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,569,870	1,230,829	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140120

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED. ED. PRGM.	Subtotal	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
	20.00	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS							
1.00 CAP REL COSTS-BLDG & FIXT							1.00
2.00 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.00 ADMINISTRATIVE & GENERAL							5.00
6.00 MAINTENANCE & REPAIRS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
12.00 MAINTENANCE OF PERSONNEL							12.00
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY							15.00
16.00 MEDICAL RECORDS & LIBRARY							16.00
17.00 SOCIAL SERVICE							17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)							18.00
19.00 NONPHYSICIAN ANESTHETISTS							19.00
20.00 NURSING SCHOOL	0						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0					21.00
22.00 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0				22.00
23.00 PARAMED. ED. PRGM. -(SPECIFY)	0	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	0	0	0	0	0	10,982,644	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	2,325,130	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	478,364	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	1,998,120	44.00
45.00 NURSING FACILITY	0	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	5,229,206	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	0	0	0	0	1,286,099	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	335,077	53.00
54.00 RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	3,641,319	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	741,958	56.00
57.00 CT SCAN	0	0	0	0	0	1,188,876	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	407,325	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	712,825	59.00
60.00 LABORATORY	0	0	0	0	0	3,173,984	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	769,142	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	888,019	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	1,233,042	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	373,316	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	246,747	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	945,648	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7,455,400	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4,309,052	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	28,197	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	312,580	90.00
91.00 EMERGENCY	0	0	0	0	0	4,080,964	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm
---	--	----------------------	---	--

Cost Center Description	INTERNS & RESIDENTS				PARAMED. ED. PRGM.	Subtotal	
	NURSING SCHOOL	SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS				
	20.00	21.00	22.00	23.00			
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	1,203,624	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	54,346,658	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	249,012	190.00
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	645,441	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 RENTED SPACE	0	0	0	0	0	147,737	194.01
194.02 FOUNDATION	0	0	0	0	0	16,594	194.02
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	0	55,405,442	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm
---	--	----------------------	---	--

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD			22.00
23.00	PARAMED. ED. PRGM.-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	10,982,644	30.00
31.00	INTENSIVE CARE UNIT	0	2,325,130	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	478,364	43.00
44.00	SKILLED NURSING FACILITY	0	1,998,120	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	5,229,206	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	1,286,099	52.00
53.00	ANESTHESIOLOGY	0	335,077	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	3,641,319	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	741,958	56.00
57.00	CT SCAN	0	1,188,876	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	407,325	58.00
59.00	CARDIAC CATHETERIZATION	0	712,825	59.00
60.00	LABORATORY	0	3,173,984	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	769,142	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	888,019	65.00
66.00	PHYSICAL THERAPY	0	1,233,042	66.00
67.00	OCCUPATIONAL THERAPY	0	373,316	67.00
68.00	SPEECH PATHOLOGY	0	246,747	68.00
69.00	ELECTROCARDIOLOGY	0	945,648	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,455,400	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,309,052	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	SLEEP LAB	0	28,197	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	312,580	90.00
91.00	EMERGENCY	0	4,080,964	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140120

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	100.00
101.00	HOME HEALTH AGENCY	0	1,203,624	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	54,346,658	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	249,012	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	645,441	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	RENTED SPACE	0	147,737	194.01
194.02	FOUNDATION	0	16,594	194.02
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	55,405,442	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140120

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

Worksheet B
Part II
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	12,006	255	12,261	12,261
5.00	ADMINISTRATIVE & GENERAL	32,268	684,593	574,102	1,290,963	2,182
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	10,505	216,401	23,579	250,485	260
8.00	LAUNDRY & LINEN SERVICE	0	30,456	12,836	43,292	76
9.00	HOUSEKEEPING	658	2,403	4,738	7,799	360
10.00	DIETARY	0	53,315	18,592	71,907	75
11.00	CAFETERIA	0	16,218	0	16,218	221
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	34,345	64,022	98,367	417
14.00	CENTRAL SERVICES & SUPPLY	12,398	42,202	65,321	119,921	35
15.00	PHARMACY	221,671	13,800	8,168	243,639	379
16.00	MEDICAL RECORDS & LIBRARY	0	33,809	19,111	52,920	309
17.00	SOCIAL SERVICE	0	0	0	0	0
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
23.00	PARAMED. ED. PRGM. -(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	26,880	290,309	47,244	364,433	2,218
31.00	INTENSIVE CARE UNIT	10,574	32,356	5,556	48,486	590
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	8,401	10,942	19,343	91
44.00	SKILLED NURSING FACILITY	3,717	81,036	10,185	94,938	355
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	17,672	166,268	384,437	568,377	1,019
51.00	RECOVERY ROOM	0	0	0	0	0
52.00	LABOR ROOM & DELIVERY ROOM	0	27,274	39,935	67,209	333
53.00	ANESTHESIOLOGY	0	2,833	71,335	74,168	16
54.00	RADIOLOGY - DIAGNOSTIC	5,783	126,444	422,867	555,094	595
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	RADIOISOTOPE	0	7,103	54,651	61,754	69
57.00	CT SCAN	0	20,366	276,665	297,031	117
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,935	16,494	51,597	73,026	71
59.00	CARDIAC CATHETERIZATION	0	6,210	29,643	35,853	146
60.00	LABORATORY	0	44,572	97,589	142,161	490
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	401	401	26
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	3,538	12,387	22,776	38,701	207
66.00	PHYSICAL THERAPY	0	32,064	2,503	34,567	0
67.00	OCCUPATIONAL THERAPY	0	6,307	0	6,307	0
68.00	SPEECH PATHOLOGY	0	14,765	0	14,765	0
69.00	ELECTROCARDIOLOGY	0	35,960	77,829	113,789	218
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	SLEEP LAB	0	6,007	0	6,007	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	16,405	1,912	18,317	71
91.00	EMERGENCY	692	115,453	28,340	144,485	1,055

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm
-------------------------------------	--	----------------------	---	---

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		1.00		0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	15,115	16	15,131	247	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	351,291	2,223,677	2,427,147	5,002,115	12,248	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	49,897	1,784	51,681	13	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	152,850	264	153,114	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 RENTED SPACE	0	35,846	0	35,846	0	194.01
194.02 FOUNDATION	0	4,026	0	4,026	0	194.02
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)	351,291	2,466,296	2,429,195	5,246,782	12,261	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	1,293,145					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	67,322	0	318,067			7.00
8.00	LAUNDRY & LINEN SERVICE	9,602	0	6,237	59,207		8.00
9.00	HOUSEKEEPING	36,353	0	492	449	45,453	9.00
10.00	DIETARY	13,691	0	10,917	44	1,594	10.00
11.00	CAFETERIA	20,220	0	3,321	0	485	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	34,091	0	7,033	0	1,027	13.00
14.00	CENTRAL SERVICES & SUPPLY	5,565	0	8,642	1,185	1,262	14.00
15.00	PHARMACY	35,065	0	2,826	0	413	15.00
16.00	MEDICAL RECORDS & LIBRARY	25,358	0	6,923	0	1,011	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED. ED. PRGM. -(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	172,509	0	59,447	15,529	8,677	30.00
31.00	INTENSIVE CARE UNIT	44,705	0	6,625	8,796	967	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	7,349	0	1,720	954	251	43.00
44.00	SKILLED NURSING FACILITY	28,603	0	16,594	6,800	2,423	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	101,030	0	34,046	7,692	4,971	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	26,789	0	5,585	3,483	815	52.00
53.00	ANESTHESIOLOGY	6,590	0	580	0	85	53.00
54.00	RADIOLOGY - DIAGNOSTIC	74,123	0	25,892	3,974	3,780	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	16,711	0	1,454	0	212	56.00
57.00	CT SCAN	26,146	0	4,170	0	609	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	7,899	0	3,378	212	493	58.00
59.00	CARDIAC CATHETERIZATION	15,968	0	1,272	0	186	59.00
60.00	LABORATORY	69,788	0	9,127	4	1,332	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	17,885	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	17,053	0	2,536	0	370	65.00
66.00	PHYSICAL THERAPY	26,396	0	6,566	1,198	959	66.00
67.00	OCCUPATIONAL THERAPY	8,287	0	1,292	0	189	67.00
68.00	SPEECH PATHOLOGY	4,764	0	3,024	0	441	68.00
69.00	ELECTROCARDIOLOGY	19,121	0	7,363	69	1,075	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	165,721	0	0	0	0	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	64,839	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	235	0	1,230	100	180	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	6,009	0	3,359	0	490	90.00
91.00	EMERGENCY	82,835	0	23,641	6,800	3,451	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140120			Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	26,554	0	3,095	0	452	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,285,176	0	268,387	57,289	38,200	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	2,407	0	10,217	0	1,492	0	190.00
191.00	RESEARCH	0	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	4,413	0	31,299	1,918	4,569	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01	RENTED SPACE	1,033	0	7,340	0	1,072	0	194.01
194.02	FOUNDATION	116	0	824	0	120	0	194.02
200.00	Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,293,145	0	318,067	59,207	45,453	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140120			Peri od: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description	DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATI O N	CENTRAL SERVICES & SUPPLY			
	10.00	11.00	12.00	13.00	14.00			
GENERAL SERVICE COST CENTERS								
1.00								1.00
2.00								2.00
4.00								4.00
5.00								5.00
6.00								6.00
7.00								7.00
8.00								8.00
9.00								9.00
10.00	98,228							10.00
11.00	0	40,465						11.00
12.00	0	0	0					12.00
13.00	0	1,365	0	142,300				13.00
14.00	0	281	0	0	136,891			14.00
15.00	0	1,226	0	0	0			15.00
16.00	0	2,026	0	0	386			16.00
17.00	0	0	0	0	0			17.00
18.00	0	0	0	0	0			18.00
19.00	0	0	0	0	0			19.00
20.00	0	0	0	0	0			20.00
21.00	0	0	0	0	0			21.00
22.00	0	0	0	0	0			22.00
23.00	0	0	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	71,974	10,116	0	101,251	1,257			30.00
31.00	7,440	2,224	0	9,329	235			31.00
32.00	0	0	0	0	0			32.00
33.00	0	0	0	0	0			33.00
34.00	0	0	0	0	0			34.00
40.00	0	0	0	0	0			40.00
41.00	0	0	0	0	0			41.00
42.00	0	0	0	0	0			42.00
43.00	0	380	0	6,269	35			43.00
44.00	18,814	1,846	0	25,451	193			44.00
45.00	0	0	0	0	0			45.00
46.00	0	0	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	0	4,195	0	0	1,186			50.00
51.00	0	0	0	0	0			51.00
52.00	0	1,385	0	0	127			52.00
53.00	0	1,193	0	0	208			53.00
54.00	0	2,884	0	0	813			54.00
55.00	0	0	0	0	0			55.00
56.00	0	204	0	0	20			56.00
57.00	0	418	0	0	32			57.00
58.00	0	389	0	0	146			58.00
59.00	0	465	0	0	74			59.00
60.00	0	2,380	0	0	509			60.00
60.01	0	0	0	0	0			60.01
61.00	0	0	0	0	0			61.00
62.00	0	0	0	0	0			62.00
63.00	0	127	0	0	1			63.00
64.00	0	0	0	0	0			64.00
65.00	0	961	0	0	172			65.00
66.00	0	0	0	0	33			66.00
67.00	0	0	0	0	12			67.00
68.00	0	0	0	0	6			68.00
69.00	0	960	0	0	139			69.00
70.00	0	0	0	0	0			70.00
71.00	0	0	0	0	129,285			71.00
72.00	0	0	0	0	0			72.00
73.00	0	0	0	0	0			73.00
74.00	0	0	0	0	0			74.00
75.00	0	0	0	0	0			75.00
76.00	0	0	0	0	0			76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	0	0	0	0	0			88.00
89.00	0	0	0	0	0			89.00
90.00	0	333	0	0	99			90.00
91.00	0	4,080	0	0	1,841			91.00
92.00	0	0	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	0	0	0	0	0			94.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140120			Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	947	0	0	0	59	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	98,228	40,385	0	142,300	136,868		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	80	0	0	0	23	190.00
191.00	RESEARCH	0	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01	RENTED SPACE	0	0	0	0	0	0	194.01
194.02	FOUNDATION	0	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	98,228	40,465	0	142,300	136,891		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140120

