

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: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet S Parts I-III Date/Time Prepared: 3/29/2012 8:03 am
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PART I - COST REPORT STATUS

Provider use only	1. <input 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: 3/29/2012 Time: 8:03 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARGARET'S HOSPITAL for the cost reporting period beginning 10/01/2010 and ending 09/30/2011 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 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-501,832	96,432	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	365	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-501,467	96,432	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: 140143		Period: From 10/01/2010 To 09/30/2011		Worksheet S-2 Part I Date/Time Prepared: 3/29/2012 7:07 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 600 EAST FIRST ST		PO Box:				1.00				
2.00	City: SPRING VALLEY		State: IL		Zip Code: 61362		County: BUREAU				
		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		ST. MARGARET'S HOSPITAL	140143	99914	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF		ST. MARGARET'S HOSPITAL	14U143	99914		06/23/2003	N	P	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF		ST. MARGARET'S HOSPITAL	145578	99914		08/10/1987	N	P	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		ST. MARGARET'S HOSPITAL	141595	99914		07/07/1998				14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) 1										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2010	09/30/2011		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N		N	22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						2		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.		0	0	0	0	0	0	0	24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.		0	0	0	0	0	0	0	25.00	
							1.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								2	26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								2	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0	35.00	
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.						1			37.00	

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		Beginning: 1.00	Ending: 2.00				
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	10/01/2010	09/30/2011	38.00			
		V 1.00	XVIII 2.00	XIX 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.				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 1.00	IME Average 2.00	Direct GME Average 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 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/(col. 1 + col. 2)) 3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	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 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/(col. 3 + col. 4)) 5.00	
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
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)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N		
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		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		
				V	XIX	
				1.00	2.00	
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00

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			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		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	Y	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.		1,000,000	3,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N		121.00
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	35H002	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: SISTERS MARY OF THE PRESENTATION HC	Contractor's Name: NORIDIAN ADMIN SVC	Contractor's Number: 03301		141.00
142.00	Street: 1202 PAGE DR SW PO BOX 10007	PO Box:			142.00
143.00	City: FARGO	State: ND	Zip Code: 58106-0007		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

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		1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
		Part A	Part B				
		1.00	2.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N				155.00
156.00	Subprovider - IPF	N	N				156.00
157.00	Subprovider - IRF	N	N				157.00
158.00	SUBPROVIDER	N	N				158.00
159.00	SNF	N	N				159.00
160.00	HOME HEALTH AGENCY	N	N				160.00
161.00	CMHC		N				161.00
		1.00					
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
		1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part II Date/Time Prepared: 3/29/2012 7:07 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	12/02/2011	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		01/11/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y			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:	Y			20.00
		PIP PAYMENTS WERE ENTERED AS PAYMENT			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
3/29/2012 7:07 am