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

Worksheet B
Part II
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	283,548					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	88,933				16.00
17.00 SOCIAL SERVICE	0	0	0			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED. ED. PRGM.-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	390	52,146	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	92	2,534	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	24	3,818	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	1,184	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	417	18,754	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	86	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	3,083	0	0	0	0	53.00
54.00 RADIOLOGY - DIAGNOSTIC	326	0	0	0	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	149	0	0	0	0	56.00
57.00 CT SCAN	61	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,879	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	11	0	0	0	0	59.00
60.00 LABORATORY	18	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	34	7,174	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	276,530	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	317	3,323	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm
-------------------------------------	--	----------------------	---	---

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	131	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	283,548	88,933	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0		193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01 RENTED SPACE	0	0	0	0		194.01
194.02 FOUNDATION	0	0	0	0		194.02
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	283,548	88,933	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140120

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

Worksheet B
Part II
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED. ED. PRGM.	Subtotal	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
	20.00	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS							
1.00							1.00
2.00							2.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00							7.00
8.00							8.00
9.00							9.00
10.00							10.00
11.00							11.00
12.00							12.00
13.00							13.00
14.00							14.00
15.00							15.00
16.00							16.00
17.00							17.00
18.00							18.00
19.00							19.00
20.00		0					20.00
21.00			0				21.00
22.00				0			22.00
23.00					0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00						859,947	30.00
31.00						132,023	31.00
32.00						0	32.00
33.00						0	33.00
34.00						0	34.00
40.00						0	40.00
41.00						0	41.00
42.00						0	42.00
43.00						40,234	43.00
44.00						197,201	44.00
45.00						0	45.00
46.00						0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00						741,687	50.00
51.00						0	51.00
52.00						105,812	52.00
53.00						85,923	53.00
54.00						667,481	54.00
55.00						0	55.00
56.00						80,573	56.00
57.00						328,584	57.00
58.00						87,493	58.00
59.00						53,975	59.00
60.00						225,809	60.00
60.01						0	60.01
61.00						0	61.00
62.00						0	62.00
63.00						18,440	63.00
64.00						0	64.00
65.00						67,208	65.00
66.00						69,719	66.00
67.00						16,087	67.00
68.00						23,000	68.00
69.00						142,734	69.00
70.00						0	70.00
71.00						295,006	71.00
72.00						0	72.00
73.00						341,369	73.00
74.00						0	74.00
75.00						0	75.00
76.00						7,752	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00						0	88.00
89.00						0	89.00
90.00						28,678	90.00
91.00						271,828	91.00
92.00						0	92.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm
-------------------------------------	----------------------	---	---

Cost Center Description	INTERNS & RESIDENTS				PARAMED. ED. PRGM.	Subtotal	
	NURSING SCHOOL	SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS				
	20.00	21.00	22.00	23.00			
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS						0	94.00
95.00 AMBULANCE SERVICES						0	95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED						0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD						0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS						0	98.00
99.00 CMHC						0	99.00
99.10 CORF						0	99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.						0	100.00
101.00 HOME HEALTH AGENCY						46,616	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION						0	105.00
106.00 HEART ACQUISITION						0	106.00
107.00 LIVER ACQUISITION						0	107.00
108.00 LUNG ACQUISITION						0	108.00
109.00 PANCREAS ACQUISITION						0	109.00
110.00 INTESTINAL ACQUISITION						0	110.00
111.00 ISLET ACQUISITION						0	111.00
113.00 INTEREST EXPENSE						0	113.00
114.00 UTILIZATION REVIEW-SNF						0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)						0	115.00
116.00 HOSPICE						0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0		4,935,179	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN						65,913	190.00
191.00 RESEARCH						0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES						195,313	192.00
193.00 NONPAID WORKERS						0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS						0	194.00
194.01 RENTED SPACE						45,291	194.01
194.02 FOUNDATION						5,086	194.02
200.00 Cross Foot Adjustments	0	0	0	0		0	200.00
201.00 Negative Cost Centers	0	0	0	0		0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0		5,246,782	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm
-------------------------------------	--	-----------------------	---	---

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD			22.00
23.00	PARAMED. ED. PRGM.-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	859,947	30.00
31.00	INTENSIVE CARE UNIT	0	132,023	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	40,234	43.00
44.00	SKILLED NURSING FACILITY	0	197,201	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	741,687	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	105,812	52.00
53.00	ANESTHESIOLOGY	0	85,923	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	667,481	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	80,573	56.00
57.00	CT SCAN	0	328,584	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	87,493	58.00
59.00	CARDIAC CATHETERIZATION	0	53,975	59.00
60.00	LABORATORY	0	225,809	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	18,440	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	67,208	65.00
66.00	PHYSICAL THERAPY	0	69,719	66.00
67.00	OCCUPATIONAL THERAPY	0	16,087	67.00
68.00	SPEECH PATHOLOGY	0	23,000	68.00
69.00	ELECTROCARDIOLOGY	0	142,734	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	295,006	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	341,369	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	SLEEP LAB	0	7,752	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	28,678	90.00
91.00	EMERGENCY	0	271,828	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm
-------------------------------------	--	----------------------	---	---

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	100.00
101.00	HOME HEALTH AGENCY	0	46,616	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,935,179	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	65,913	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	195,313	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	RENTED SPACE	0	45,291	194.01
194.02	FOUNDATION	0	5,086	194.02
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	5,246,782	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140120

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

Worksheet B-1

Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	303,830				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2,368,485			2.00
4.00	EMPLOYEE BENEFITS	1,479	249	25,020,137		4.00
5.00	ADMINISTRATIVE & GENERAL	84,337	559,754	4,452,320	-10,533,852	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	OPERATION OF PLANT	26,659	22,990	531,459	0	7.00
8.00	LAUNDRY & LINEN SERVICE	3,752	12,515	154,397	0	8.00
9.00	HOUSEKEEPING	296	4,620	733,751	0	9.00
10.00	DIETARY	6,568	18,127	152,228	0	10.00
11.00	CAFETERIA	1,998	0	451,065	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	4,231	62,422	850,836	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	5,199	63,689	72,034	0	14.00
15.00	PHARMACY	1,700	7,964	772,699	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,165	18,633	630,472	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00	PARAMED. ED. PRGM. -(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	35,764	46,063	4,526,906	0	30.00
31.00	INTENSIVE CARE UNIT	3,986	5,417	1,204,295	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	1,035	10,669	186,414	0	43.00
44.00	SKILLED NURSING FACILITY	9,983	9,930	723,929	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	20,483	374,829	2,079,245	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	3,360	38,937	680,304	0	52.00
53.00	ANESTHESIOLOGY	349	69,552	33,594	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	15,577	412,299	1,214,121	0	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	RADIO SOTOPE	875	53,285	140,462	0	56.00
57.00	CT SCAN	2,509	269,751	238,038	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,032	50,308	145,114	0	58.00
59.00	CARDIAC CATHETERIZATION	765	28,902	298,129	0	59.00
60.00	LABORATORY	5,491	95,150	999,576	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	391	52,679	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,526	22,207	422,213	0	65.00
66.00	PHYSICAL THERAPY	3,950	2,440	0	0	66.00
67.00	OCCUPATIONAL THERAPY	777	0	0	0	67.00
68.00	SPEECH PATHOLOGY	1,819	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	4,430	75,884	445,685	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	SLEEP LAB	740	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	2,021	1,864	145,575	0	90.00
91.00	EMERGENCY	14,223	27,632	2,152,535	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140120

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

Worksheet B-1

Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			4.00	5A		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	1,862	16	504,007	0	921,418	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	273,941	2,366,489	24,994,082	-10,533,852	44,595,097	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	6,147	1,739	26,055	0	83,507	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	18,830	257	0	0	153,114	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 RENTED SPACE	4,416	0	0	0	35,846	194.01
194.02 FOUNDATION	496	0	0	0	4,026	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,466,296	2,429,195	5,161,389		10,533,852	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.117355	1.025632	0.206289		0.234755	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			12,261		1,293,145	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000490		0.028819	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140120

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

Worksheet B-1

Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	218,014					6.00
7.00 OPERATION OF PLANT	26,659	191,355				7.00
8.00 LAUNDRY & LINEN SERVICE	3,752	3,752	743,302			8.00
9.00 HOUSEKEEPING	296	296	5,639	187,307		9.00
10.00 DIETARY	6,568	6,568	548	6,568	58,079	10.00
11.00 CAFETERIA	1,998	1,998	0	1,998	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	4,231	4,231	0	4,231	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	5,199	5,199	14,881	5,199	0	14.00
15.00 PHARMACY	1,700	1,700	0	1,700	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,165	4,165	0	4,165	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED. ED. PRGM. -(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	35,764	35,764	194,956	35,764	42,556	30.00
31.00 INTENSIVE CARE UNIT	3,986	3,986	110,430	3,986	4,399	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,035	1,035	11,982	1,035	0	43.00
44.00 SKILLED NURSING FACILITY	9,983	9,983	85,368	9,983	11,124	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	20,483	20,483	96,567	20,483	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	3,360	3,360	43,729	3,360	0	52.00
53.00 ANESTHESIOLOGY	349	349	0	349	0	53.00
54.00 RADIOLOGY - DIAGNOSTIC	15,577	15,577	49,889	15,577	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	875	875	0	875	0	56.00
57.00 CT SCAN	2,509	2,509	0	2,509	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,032	2,032	2,663	2,032	0	58.00
59.00 CARDIAC CATHETERIZATION	765	765	0	765	0	59.00
60.00 LABORATORY	5,491	5,491	55	5,491	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,526	1,526	0	1,526	0	65.00
66.00 PHYSICAL THERAPY	3,950	3,950	15,037	3,950	0	66.00
67.00 OCCUPATIONAL THERAPY	777	777	0	777	0	67.00
68.00 SPEECH PATHOLOGY	1,819	1,819	0	1,819	0	68.00
69.00 ELECTROCARDIOLOGY	4,430	4,430	862	4,430	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	740	740	1,253	740	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	2,021	2,021	0	2,021	0	90.00
91.00 EMERGENCY	14,223	14,223	85,368	14,223	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet B-1 Date/Time Prepared: 11/28/2011 1:41 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,862	1,862	0	1,862	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	188,125	161,466	719,227	157,418	58,079	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	6,147	6,147	0	6,147	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	18,830	18,830	24,075	18,830	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	RENTED SPACE	4,416	4,416	0	4,416	0	194.01
194.02	FOUNDATION	496	496	0	496	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	2,884,433	467,970	1,565,578	740,842	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	15.073727	0.629583	8.358353	12.755764	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	318,067	59,207	45,453	98,228	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.662183	0.079654	0.242666	1.691283	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140120

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

Worksheet B-1

Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	38,053					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	1,284	0	19,815			13.00
14.00 CENTRAL SERVICES & SUPPLY	264	0	0	6,099,360		14.00
15.00 PHARMACY	1,153	0	0	0	2,312,110	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,905	0	0	17,199	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED. ED. PRGM.-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	9,514	0	14,099	55,984	3,184	30.00
31.00 INTENSIVE CARE UNIT	2,091	0	1,299	10,468	751	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	357	0	873	1,549	192	43.00
44.00 SKILLED NURSING FACILITY	1,736	0	3,544	8,614	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,945	0	0	52,826	3,402	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	1,302	0	0	5,653	700	52.00
53.00 ANESTHESIOLOGY	1,122	0	0	9,255	25,143	53.00
54.00 RADIOLOGY - DIAGNOSTIC	2,712	0	0	36,202	2,662	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	192	0	0	893	1,215	56.00
57.00 CT SCAN	393	0	0	1,416	500	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	366	0	0	6,508	15,318	58.00
59.00 CARDIAC CATHETERIZATION	437	0	0	3,314	88	59.00
60.00 LABORATORY	2,238	0	0	22,691	149	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	119	0	0	42	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	904	0	0	7,658	280	65.00
66.00 PHYSICAL THERAPY	0	0	0	1,458	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	516	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	274	0	68.00
69.00 ELECTROCARDIOLOGY	903	0	0	6,200	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,760,571	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,254,868	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	5	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	313	0	0	4,408	0	90.00
91.00 EMERGENCY	3,837	0	0	82,012	2,587	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140120

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

Worksheet B-1

Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	891	0	0	2,608	1,071	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	37,978	0	19,815	6,098,324	2,312,110	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	75	0	0	1,036	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	RENTED SPACE	0	0	0	0	0	194.01
194.02	FOUNDATION	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	913,145	0	1,590,609	375,946	1,569,870	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.996663	0.000000	80.272975	0.061637	0.678977	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	40,465	0	142,300	136,891	283,548	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.063385	0.000000	7.181428	0.022444	0.122636	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140120

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

Worksheet B-1

Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00	29,443					16.00
17.00	0	0				17.00
18.00	0	0	0			18.00
19.00	0	0	0	0		19.00
20.00	0	0	0		0	20.00
21.00	0	0	0			21.00
22.00	0	0	0			22.00
23.00	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	17,264	0	0		0	30.00
31.00	839	0	0		0	31.00
32.00	0	0	0		0	32.00
33.00	0	0	0		0	33.00
34.00	0	0	0		0	34.00
40.00	0	0	0		0	40.00
41.00	0	0	0		0	41.00
42.00	0	0	0		0	42.00
43.00	1,264	0	0		0	43.00
44.00	392	0	0		0	44.00
45.00	0	0	0		0	45.00
46.00	0	0	0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	6,209	0	0	0	0	50.00
51.00	0	0	0	0	0	51.00
52.00	0	0	0	0	0	52.00
53.00	0	0	0	0	0	53.00
54.00	0	0	0	0	0	54.00
55.00	0	0	0	0	0	55.00
56.00	0	0	0	0	0	56.00
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	0	0	0	0	0	60.00
60.01	0	0	0	0	0	60.01
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	2,375	0	0	0	0	65.00
66.00	0	0	0	0	0	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	0	0	0	0	0	69.00
70.00	0	0	0	0	0	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	0	0	0	0	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	0	0	0	0	90.00
91.00	1,100	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140120

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

Worksheet B-1

Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	29,443	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 RENTED SPACE	0	0	0	0	0	194.01
194.02 FOUNDATION	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,230,829	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	41.803790	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	88,933	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.020514	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140120

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

Worksheet B-1
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED. ED. PRGM. (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.00	ADMINISTRATIVE & GENERAL				5.00
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0			21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD		0		22.00
23.00	PARAMED. ED. PRGM. -(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	0	0	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	56.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	0	0	90.00
91.00	EMERGENCY	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140120