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

		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	01/11/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	63	25,753	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)		63	25,753	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		69	27,943	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		69				27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
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Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	4,885	645	7,294		1.00
2.00 HMO		351	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	679	0	780		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	5,564	645	8,074		7.00
8.00 INTENSIVE CARE UNIT	0	533	60	845		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		229	572		13.00
14.00 Total (see instructions)	0	6,097	934	9,491		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		241	1,124		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				17		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			38	110		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,528	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	503.65	0.00	0	1,528	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	6.32	0.00			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	509.97	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
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Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	422	2,661		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)	422	2,661		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part II
Date/Time Prepared:
3/29/2012 7:07 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	28,095,557	0	28,095,557	1,055,282.98	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	6,378,810	6,378,810	38,126.04	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		10,330,925	-9,190,199	1,140,726	48,805.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		520,335	0	520,335	9,215.39	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		777,483	0	777,483	4,783.32	13.00
14.00	Home office salaries & wage-related costs		1,860,940	0	1,860,940	11,086.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		4,743,644	0	4,743,644		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		232,560	0	232,560		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		175,200	0	175,200		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	184,930	0	184,930	8,248.55	26.00
27.00	Administrative & General	5.00	2,109,529	-111,493	1,998,036	98,934.22	27.00
28.00	Administrative & General under contract (see inst.)		86,716	0	86,716	512.70	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	389,970	0	389,970	23,354.05	30.00
31.00	Laundry & Linen Service	8.00	0	38,305	38,305	3,823.25	31.00
32.00	Housekeeping	9.00	408,756	-38,305	370,451	35,502.65	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	825,130	-542,193	282,937	19,870.91	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	542,193	542,193	38,078.66	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	763,734	0	763,734	22,814.20	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,291,049	0	1,291,049	58,037.40	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet S-3 Part II Date/Time Prepared: 3/29/2012 7:07 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	26.62	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	167.31	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	23.37	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	56.46	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	162.54	13.00
14.00	Home office salaries & wage-related costs	167.86	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	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/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	22.42	26.00
27.00	Administrative & General	20.20	27.00
28.00	Administrative & General under contract (see inst.)	169.14	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	16.70	30.00
31.00	Laundry & Linen Service	10.02	31.00
32.00	Housekeeping	10.43	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.24	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.24	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	33.48	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	22.25	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140143		Period: From 10/01/2010 To 09/30/2011		Worksheet S-3 Part III Date/Time Prepared: 3/29/2012 7:07 am	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	28,182,273	-6,378,810	21,803,463	1,017,669.64		1.00
2.00	Excluded area salaries (see instructions)	10,330,925	-9,190,199	1,140,726	48,805.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	17,851,348	2,811,389	20,662,737	968,864.64		3.00
4.00	Subtotal other wages & related costs (see inst.)	3,158,758	0	3,158,758	25,084.71		4.00
5.00	Subtotal wage-related costs (see inst.)	4,743,644	0	4,743,644	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	25,753,750	2,811,389	28,565,139	993,949.35		6.00
7.00	Total overhead cost (see instructions)	6,059,814	-111,493	5,948,321	309,176.59		7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
3/29/2012 7:07 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	21.42	1.00
2.00	Excluded area salaries (see instructions)	23.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)	21.33	3.00
4.00	Subtotal other wages & related costs (see inst.)	125.92	4.00
5.00	Subtotal wage-related costs (see inst.)	22.96	5.00
6.00	Total (sum of lines 3 thru 5)	28.74	6.00
7.00	Total overhead cost (see instructions)	19.24	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 3/29/2012 7:07 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		667,663	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		1,962,559	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		167,867	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		34,061	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		2,738	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		84,699	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		403,494	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		1,358,469	17.00
18.00	Medicare Taxes - Employers Portion Only		398,065	18.00
19.00	Unemployment Insurance		25,748	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		46,040	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		5,151,403	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: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part V
Date/Time Prepared:
3/29/2012 7:07 am

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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-7

Date/Time Prepared:
3/29/2012 7:07 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	06/23/2003	2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	21	21	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	1	1	16.00
17.00	RVA	0	1	1	17.00
18.00	RHC	0	5	5	18.00
19.00	RHB	0	3	3	19.00
20.00	RHA	0	25	25	20.00
21.00	RMC	0	136	136	21.00
22.00	RMB	0	48	48	22.00
23.00	RMA	0	113	113	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	31	31	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	18	18	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	7	7	32.00
33.00	HC2	0	1	1	33.00
34.00	HC1	0	3	3	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	3	3	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	17	17	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	4	4	45.00
46.00	CE1	0	27	27	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	44	44	48.00
49.00	CC2	0	13	13	49.00
50.00	CC1	0	36	36	50.00
51.00	CB2	0	8	8	51.00
52.00	CB1	0	56	56	52.00
53.00	CA2	0	11	11	53.00
54.00	CA1	0	30	30	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	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	2	2	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: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-7

Date/Time Prepared:
3/29/2012 7:07 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	4	4	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	2	2	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	3	3	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	2	2	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	4	4	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	679	679	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	
SNF SERVICES						
201.00	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).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140143 Component CCN: 141595		Period: From 10/01/2010 To 09/30/2011		Worksheet S-9 Parts I & II Date/Time Prepared: 3/29/2012 7:07 am	
		Unduplicated Days				Hospice I	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	
		1.00	2.00	3.00	4.00	5.00	
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	
2.00	Routine Home Care	1,774	106	0	0	120	
3.00	Inpatient Respite Care	20	0	0	0	0	
4.00	General Inpatient Care	4,502	64	0	0	11	
5.00	Total Hospice Days	6,296	170	0	0	131	
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	91	4	0	0	9	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			
8.00	Average Length of Stay (line 5/line 6)	69.19	42.50	0.00	0.00	14.56	
9.00	Unduplicated Census Count	82	4	0	0	9	

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 3/29/2012 7:07 am
		Component CCN: 141595	Hospice I	