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

Worksheet B-1
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED. ED. PRGM. (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
99.00 CMHC	0	0	0		99.00
99.10 CORF	0	0	0		99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
105.00 KIDNEY ACQUISITION	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 HOSPICE	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0		190.00
191.00 RESEARCH	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0		193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
194.01 RENTED SPACE	0	0	0		194.01
194.02 FOUNDATION	0	0	0		194.02
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		10,982,644	0	10,982,644	30.00	
31.00	INTENSIVE CARE UNIT		2,325,130	0	2,325,130	31.00	
32.00	CORONARY CARE UNIT		0	0	0	32.00	
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	SUBPROVIDER - IPF		0	0	0	40.00	
41.00	SUBPROVIDER - IRF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		478,364	0	478,364	43.00	
44.00	SKILLED NURSING FACILITY		1,998,120	0	1,998,120	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
46.00	OTHER LONG TERM CARE		0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		5,229,206	0	5,229,206	50.00	
51.00	RECOVERY ROOM		0	0	0	51.00	
52.00	LABOR ROOM & DELIVERY ROOM		1,286,099	0	1,286,099	52.00	
53.00	ANESTHESIOLOGY		335,077	0	335,077	53.00	
54.00	RADIOLOGY - DIAGNOSTIC		3,641,319	0	3,641,319	54.00	
55.00	RADIOLOGY - THERAPEUTIC		0	0	0	55.00	
56.00	RADIOISOTOPE		741,958	0	741,958	56.00	
57.00	CT SCAN		1,188,876	0	1,188,876	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		407,325	0	407,325	58.00	
59.00	CARDIAC CATHETERIZATION		712,825	0	712,825	59.00	
60.00	LABORATORY		3,173,984	0	3,173,984	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING, & TRANS.		769,142	0	769,142	63.00	
64.00	INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	888,019	0	888,019	65.00	
66.00	PHYSICAL THERAPY	0	1,233,042	0	1,233,042	66.00	
67.00	OCCUPATIONAL THERAPY	0	373,316	0	373,316	67.00	
68.00	SPEECH PATHOLOGY	0	246,747	0	246,747	68.00	
69.00	ELECTROCARDIOLOGY		945,648	0	945,648	69.00	
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		7,455,400	0	7,455,400	71.00	
72.00	IMP. DEV CHARGED TO PATIENT		0	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		4,309,052	0	4,309,052	73.00	
74.00	RENAL DIALYSIS		0	0	0	74.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	SLEEP LAB		28,197	0	28,197	76.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		312,580	0	312,580	90.00	
91.00	EMERGENCY		4,080,964	0	4,080,964	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,200,445	0	1,200,445	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00	
95.00	AMBULANCE SERVICES		0	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP. - RENTED		0	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP. - SOLD		0	0	0	97.00	
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00	
99.00	CMHC		0	0	0	99.00	
99.10	CORF		0	0	0	99.10	
100.00	I&R SERVICES - NOT APPRVD. PRGM.		0	0	0	100.00	
101.00	HOME HEALTH AGENCY		1,203,624	0	1,203,624	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION		0	0	0	105.00	
106.00	HEART ACQUISITION		0	0	0	106.00	
107.00	LIVER ACQUISITION		0	0	0	107.00	
108.00	LUNG ACQUISITION		0	0	0	108.00	
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	ISLET ACQUISITION		0	0	0	111.00	
113.00	INTEREST EXPENSE		0	0	0	113.00	
114.00	UTILIZATION REVIEW-SNF		0	0	0	114.00	
115.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00	
116.00	HOSPICE		0	0	0	116.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
200.00 Subtotal (see instructions)	55,547,103	0	55,547,103	0	55,547,103	200.00	
201.00 Less Observation Beds	1,200,445		1,200,445		1,200,445	201.00	
202.00 Total (see instructions)	54,346,658	0	54,346,658	0	54,346,658	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm
			Title XVII I	Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	15,116,512		15,116,512		30.00
31.00 INTENSIVE CARE UNIT	3,056,852		3,056,852		31.00
32.00 CORONARY CARE UNIT	0		0		32.00
33.00 BURN INTENSIVE CARE UNIT	0		0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00 SUBPROVIDER - I PF	0		0		40.00
41.00 SUBPROVIDER - IRF	0		0		41.00
42.00 SUBPROVIDER	0		0		42.00
43.00 NURSERY	699,372		699,372		43.00
44.00 SKILLED NURSING FACILITY	2,146,670		2,146,670		44.00
45.00 NURSING FACILITY	0		0		45.00
46.00 OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	10,444,395	24,661,348	35,105,743	0.148956	50.00
51.00 RECOVERY ROOM	0	0	0	0.000000	51.00
52.00 LABOR ROOM & DELIVERY ROOM	2,552,783	0	2,552,783	0.503803	52.00
53.00 ANESTHESIOLOGY	1,364,780	2,348,186	3,712,966	0.090245	53.00
54.00 RADIOLOGY - DIAGNOSTIC	3,024,674	13,147,673	16,172,347	0.225157	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
56.00 RADIOISOTOPE	1,189,414	5,310,410	6,499,824	0.114150	56.00
57.00 CT SCAN	4,296,505	20,430,066	24,726,571	0.048081	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	222,575	4,897,376	5,119,951	0.079556	58.00
59.00 CARDIAC CATHETERIZATION	1,169,362	2,372,636	3,541,998	0.201249	59.00
60.00 LABORATORY	7,792,211	14,431,263	22,223,474	0.142821	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0.000000	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	892,722	278,002	1,170,724	0.656980	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00 RESPIRATORY THERAPY	3,379,619	184,110	3,563,729	0.249183	65.00
66.00 PHYSICAL THERAPY	2,002,740	1,296,132	3,298,872	0.373777	66.00
67.00 OCCUPATIONAL THERAPY	1,219,745	229,779	1,449,524	0.257544	67.00
68.00 SPEECH PATHOLOGY	138,760	195,577	334,337	0.738019	68.00
69.00 ELECTROCARDIOLOGY	2,736,019	5,837,116	8,573,135	0.110304	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,256,753	4,191,340	18,448,093	0.404128	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	17,173,118	7,573,247	24,746,365	0.174129	73.00
74.00 RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00 SLEEP LAB	5,000	1,340,770	1,345,770	0.020952	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	702	1,190,956	1,191,658	0.262307	90.00
91.00 EMERGENCY	3,953,645	21,818,411	25,772,056	0.158348	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	292,274	1,954,096	2,246,370	0.534393	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00 AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0.000000	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0.000000	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00 CMHC	0	0	0		99.00
99.10 CORF	0	0	0		99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	1,443,722	1,443,722		101.00
SPECIAL PURPOSE COST CENTERS					
105.00 KIDNEY ACQUISITION	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE					113.00
114.00 UTILIZATION REVIEW-SNF					114.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0		115.00
116.00 HOSPICE	0	0	0		116.00
200.00 Subtotal (see instructions)	99,127,202	135,132,216	234,259,418		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	99,127,202	135,132,216	234,259,418			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm
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
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.148956		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	LABOR ROOM & DELIVERY ROOM	0.503803		52.00
53.00	ANESTHESIOLOGY	0.090245		53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.225157		54.00
55.00	RADIOLOGY - THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.114150		56.00
57.00	CT SCAN	0.048081		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.079556		58.00
59.00	CARDIAC CATHETERIZATION	0.201249		59.00
60.00	LABORATORY	0.142821		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.656980		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.249183		65.00
66.00	PHYSICAL THERAPY	0.373777		66.00
67.00	OCCUPATIONAL THERAPY	0.257544		67.00
68.00	SPEECH PATHOLOGY	0.738019		68.00
69.00	ELECTROCARDIOLOGY	0.110304		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.404128		71.00
72.00	IMP. DEV CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.174129		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	SLEEP LAB	0.020952		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.262307		90.00
91.00	EMERGENCY	0.158348		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.534393		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm
--	----------------------	---	--

		Title XIX		Hospital			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,982,644		10,982,644	0	0	30.00
31.00	INTENSIVE CARE UNIT	2,325,130		2,325,130	0	0	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	478,364		478,364	0	0	43.00
44.00	SKILLED NURSING FACILITY	1,998,120		1,998,120	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	5,229,206		5,229,206	0	0	50.00
51.00	RECOVERY ROOM	0		0	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	1,286,099		1,286,099	0	0	52.00
53.00	ANESTHESIOLOGY	335,077		335,077	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	3,641,319		3,641,319	0	0	54.00
55.00	RADIOLOGY - THERAPEUTIC	0		0	0	0	55.00
56.00	RADIOISOTOPE	741,958		741,958	0	0	56.00
57.00	CT SCAN	1,188,876		1,188,876	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	407,325		407,325	0	0	58.00
59.00	CARDIAC CATHETERIZATION	712,825		712,825	0	0	59.00
60.00	LABORATORY	3,173,984		3,173,984	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	769,142		769,142	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	888,019	0	888,019	0	0	65.00
66.00	PHYSICAL THERAPY	1,233,042	0	1,233,042	0	0	66.00
67.00	OCCUPATIONAL THERAPY	373,316	0	373,316	0	0	67.00
68.00	SPEECH PATHOLOGY	246,747	0	246,747	0	0	68.00
69.00	ELECTROCARDIOLOGY	945,648		945,648	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,455,400		7,455,400	0	0	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,309,052		4,309,052	0	0	73.00
74.00	RENAL DIALYSIS	0		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	SLEEP LAB	28,197		28,197	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	312,580		312,580	0	0	90.00
91.00	EMERGENCY	4,080,964		4,080,964	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0	0	0	99.00
99.10	CORF	0		0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0		0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,203,624		1,203,624	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	HEART ACQUISITION	0		0	0	0	106.00
107.00	LIVER ACQUISITION	0		0	0	0	107.00
108.00	LUNG ACQUISITION	0		0	0	0	108.00
109.00	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	ISLET ACQUISITION	0		0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	HOSPICE	0		0	0	0	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XIX		Hospital			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
200.00 Subtotal (see instructions)	54,346,658	0	54,346,658	0	0	200.00	
201.00 Less Observation Beds	0		0			201.00	
202.00 Total (see instructions)	54,346,658	0	54,346,658	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm	
			Title XIX	Hospital		
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,113,497		15,113,497		30.00
31.00	INTENSIVE CARE UNIT	3,056,852		3,056,852		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - I PF	0		0		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	699,502		699,502		43.00
44.00	SKILLED NURSING FACILITY	2,146,670		2,146,670		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	10,444,395	24,661,348	35,105,743	0.148956	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	LABOR ROOM & DELIVERY ROOM	2,552,782	0	2,552,782	0.503803	52.00
53.00	ANESTHESIOLOGY	1,364,780	2,348,186	3,712,966	0.090245	53.00
54.00	RADIOLOGY - DIAGNOSTIC	3,451,909	13,629,312	17,081,221	0.213177	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	1,187,454	5,307,960	6,495,414	0.114228	56.00
57.00	CT SCAN	4,285,521	20,390,114	24,675,635	0.048180	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	222,575	4,897,377	5,119,952	0.079556	58.00
59.00	CARDIAC CATHETERIZATION	771,503	1,949,096	2,720,599	0.262010	59.00
60.00	LABORATORY	7,791,081	14,423,127	22,214,208	0.142881	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	892,722	278,002	1,170,724	0.656980	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	3,366,878	181,918	3,548,796	0.250231	65.00
66.00	PHYSICAL THERAPY	2,002,740	1,296,132	3,298,872	0.373777	66.00
67.00	OCCUPATIONAL THERAPY	1,219,745	229,779	1,449,524	0.257544	67.00
68.00	SPEECH PATHOLOGY	138,982	195,577	334,559	0.737529	68.00
69.00	ELECTROCARDIOLOGY	2,736,097	5,832,124	8,568,221	0.110367	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,256,401	4,189,934	18,446,335	0.404167	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	17,173,118	7,573,246	24,746,364	0.174129	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	SLEEP LAB	5,000	1,340,770	1,345,770	0.020952	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	702	1,190,956	1,191,658	0.262307	90.00
91.00	EMERGENCY	3,953,645	21,819,817	25,773,462	0.158340	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	292,274	1,954,096	2,246,370	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	1,443,722	1,443,722		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0		115.00
116.00	HOSPICE	0	0	0		116.00
200.00	Subtotal (see instructions)	99,126,825	135,132,593	234,259,418		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm	
			Title XIX	Hospital		
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
201.00 Less Observation Beds	6.00	7.00	8.00	9.00	10.00	201.00
202.00 Total (see instructions)	99,126,825	135,132,593	234,259,418			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	LABOR ROOM & DELIVERY ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY - THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMP. DEV CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	SLEEP LAB	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part I Date/Time Prepared: 11/28/2011 1:41 pm
--	----------------------	---	--

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	859,947	0	859,947	14,016	61.35	30.00
31.00 INTENSIVE CARE UNIT	132,023		132,023	1,299	101.63	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	40,234		40,234	873	46.09	43.00
44.00 SKILLED NURSING FACILITY	197,201		197,201	3,544	55.64	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
200.00 Total (lines 30-199)	1,229,405		1,229,405	19,732		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part I Date/Time Prepared: 11/28/2011 1:41 pm
		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	6,672	409,327		30.00
31.00 INTENSIVE CARE UNIT	724	73,580		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	2,603	144,831		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	9,999	627,738		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part II Date/Time Prepared: 11/28/2011 1:41 pm
--	--	----------------------	---	---

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	741,687	35,105,743	0.021127	4,618,640	97,578	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	105,812	2,552,783	0.041450	14,301	593	52.00
53.00	ANESTHESIOLOGY	85,923	3,712,966	0.023141	502,013	11,617	53.00
54.00	RADIOLOGY - DIAGNOSTIC	667,481	16,172,347	0.041273	1,757,494	72,537	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	80,573	6,499,824	0.012396	666,742	8,265	56.00
57.00	CT SCAN	328,584	24,726,571	0.013289	2,330,537	30,971	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	87,493	5,119,951	0.017089	127,788	2,184	58.00
59.00	CARDIAC CATHETERIZATION	53,975	3,541,998	0.015239	667,701	10,175	59.00
60.00	LABORATORY	225,809	22,223,474	0.010161	4,232,515	43,007	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	18,440	1,170,724	0.015751	503,615	7,932	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	67,208	3,563,729	0.018859	1,858,486	35,049	65.00
66.00	PHYSICAL THERAPY	69,719	3,298,872	0.021134	759,409	16,049	66.00
67.00	OCCUPATIONAL THERAPY	16,087	1,449,524	0.011098	251,140	2,787	67.00
68.00	SPEECH PATHOLOGY	23,000	334,337	0.068793	79,262	5,453	68.00
69.00	ELECTROCARDIOLOGY	142,734	8,573,135	0.016649	1,772,922	29,517	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	295,006	18,448,093	0.015991	6,910,757	110,510	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	341,369	24,746,365	0.013795	8,612,948	118,816	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	SLEEP LAB	7,752	1,345,770	0.005760	4,722	27	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	28,678	1,191,658	0.024066	244	6	90.00
91.00	EMERGENCY	271,828	25,772,056	0.010547	2,155,546	22,735	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	93,996	2,246,370	0.041844	158,470	6,631	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	3,753,154	211,796,290		37,985,252	632,439	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet D Part III Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part III Date/Time Prepared: 11/28/2011 1:41 pm
Title XVIII		Hospital	PPS

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	14,016	0.00	6,672	0	0	30.00
31.00 INTENSIVE CARE UNIT	1,299	0.00	724	0	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	873	0.00	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	3,544	0.00	2,603	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	45.00
200.00 Total (lines 30-199)	19,732		9,999	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part III Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVIII	Hospital	PPS

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
--	----------------------	---------------------------------------	--

Cost Center Description	Title XVIII				Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
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
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY							61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES							95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
--	----------------------	---------------------------------------	--

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	35,105,743	0.000000	0.000000	4,618,640	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	2,552,783	0.000000	0.000000	14,301	52.00
53.00	ANESTHESIOLOGY	0	3,712,966	0.000000	0.000000	502,013	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	16,172,347	0.000000	0.000000	1,757,494	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	6,499,824	0.000000	0.000000	666,742	56.00
57.00	CT SCAN	0	24,726,571	0.000000	0.000000	2,330,537	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,119,951	0.000000	0.000000	127,788	58.00
59.00	CARDIAC CATHETERIZATION	0	3,541,998	0.000000	0.000000	667,701	59.00
60.00	LABORATORY	0	22,223,474	0.000000	0.000000	4,232,515	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	1,170,724	0.000000	0.000000	503,615	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	3,563,729	0.000000	0.000000	1,858,486	65.00
66.00	PHYSICAL THERAPY	0	3,298,872	0.000000	0.000000	759,409	66.00
67.00	OCCUPATIONAL THERAPY	0	1,449,524	0.000000	0.000000	251,140	67.00
68.00	SPEECH PATHOLOGY	0	334,337	0.000000	0.000000	79,262	68.00
69.00	ELECTROCARDIOLOGY	0	8,573,135	0.000000	0.000000	1,772,922	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,448,093	0.000000	0.000000	6,910,757	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	24,746,365	0.000000	0.000000	8,612,948	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	SLEEP LAB	0	1,345,770	0.000000	0.000000	4,722	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	1,191,658	0.000000	0.000000	244	90.00
91.00	EMERGENCY	0	25,772,056	0.000000	0.000000	2,155,546	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,246,370	0.000000	0.000000	158,470	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	211,796,290			37,985,252	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
--	----------------------	---------------------------------------	--

Cost Center Description		Title XVII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	5,707,890	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	657,647	0	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	3,206,812	0	0	0	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	1,982,113	0	0	0	56.00
57.00	CT SCAN	0	6,902,537	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,343,789	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	972,546	0	0	0	59.00
60.00	LABORATORY	0	314,041	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	194,137	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	86,485	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	991	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	2,237,784	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,283,088	0	0	0	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,314,224	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	279,345	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	61,329	0	0	0	90.00
91.00	EMERGENCY	0	3,919,243	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	427,993	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	31,891,994	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
--	----------------------	---	---

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVII I	Hospital	PPS
		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	LABOR ROOM & DELIVERY ROOM	0	0			52.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	0			54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0			55.00
56.00	RADIOISOTOPE	0	0			56.00
57.00	CT SCAN	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
60.01	BLOOD LABORATORY	0	0			60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0			64.00
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	RENAL DIALYSIS	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0			75.00
76.00	SLEEP LAB	0	0			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	0			90.00
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0			94.00
95.00	AMBULANCE SERVICES	0	0			95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0			96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 1:41 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.148956	5,707,890	0	0		50.00
51.00 RECOVERY ROOM	0.000000	0	0	0		51.00
52.00 LABOR ROOM & DELIVERY ROOM	0.503803	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.090245	657,647	0	0		53.00
54.00 RADIOLOGY - DIAGNOSTIC	0.225157	3,206,812	0	0		54.00
55.00 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0		55.00
56.00 RADIOISOTOPE	0.114150	1,982,113	0	0		56.00
57.00 CT SCAN	0.048081	6,902,537	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.079556	1,343,789	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.201249	972,546	0	0		59.00
60.00 LABORATORY	0.142821	314,041	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0.000000	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0.656980	194,137	0	0		63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0.249183	86,485	0	0		65.00
66.00 PHYSICAL THERAPY	0.373777	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.257544	991	0	0		67.00
68.00 SPEECH PATHOLOGY	0.738019	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.110304	2,237,784	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.404128	1,283,088	0	0		71.00
72.00 IMP. DEV CHARGED TO PATIENT	0.000000	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.174129	2,314,224	0	0		73.00
74.00 RENAL DIALYSIS	0.000000	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00 SLEEP LAB	0.020952	279,345	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 CLINIC	0.262307	61,329	0	0		90.00
91.00 EMERGENCY	0.158348	3,919,243	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.534393	427,993	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00 AMBULANCE SERVICES	0.000000		0			95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0.000000	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00 Subtotal (see instructions)		31,891,994	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		31,891,994	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 1:41 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	850,224	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	59,349	0	0		53.00
54.00 RADIOLOGY - DIAGNOSTIC	722,036	0	0		54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	226,258	0	0		56.00
57.00 CT SCAN	331,881	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	106,906	0	0		58.00
59.00 CARDIAC CATHETERIZATION	195,724	0	0		59.00
60.00 LABORATORY	44,852	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY		0			61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	127,544	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	21,551	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	255	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	246,837	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	518,532	0	0		71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	402,974	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 SLEEP LAB	5,853	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	16,087	0	0		90.00
91.00 EMERGENCY	620,604	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	228,716	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0			95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	4,726,183	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	4,726,183	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140120 Component CCN: 145766	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140120 Component CCN: 145766	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	35,105,743	0.000000	0.000000	0	50.00
51.00 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	2,552,783	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	3,712,966	0.000000	0.000000	790	53.00
54.00 RADIOLOGY - DIAGNOSTIC	0	16,172,347	0.000000	0.000000	69,817	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	6,499,824	0.000000	0.000000	1,562	56.00
57.00 CT SCAN	0	24,726,571	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	5,119,951	0.000000	0.000000	3,163	58.00
59.00 CARDIAC CATHETERIZATION	0	3,541,998	0.000000	0.000000	274	59.00
60.00 LABORATORY	0	22,223,474	0.000000	0.000000	245,580	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	1,170,724	0.000000	0.000000	17,898	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	3,563,729	0.000000	0.000000	268,422	65.00
66.00 PHYSICAL THERAPY	0	3,298,872	0.000000	0.000000	622,319	66.00
67.00 OCCUPATIONAL THERAPY	0	1,449,524	0.000000	0.000000	600,647	67.00
68.00 SPEECH PATHOLOGY	0	334,337	0.000000	0.000000	31,426	68.00
69.00 ELECTROCARDIOLOGY	0	8,573,135	0.000000	0.000000	18,539	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,448,093	0.000000	0.000000	499,515	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	24,746,365	0.000000	0.000000	1,294,861	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 SLEEP LAB	0	1,345,770	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	1,191,658	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	25,772,056	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,246,370	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	211,796,290			3,674,813	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140120 Component CCN: 145766	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 LABOR ROOM & DELIVERY ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB. SERVICE-PRGM. ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	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
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP. - RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140120 Component CCN: 145766	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
Title XVIII		Skilled Nursing Facility	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	LABOR ROOM & DELIVERY ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	0	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	SLEEP LAB	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1	
		Title XVIII		Hospital		Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description						PPS	
						1.00	
PART I - ALL PROVIDER COMPONENTS							
INPATIENT DAYS							
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)					14,016	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)					14,016	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)					14,016	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)					6,672	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)					10,982,644	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)					10,982,644	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28.00	General inpatient routine service charges (excluding swing-bed charges)					16,657,398	28.00
29.00	Private room charges (excluding swing-bed charges)					0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)					16,657,398	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)					0.659325	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)					1,188.46	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)					10,982,644	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)					783.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)					5,228,046	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)					5,228,046	41.00
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,325,130	1,299	1,789.94	724	1,295,917	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1 Date/Time Prepared: 11/28/2011 1:41 pm
Title XVIII				Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,188,714	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,712,677	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)					482,907	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					632,439	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,115,346	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,597,331	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)					1,532	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					783.58	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,200,445	89.00
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	859,947	10,982,644	0.078301	1,200,445	93,996	90.00
91.00 Nursing School cost	0	10,982,644	0.000000	1,200,445	0	91.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1 Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
92.00	Allied health cost	0	10,982,644	0.000000	1,200,445	0	92.00
93.00	All other Medical Education	0	10,982,644	0.000000	1,200,445	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140120 Component CCN: 145766	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1 Date/Time Prepared: 11/28/2011 1:41 pm		
		Title XVIII	Skilled Nursing Facility	PPS		
Cost Center Description		1.00				
PART I - ALL PROVIDER COMPONENTS						
INPATIENT DAYS						
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,544	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,544	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)			3,544	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)			2,603	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)			1,998,120	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)			1,998,120	27.00	
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT						
28.00	General inpatient routine service charges (excluding swing-bed charges)			2,142,950	28.00	
29.00	Private room charges (excluding swing-bed charges)			0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)			2,142,950	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.932416	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)			604.67	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)			1,998,120	37.00	
PART II - HOSPITAL AND SUBPROVIDERS ONLY						
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38.00	Adjusted general inpatient routine service cost per diem (see instructions)				38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)				39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)				40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)				41.00	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1
				Component CCN: 145766		Date/Time Prepared: 11/28/2011 1:41 pm
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					54.00
55.00	Target amount per discharge					55.00
56.00	Target amount (line 54 x line 55)					56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00	Bonus payment (see instructions)					58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00	Relief payment (see instructions)					62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					1,998,120
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					563.80
72.00	Program routine service cost (line 9 x line 71)					1,467,571
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					1,467,571
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00
77.00	Program capital-related costs (line 9 x line 76)					0
78.00	Inpatient routine service cost (line 74 minus line 77)					0
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0
81.00	Inpatient routine service cost per diem limitation					0.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0
83.00	Reasonable inpatient routine service costs (see instructions)					1,467,571
84.00	Program inpatient ancillary services (see instructions)					969,876
85.00	Utilization review - physician compensation (see instructions)					0
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					2,437,447
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0
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 INPATIENT OPERATING COST		Provider CCN: 140120 Component CCN: 145766		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1 Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3 Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		8,752,028		30.00
31.00	INTENSIVE CARE UNIT		1,682,607		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.148956	4,618,640	687,974	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0.503803	14,301	7,205	52.00
53.00	ANESTHESIOLOGY	0.090245	502,013	45,304	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.225157	1,757,494	395,712	54.00
55.00	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.114150	666,742	76,109	56.00
57.00	CT SCAN	0.048081	2,330,537	112,055	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.079556	127,788	10,166	58.00
59.00	CARDIAC CATHETERIZATION	0.201249	667,701	134,374	59.00
60.00	LABORATORY	0.142821	4,232,515	604,492	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.656980	503,615	330,865	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.249183	1,858,486	463,103	65.00
66.00	PHYSICAL THERAPY	0.373777	759,409	283,850	66.00
67.00	OCCUPATIONAL THERAPY	0.257544	251,140	64,680	67.00
68.00	SPEECH PATHOLOGY	0.738019	79,262	58,497	68.00
69.00	ELECTROCARDIOLOGY	0.110304	1,772,922	195,560	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.404128	6,910,757	2,792,830	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.174129	8,612,948	1,499,764	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	SLEEP LAB	0.020952	4,722	99	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.262307	244	64	90.00
91.00	EMERGENCY	0.158348	2,155,546	341,326	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.534393	158,470	84,685	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		37,985,252	8,188,714	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)		37,985,252		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140120 Component CCN: 145766	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3 Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.148956	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	LABOR ROOM & DELIVERY ROOM	0.503803	0	0	52.00
53.00	ANESTHESIOLOGY	0.090245	790	71	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.225157	69,817	15,720	54.00
55.00	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.114150	1,562	178	56.00
57.00	CT SCAN	0.048081	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.079556	3,163	252	58.00
59.00	CARDIAC CATHETERIZATION	0.201249	274	55	59.00
60.00	LABORATORY	0.142821	245,580	35,074	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB. SERVICE-PRGM. ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.656980	17,898	11,759	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.249183	268,422	66,886	65.00
66.00	PHYSICAL THERAPY	0.373777	622,319	232,609	66.00
67.00	OCCUPATIONAL THERAPY	0.257544	600,647	154,693	67.00
68.00	SPEECH PATHOLOGY	0.738019	31,426	23,193	68.00
69.00	ELECTROCARDIOLOGY	0.110304	18,539	2,045	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.404128	499,515	201,868	71.00
72.00	IMP. DEV CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.174129	1,294,861	225,473	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	SLEEP LAB	0.020952	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.262307	0	0	90.00
91.00	EMERGENCY	0.158348	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.534393	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP. - RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		3,674,813	969,876	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		3,674,813		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part A Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		10,010,012	1.00
2.00	Outlier payments for discharges. (see instructions)		324,378	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)		93.80	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)		2.55	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		17.50	31.00
32.00	Sum of lines 30 and 31		20.05	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.78	33.00
34.00	Disproportionate share adjustment (see instructions)		578,579	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	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		10,912,969	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)		10,912,969	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part A Date/Time Prepared: 11/28/2011 1:41 pm	
		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)		839,068		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)		11,752,037		59.00
60.00	Primary payer payments		3,677		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,748,360		61.00
62.00	Deductibles billed to program beneficiaries		1,324,588		62.00
63.00	Coinsurance billed to program beneficiaries		6,074		63.00
64.00	Allowable bad debts (see instructions)		244,105		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		170,874		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		201,233		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		10,588,572		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)		10,588,572		71.00
72.00	Interim payments		10,452,417		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)		136,155		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		22,020		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: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part B Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)			4,726,183 2.00
3.00	PPS payments			4,892,289 3.00
4.00	Outlier payment (see instructions)			2,129 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.790 5.00
6.00	Line 2 times line 5			3,733,685 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)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			4,894,418 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)			1,292,299 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)			3,602,119 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)			3,602,119 30.00
31.00	Primary payer payments			507 31.00
32.00	Subtotal (line 30 minus line 31)			3,601,612 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)			180,792 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			126,554 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			144,348 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			3,728,166 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)			3,728,166 40.00
41.00	Interim payments			3,741,391 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)			-13,225 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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140120 Component CCN: 145766	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part B Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 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)			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)			0 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)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 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)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)			0 40.00
41.00	Interim payments			0 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)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		10,426,355		3,739,785	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	10/29/2010	26,062	10/29/2010	1,606	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)		26,062		1,606	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)		10,452,417		3,741,391	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		136,155		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		13,225	6.02	
7.00	Total Medicare program liability (see instructions)		10,588,572		3,728,166	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: 140120 Component CCN: 145766		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XVIII		Skilled Nursing Facility		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					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		952,692			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)		952,692			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		952,692			0	7.00
				Contractor Number	Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet E-3 Part II Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVII	Hospital	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			0 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			34.202740 9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			0 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			0 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			0 18.00
19.00	Deductibles			0 19.00
20.00	Subtotal (line 18 minus line 19)			0 20.00
21.00	Coinsurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			0 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			0 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			0 31.00
32.00	Interim payments			10,452,417 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			-10,452,417 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet E-3 Part III Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVII	Hospital	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			0 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			0 3.00
4.00	Outlier Payments			0 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			34.202740 10.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10}))\}$ raised to the power of .6876 -1}.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			0 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			0 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			0 19.00
20.00	Deductibles			0 20.00
21.00	Subtotal (line 19 minus line 20)			0 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			0 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			0 32.00
33.00	Interim payments			10,452,417 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)			-10,452,417 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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 11/28/2011 1:41 pm
	Component CCN: 145766	Title XVIII	Skilled Nursing Facility PPS

			1.00
--	--	--	------

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES			
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)			
1.00	Resource Utilization Group Payment (RUGS)	988,408	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	988,408	4.00
COMPUTATION OF NET COST OF COVERED SERVICES			
5.00	Medical and other services	0	5.00
6.00	Deductible	0	6.00
7.00	Coinurance	35,716	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Allowable reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	952,692	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)	952,692	15.00
16.00	Interim payments	952,692	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)	0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140120 Period: From 05/01/2010 To 04/30/2011 Worksheet G
 Date/Time Prepared: 11/28/2011 1:41 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,506,085	0	0	0	1.00
2.00	Temporary investments	7,836,804	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	7,669,612	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,054,081	0	0	0	7.00
8.00	Prepaid expenses	1,556,676	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,623,258	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,449,581	0	0	0	12.00
13.00	Land improvements	1,801,151	0	0	0	13.00
14.00	Accumulated depreciation	-1,378,823	0	0	0	14.00
15.00	Buildings	11,554,361	0	0	0	15.00
16.00	Accumulated depreciation	-7,976,140	0	0	0	16.00
17.00	Leasehold improvements	17,754,171	0	0	0	17.00
18.00	Accumulated depreciation	-13,010,358	0	0	0	18.00
19.00	Fixed equipment	14,068,494	0	0	0	19.00
20.00	Accumulated depreciation	-11,309,086	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	23,336,601	0	0	0	23.00
24.00	Accumulated depreciation	-15,665,072	0	0	0	24.00
25.00	Minor equipment depreciable	980,336	0	0	0	25.00
26.00	Accumulated depreciation	-675,958	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	1,057,584	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	21,986,842	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	22,956,770	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	2,698,898	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	25,655,668	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	73,265,768	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,412,509	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,986,365	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	4,109,535	0	0	0	43.00
44.00	Other current liabilities	4,889,442	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,397,851	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	23,257,277	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,886,661	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	27,143,938	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	41,541,789	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	31,723,979				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)	31,723,979	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	73,265,768	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140120

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

Worksheet G-1

Date/Time Prepared:
11/28/2011 1:41 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		26,875,272		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		7,217,617			2.00
3.00	Total (sum of line 1 and line 2)		34,092,889		0	3.00
4.00	CHANGES IN MINIMUM PENSION	512,463		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		512,463		0	10.00
11.00	Subtotal (line 3 plus line 10)		34,605,352		0	11.00
12.00	TRANSFERS TO AFFILIATES	2,881,373		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		2,881,373		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		31,723,979		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140120

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

Worksheet G-1

Date/Time Prepared:
11/28/2011 1:41 pm

		Endowment Fund		Plant Fund			
		5.00	6.00	7.00	8.00		
		1.00	Fund balances at beginning of period		0		
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00	
3.00	Total (sum of line 1 and line 2)		0		0	3.00	
4.00	CHANGES IN MINIMUM PENSION	0		0		4.00	
5.00		0		0		5.00	
6.00		0		0		6.00	
7.00		0		0		7.00	
8.00		0		0		8.00	
9.00		0		0		9.00	
10.00	Total additions (sum of line 4-9)		0		0	10.00	
11.00	Subtotal (line 3 plus line 10)		0		0	11.00	
12.00	TRANSFERS TO AFFILIATES	0		0		12.00	
13.00		0		0		13.00	
14.00		0		0		14.00	
15.00		0		0		15.00	
16.00		0		0		16.00	
17.00		0		0		17.00	
18.00	Total deductions (sum of lines 12-17)		0		0	18.00	
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0	19.00	

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provider CCN: 140120		Period: From 05/01/2010 To 04/30/2011		Worksheet G-2 Parts	
Cost Center Description		Inpatient	Outpatient	Total			
		1.00	2.00	3.00			
PART I - PATIENT REVENUES							
General Inpatient Routine Services							
1.00	Hospital	21,514,238		21,514,238		1.00	
2.00	SUBPROVIDER - IPF	0		0		2.00	
3.00	SUBPROVIDER - IRF	0		0		3.00	
4.00	SUBPROVIDER	0		0		4.00	
5.00	Swing bed - SNF	0		0		5.00	
6.00	Swing bed - NF	0		0		6.00	
7.00	SKILLED NURSING FACILITY	2,146,670		2,146,670		7.00	
8.00	NURSING FACILITY	0		0		8.00	
9.00	OTHER LONG TERM CARE	0		0		9.00	
10.00	Total general inpatient care services (sum of lines 1-9)	23,660,908		23,660,908		10.00	
Intensive Care Type Inpatient Hospital Services							
11.00	INTENSIVE CARE UNIT	3,056,852		3,056,852		11.00	
12.00	CORONARY CARE UNIT	0		0		12.00	
13.00	BURN INTENSIVE CARE UNIT	0		0		13.00	
14.00	SURGICAL INTENSIVE CARE UNIT	0		0		14.00	
15.00	OTHER SPECIAL CARE (SPECIFY)					15.00	
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,056,852		3,056,852		16.00	
17.00	Total inpatient routine care services (sum of lines 10 and 16)	26,717,760		26,717,760		17.00	
18.00	Ancillary services	68,483,840	111,822,304	180,306,144		18.00	
19.00	Outpatient services	3,954,347	23,009,367	26,963,714		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	0	0	0		22.00	
23.00	AMBULANCE SERVICES	0	0	0		23.00	
24.00	CMHC	0	0	0		24.00	
24.10	CORF	0	0	0		24.10	
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	1,443,722	1,443,722		25.00	
26.00	HOSPICE	0	0	0		26.00	
27.00	PROFESSIONAL CHARGES	3,746,577	3,498,437	7,245,014		27.00	
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	102,902,524	139,773,830	242,676,354		28.00	
PART II - OPERATING EXPENSES							
29.00	Operating expenses (per Wkst. A, column 3, line 200)		63,789,605			29.00	
30.00	PROVISION FOR BAD DEBT	8,122,577				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)		8,122,577			36.00	
37.00	DEDUCT (SPECIFY)	0				37.00	
38.00		0				38.00	
39.00		0				39.00	
40.00		0				40.00	
41.00		0				41.00	
42.00	Total deductions (sum of lines 37-41)		0			42.00	
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		71,912,182			43.00	

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet G-3 Date/Time Prepared: 11/28/2011 1:41 pm
------------------------------------	----------------------	---	--

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	242,676,354	1.00
2.00	Less contractual allowances and discounts on patients' accounts	167,372,045	2.00
3.00	Net patient revenues (line 1 minus line 2)	75,304,309	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	71,912,182	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,392,127	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	773,998	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	3,778	13.00
14.00	Revenue from meals sold to employees and guests	509,204	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	30,673	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	73,296	22.00
23.00	Governmental appropriations	0	23.00
24.00	GARDEN COURT RESTAURANT	29,456	24.00
24.01	WELLNESS CENTER	21,688	24.01
24.02	AUTOPSY FEES	3,120	24.02
24.03	NEISS PAYMENTS	12,152	24.03
24.04	MISCELLANEOUS INCOME	116,830	24.04
24.05	UNREALIZED GAIN ON INVESTMENT	2,251,295	24.05
25.00	Total other income (sum of lines 6-24)	3,825,490	25.00
26.00	Total (line 5 plus line 25)	7,217,617	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,217,617	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 140120 HHA CCN: 147057		Period: From 05/01/2010 To 04/30/2011		Worksheet H Date/Time Prepared: 11/28/2011 1:41 pm 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	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	204,188	0	46,529	0	23,597	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	243,138	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	210,475	0	7.00
8.00	Occupational Therapy	0	0	0	12,023	0	8.00
9.00	Speech Pathology	0	0	0	4,614	0	9.00
10.00	Medical Social Services	161	0	0	0	0	10.00
11.00	Home Health Aide	56,520	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	14,324	12.00
13.00	Drugs	0	0	0	0	1,071	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	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	504,007	0	46,529	227,112	38,992	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 140120 HHA CCN: 147057		Period: From 05/01/2010 To 04/30/2011		Worksheet H Date/Time Prepared: 11/28/2011 1:41 pm	
				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	274,314	0	274,314	0	274,314	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	243,138	0	243,138	0	243,138	6.00
7.00	Physical Therapy	210,475	0	210,475	0	210,475	7.00
8.00	Occupational Therapy	12,023	0	12,023	0	12,023	8.00
9.00	Speech Pathology	4,614	0	4,614	0	4,614	9.00
10.00	Medical Social Services	161	0	161	0	161	10.00
11.00	Home Health Aide	56,520	0	56,520	0	56,520	11.00
12.00	Supplies (see instructions)	14,324	-14,324	0	0	0	12.00
13.00	Drugs	1,071	0	1,071	0	1,071	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	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	816,640	-14,324	802,316	0	802,316	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 140120	Period: From 05/01/2010	Worksheet H-1 Part I Date/Time Prepared: 11/28/2011 1:41 pm
	HHA CCN: 147057	To 04/30/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
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	274,314	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	243,138	0	0	0	6.00
7.00	Physical Therapy	210,475	0	0	0	7.00
8.00	Occupational Therapy	12,023	0	0	0	8.00
9.00	Speech Pathology	4,614	0	0	0	9.00
10.00	Medical Social Services	161	0	0	0	10.00
11.00	Home Health Aide	56,520	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	1,071	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	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	802,316	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet H-1 Part I Date/Time Prepared: 11/28/2011 1:41 pm
		HHA CCN: 147057	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	274,314	274,314	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	243,138	126,319	369,457
7.00	Physical Therapy	210,475	109,348	319,823
8.00	Occupational Therapy	12,023	6,246	18,269
9.00	Speech Pathology	4,614	2,397	7,011
10.00	Medical Social Services	161	84	245
11.00	Home Health Aide	56,520	29,364	85,884
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	1,071	556	1,627
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	0	0	0
24.00	Total (sum of lines 1-23)	528,002		802,316

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140120	Period: From 05/01/2010	Worksheet H-1 Part II Date/Time Prepared: 11/28/2011 1:41 pm
	HHA CCN: 147057	To 04/30/2011	
		Home Health Agency I	PPS

	Capital Related Costs				Transportation (MILEAGE)	Reconciliation	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)				
	1.00	2.00	3.00	4.00			
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	-274,314	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	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-274,314	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140120	Period:	Worksheet H-1
	HHA CCN: 147057	From 05/01/2010 To 04/30/2011	Part II Date/Time Prepared: 11/28/2011 1:41 pm
		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	528,002	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	243,138	6.00
7.00	Physical Therapy	210,475	7.00
8.00	Occupational Therapy	12,023	8.00
9.00	Speech Pathology	4,614	9.00
10.00	Medical Social Services	161	10.00
11.00	Home Health Aide	56,520	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	1,071	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	0	23.00
24.00	Total (sum of lines 1-23)	528,002	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	274,314	25.00
26.00	Unit Cost Multiplier	0.519532	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part I Date/Time Prepared: 11/28/2011 1:41 pm
		HHA CCN: 147057	Home Health Agency I	PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0			4.00	4A		
1.00	Administrative and General	0	15,115	16	42,122	57,253	1.00
2.00	Skilled Nursing Care	369,457	0	0	50,157	419,614	2.00
3.00	Physical Therapy	319,823	0	0	0	319,823	3.00
4.00	Occupational Therapy	18,269	0	0	0	18,269	4.00
5.00	Speech Pathology	7,011	0	0	0	7,011	5.00
6.00	Medical Social Services	245	0	0	33	278	6.00
7.00	Home Health Aide	85,884	0	0	11,659	97,543	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	1,627	0	0	0	1,627	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	802,316	15,115	16	103,971	921,418	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: 140120	Period: From 05/01/2010	Worksheet H-2
		HHA CCN: 147057	To 04/30/2011	Part I
				Date/Time Prepared: 11/28/2011 1:41 pm
			Home Health Agency I	PPS

	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
1.00 Administrative and General	13,440	0	28,067	0	15,563	1.00
2.00 Skilled Nursing Care	98,506	0	0	0	0	2.00
3.00 Physical Therapy	75,080	0	0	0	0	3.00
4.00 Occupational Therapy	4,289	0	0	0	0	4.00
5.00 Speech Pathology	1,646	0	0	0	0	5.00
6.00 Medical Social Services	65	0	0	0	0	6.00
7.00 Home Health Aide	22,899	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	382	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	216,307	0	28,067	0	15,563	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: 140120 HHA CCN: 147057		Period: From 05/01/2010 To 04/30/2011		Worksheet H-2 Part I Date/Time Prepared: 11/28/2011 1:41 pm PPS	
		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	21,381	0	0	161	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	21,381	0	0	161	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: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part I Date/Time Prepared: 11/28/2011 1:41 pm
		HHA CCN: 147057	Home Health Agency I	PPS

		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	727	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	727	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: 140120	Period: From 05/01/2010	Worksheet H-2
	HHA CCN: 147057	To 04/30/2011	Part I Date/Time Prepared: 11/28/2011 1:41 pm
		Home Health Agency I	PPS

		INTERNS & RESIDENTS			PARAMED. ED. PRGM.	Subtotal	
		NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
		20.00	21.00	22.00			
1.00	Administrative and General	0	0	0	0	136,592	1.00
2.00	Skilled Nursing Care	0	0	0	0	518,120	2.00
3.00	Physical Therapy	0	0	0	0	394,903	3.00
4.00	Occupational Therapy	0	0	0	0	22,558	4.00
5.00	Speech Pathology	0	0	0	0	8,657	5.00
6.00	Medical Social Services	0	0	0	0	343	6.00
7.00	Home Health Aide	0	0	0	0	120,442	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	2,009	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	1,203,624	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: 140120	Period: From 05/01/2010	Worksheet H-2
		HHA CCN: 147057	To 04/30/2011	Part I
				Date/Time Prepared: 11/28/2011 1:41 pm
			Home Health Agency I	PPS

		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	136,592			1.00
2.00	Skilled Nursing Care	0	518,120	66,325	584,445	2.00
3.00	Physical Therapy	0	394,903	50,552	445,455	3.00
4.00	Occupational Therapy	0	22,558	2,888	25,446	4.00
5.00	Speech Pathology	0	8,657	1,108	9,765	5.00
6.00	Medical Social Services	0	343	44	387	6.00
7.00	Home Health Aide	0	120,442	15,418	135,860	7.00
8.00	Supplies (see instructions)	0	0	0	0	8.00
9.00	Drugs	0	2,009	257	2,266	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	1,203,624	136,592	1,203,624	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.			0.128011		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: 140120	Period: From 05/01/2010	Worksheet H-2 Part II Date/Time Prepared: 11/28/2011 1:41 pm
	HHA CCN: 147057	To 04/30/2011	
		Home Health Agency I	PPS

	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
1.00	Administrative and General	1,862	16	204,188	0	57,253	1.00
2.00	Skilled Nursing Care	0	0	243,138	0	419,614	2.00
3.00	Physical Therapy	0	0	0	0	319,823	3.00
4.00	Occupational Therapy	0	0	0	0	18,269	4.00
5.00	Speech Pathology	0	0	0	0	7,011	5.00
6.00	Medical Social Services	0	0	161	0	278	6.00
7.00	Home Health Aide	0	0	56,520	0	97,543	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	1,627	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,862	16	504,007		921,418	20.00
21.00	Total cost to be allocated	15,115	16	103,971		216,307	21.00
22.00	Unit cost multiplier	8.117615	1.000000	0.206289		0.234754	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part II
	HHA CCN: 147057		Date/Time Prepared: 11/28/2011 1:41 pm
		Home Health Agency I	PPS

	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
1.00 Administrative and General	1,862	1,862	0	1,862	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,862	1,862	0	1,862	0	20.00
21.00 Total cost to be allocated	0	28,067	0	15,563	0	21.00
22.00 Unit cost multiplier	0.000000	15.073577	0.000000	8.358217	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part II
	HHA CCN: 147057		Date/Time Prepared: 11/28/2011 1:41 pm
		Home Health Agency I	PPS

	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
1.00 Administrative and General	891	0	0	2,608	1,071	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	891	0	0	2,608	1,071	20.00
21.00 Total cost to be allocated	21,381	0	0	161	727	21.00
22.00 Unit cost multiplier	23.996633	0.000000	0.000000	0.061733	0.678805	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part II
	HHA CCN: 147057	Home Health Agency I	Date/Time Prepared: 11/28/2011 1:41 pm PPS

	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
1.00	Administrative and General	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	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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet H-2 Part II
	HHA CCN: 147057	Home Health Agency I	Date/Time Prepared: 11/28/2011 1:41 pm PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140120 HHA CCN: 147057		Period: From 05/01/2010 To 04/30/2011		Worksheet H-3 Parts I-III Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	584,445		584,445	4,547	1.00
2.00	Physical Therapy	3.00	445,455	0	445,455	3,150	2.00
3.00	Occupational Therapy	4.00	25,446	0	25,446	149	3.00
4.00	Speech Pathology	5.00	9,765	0	9,765	96	4.00
5.00	Medical Social Services	6.00	387		387	3	5.00
6.00	Home Health Aide	7.00	135,860		135,860	1,057	6.00
7.00	Total (sum of lines 1-6)		1,201,358	0	1,201,358	9,002	7.00
				Program Visits			
				Part A		Part B	
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		37900	0	0		8.00
8.01	Skilled Nursing Care		99914	0	0		8.01
9.00	Physical Therapy		37900	0	0		9.00
9.01	Physical Therapy		99914	0	0		9.01
10.00	Occupational Therapy		37900	0	0		10.00
10.01	Occupational Therapy		99914	0	0		10.01
11.00	Speech Pathology		37900	0	0		11.00
11.01	Speech Pathology		99914	0	0		11.01
12.00	Medical Social Services		37900	0	0		12.00
12.01	Medical Social Services		99914	0	0		12.01
13.00	Home Health Aide		37900	0	0		13.00
13.01	Home Health Aide		99914	0	0		13.01
14.00	Total (sum of lines 8-13)			0	0		14.00
				Total HHA Costs (col. 1 + 2)		Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	3,307	3,307	8,182	15.00
16.00	Cost of Drugs	9.00	2,266	0	2,266	2,318	16.00
				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	0.373777	0	0	1.00
2.00	Occupational Therapy		67.00	0.257544	0	0	2.00
3.00	Speech Pathology		68.00	0.738019	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.404128	8,182	3,307	4.00
5.00	Cost of Drugs		73.00	0.174129	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140120 HHA CCN: 147057	Period: From 05/01/2010 To 04/30/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 11/28/2011 1:41 pm PPS		
		Title XVII	Home Health Agency I			
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits				
		Part A	Part B			
			Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance
	5.00	6.00	7.00	8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	128.53	1,815	1,017	1.00	
2.00	Physical Therapy	141.41	1,462	695	2.00	
3.00	Occupational Therapy	170.78	67	42	3.00	
4.00	Speech Pathology	101.72	43	26	4.00	
5.00	Medical Social Services	129.00	1	0	5.00	
6.00	Home Health Aide	128.53	333	405	6.00	
7.00	Total (sum of lines 1-6)		3,721	2,185	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	
9.00	Physical Therapy				9.00	
9.01	Physical Therapy				9.01	
10.00	Occupational Therapy				10.00	
10.01	Occupational Therapy				10.01	
11.00	Speech Pathology				11.00	
11.01	Speech Pathology				11.01	
12.00	Medical Social Services				12.00	
12.01	Medical Social Services				12.01	
13.00	Home Health Aide				13.00	
13.01	Home Health Aide				13.01	
14.00	Total (sum of lines 8-13)				14.00	
Cost Center Description		5.00	6.00	7.00	8.00	
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00		8.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.404180	3,371	4,731	15.00	
16.00	Cost of Drugs	0.977567	0	549	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: 140120 HHA CCN: 147057		Period: From 05/01/2010 To 04/30/2011		Worksheet H-3 Parts I-III Date/Time Prepared: 11/28/2011 1:41 pm PPS	
		Title XVII		Home Health Agency I			
Cost Center Description	Cost of Services			Total Program Cost (sum of cols. 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	233,282	130,715		363,997		1.00
2.00	Physical Therapy	206,741	98,280		305,021		2.00
3.00	Occupational Therapy	11,442	7,173		18,615		3.00
4.00	Speech Pathology	4,374	2,645		7,019		4.00
5.00	Medical Social Services	129	0		129		5.00
6.00	Home Health Aide	42,800	52,055		94,855		6.00
7.00	Total (sum of lines 1-6)	498,768	290,868		789,636		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
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost of Services							
Cost Center Description	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
	9.00	10.00	11.00				
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	1,362	1,912	0			15.00
16.00	Cost of Drugs	0	537	0			16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140120 HHA CCN: 147057	Period: From 05/01/2010 To 04/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
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	537	0
2.00	Total charges	0	549	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	549	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	12	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	537
11.00	Total PPS Reimbursement - Full Episodes without Outliers		588,030	291,864
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	3,308
13.00	Total PPS Reimbursement - LUPA Episodes		7,908	4,509
14.00	Total PPS Reimbursement - PEP Episodes		6,182	6,673
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		602,120	306,891
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		602,120	306,891
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		602,120	306,891
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		602,120	306,891
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		602,120	306,891
32.00	Interim payments (see instructions)		602,120	306,628
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	263
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140120	Period: From 05/01/2010	Worksheet H-5
	HHA CCN: 147057	To 04/30/2011	Date/Time Prepared: 11/28/2011 1:41 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		602,120		306,628	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)		602,120		306,628	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		263	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		602,120		306,891	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: 140120	Period: From 05/01/2010 To 04/30/2011	Worksheet L Parts I-III Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		814,023	1.00
2.00	Capital DRG outlier payments		25,045	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		37.98	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		839,068	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