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	2,000	2.00
3.00	Inpatient Respite Care	20	3.00
4.00	General Inpatient Care	4,577	4.00
5.00	Total Hospice Days	6,597	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	104	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	63.43	8.00
9.00	Unduplicated Census Count	95	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet S-10 Date/Time Prepared: 3/29/2012 7:07 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.386029	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,147,614	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?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		15,113,270	6.00	
7.00	Medicaid cost (line 1 times line 6)		5,834,161	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,686,547	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		142,614	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,686,547	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,211,068	198,274	1,409,342	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	467,507	76,540	544,047	21.00
22.00	Partial payment by patients approved for charity care	87,930	27,436	115,366	22.00
23.00	Cost of charity care (line 21 minus line 22)	379,577	49,104	428,681	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,772,776	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		196,202	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		3,576,574	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,380,661	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,809,342	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,495,889	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		1,399,621	1,399,621	-157,205	1,242,416	1.00
1.01 OLD CAP REL COSTS-BLDG & FIXT		139,612	139,612	0	139,612	1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP		1,624,628	1,624,628	26,730	1,651,358	2.00
2.01 OLD CAP REL COSTS-MVBLE EQUIP		51	51	0	51	2.01
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	184,930	5,212,435	5,397,365	0	5,397,365	4.00
5.00 ADMINISTRATIVE & GENERAL	2,109,529	8,990,293	11,099,822	-144,137	10,955,685	5.00
7.00 OPERATION OF PLANT	389,970	1,670,532	2,060,502	0	2,060,502	7.00
8.00 LAUNDRY & LINEN SERVICE	0	164,208	164,208	38,305	202,513	8.00
9.00 HOUSEKEEPING	408,756	217,236	625,992	-38,305	587,687	9.00
10.00 DIETARY	825,130	395,907	1,221,037	-802,335	418,702	10.00
11.00 CAFETERIA	0	0	0	802,335	802,335	11.00
13.00 NURSING ADMINISTRATION	763,734	21,808	785,542	0	785,542	13.00
16.00 MEDICAL RECORDS & LIBRARY	1,291,049	274,756	1,565,805	0	1,565,805	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,825,602	193,403	3,019,005	-70,565	2,948,440	30.00
31.00 INTENSIVE CARE UNIT	603,407	162,747	766,154	0	766,154	31.00
43.00 NURSERY	84,766	94,165	178,931	0	178,931	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,892,840	5,812,793	7,705,633	0	7,705,633	50.00
52.00 DELIVERY ROOM & LABOR ROOM	274,758	49,295	324,053	70,565	394,618	52.00
53.00 ANESTHESIOLOGY	0	454,831	454,831	0	454,831	53.00
54.00 RADIOLOGY-DIAGNOSTIC	710,975	1,317,328	2,028,303	0	2,028,303	54.00
54.01 NUCLEAR MEDICINE	99,670	314,529	414,199	0	414,199	54.01
57.00 CT SCAN	152,246	428,210	580,456	0	580,456	57.00
60.00 LABORATORY	854,655	1,824,238	2,678,893	0	2,678,893	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	339,905	339,905	0	339,905	63.00
65.00 RESPIRATORY THERAPY	414,178	82,316	496,494	0	496,494	65.00
66.00 PHYSICAL THERAPY	1,108,389	119,272	1,227,661	0	1,227,661	66.00
67.00 OCCUPATIONAL THERAPY	145,786	4,649	150,435	0	150,435	67.00
68.00 SPEECH PATHOLOGY	63,259	2,925	66,184	0	66,184	68.00
69.00 ELECTROCARDIOLOGY	113,603	63,853	177,456	0	177,456	69.00
70.00 ELECTROENCEPHALOGRAPHY	63,337	8,151	71,488	0	71,488	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	42,039	409,859	451,898	22,328	474,226	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	661,549	1,682,887	2,344,436	-22,328	2,322,108	73.00
76.00 SONOGRAPHY	155,490	171,424	326,914	0	326,914	76.00
76.01 AUDIOLOGY	0	0	0	350,457	350,457	76.01
76.02 CARDIAC REHAB	167,325	19,459	186,784	0	186,784	76.02
76.03 ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00 CLINIC	676,752	109,555	786,307	11,560,325	12,346,632	90.00
91.00 EMERGENCY	680,908	1,435,996	2,116,904	0	2,116,904	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	363,539	363,539	0	363,539	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		511,953	511,953	-511,953	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
116.00 HOSPICE	323,206	325,697	648,903	0	648,903	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	18,087,838	36,414,066	54,501,904	11,124,217	65,626,121	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01 CONGREGATE LIVING	27,578	6,379	33,957	0	33,957	194.01
194.02 VALLEY ORTHOPEDIC AND SPORTS MEDICIN	740,724	123,095	863,819	-863,819	0	194.02
194.03 MANAGED CARE	54,494	14,193	68,687	0	68,687	194.03
194.04 RENTAL AREA/PPOS	0	0	0	0	0	194.04
194.05 SPECIALTY CLINICS	117	1,233	1,350	0	1,350	194.05
194.06 LASALLE SELLETT SUITE	118,255	31,563	149,818	-149,818	0	194.06
194.07 LASALLE STANMAR SUITE	102,052	13,877	115,929	-115,929	0	194.07
194.08 ENT	1,126,768	443,862	1,570,630	-1,570,630	0	194.08
194.09 DURABLE MEDICAL EQUIPMENT	181,839	224,538	406,377	0	406,377	194.09
194.10 PERU MALL	162,740	40,903	203,643	-203,643	0	194.10
194.11 LADD	0	0	0	0	0	194.11
194.12 FAMILY ORTHOPEDIC CENTER	1,611,408	262,685	1,874,093	-1,874,093	0	194.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A

Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.13 WOMEN'S HEALTH CENTER	1,137,081	188,201	1,325,282	-1,325,282	0	194.13
194.14 HENRY	311,846	55,778	367,624	-367,624	0	194.14
194.15 LAMOLLE	0	0	0	0	0	194.15
194.16 SPRING VALLEY CLINIC	680,267	97,671	777,938	-777,938	0	194.16
194.17 OGLESBY MP OB	246,965	39,692	286,657	-286,657	0	194.17
194.18 FAMILY HEALTH CENTER	931,715	108,012	1,039,727	-1,039,727	0	194.18
194.19 GRANVILLE CLINIC	383,759	88,052	471,811	-471,811	0	194.19
194.20 PARATRANSIT	0	0	0	153,686	153,686	194.20
194.21 OCCUPATIONAL HEALTH	441,999	120,305	562,304	28,669	590,973	194.21
194.22 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 SURGICAL ASSOCIATES	0	103	103	0	103	194.24
194.25 HENNEPIN CLINIC	102	21,011	21,113	-21,113	0	194.25
194.26 FAMILY HEALTH CENTER 2ND FLOOR	625,253	221,747	847,000	-847,000	0	194.26
194.27 MIDTOWN	1,122,757	268,731	1,391,488	-1,391,488	0	194.27
200.00 TOTAL (SUM OF LINES 118-199)	28,095,557	38,785,697	66,881,254	0	66,881,254	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-25,817	1,216,599	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	0	139,612	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,978	1,655,336	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	1,056	1,107	2.01
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-797,700	4,599,665	4.00
5.00	ADMINISTRATIVE & GENERAL	-3,832,011	7,123,674	5.00
7.00	OPERATION OF PLANT	-1,800	2,058,702	7.00
8.00	LAUNDRY & LINEN SERVICE	0	202,513	8.00
9.00	HOUSEKEEPING	0	587,687	9.00
10.00	DIETARY	-7,322	411,380	10.00
11.00	CAFETERIA	-196,185	606,150	11.00
13.00	NURSING ADMINISTRATION	-375	785,167	13.00
16.00	MEDICAL RECORDS & LIBRARY	-21,972	1,543,833	16.00
17.00	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-78	2,948,362	30.00
31.00	INTENSIVE CARE UNIT	0	766,154	31.00
43.00	NURSERY	-78,000	100,931	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-76,647	7,628,986	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	394,618	52.00
53.00	ANESTHESIOLOGY	-229,783	225,048	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,028,303	54.00
54.01	NUCLEAR MEDICINE	0	414,199	54.01
57.00	CT SCAN	0	580,456	57.00
60.00	LABORATORY	0	2,678,893	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	339,905	63.00
65.00	RESPIRATORY THERAPY	0	496,494	65.00
66.00	PHYSICAL THERAPY	-72,080	1,155,581	66.00
67.00	OCCUPATIONAL THERAPY	0	150,435	67.00
68.00	SPEECH PATHOLOGY	0	66,184	68.00
69.00	ELECTROCARDIOLOGY	-23,314	154,142	69.00
70.00	ELECTROENCEPHALOGRAPHY	-2,280	69,208	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	474,226	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	-362,142	1,959,966	73.00
76.00	SONOGRAPHY	-67,500	259,414	76.00
76.01	AUDIOLOGY	0	350,457	76.01
76.02	CARDIAC REHAB	0	186,784	76.02
76.03	ECP	0	0	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
90.00	CLINIC	-6,379,198	5,967,434	90.00
91.00	EMERGENCY	-902,276	1,214,628	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	363,539	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
116.00	HOSPICE	0	648,903	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-13,071,446	52,554,675	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	ER PROFESSIONAL CHARGES	0	0	194.00
194.01	CONGREGATE LIVING	0	33,957	194.01
194.02	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	194.02
194.03	MANAGED CARE	0	68,687	194.03
194.04	RENTAL AREA/PPOS	0	0	194.04
194.05	SPECIALTY CLINICS	0	1,350	194.05
194.06	LASALLE SELLETT SUITE	0	0	194.06
194.07	LASALLE STANMAR SUITE	0	0	194.07
194.08	ENT	0	0	194.08
194.09	DURABLE MEDICAL EQUIPMENT	0	406,377	194.09
194.10	PERU MALL	0	0	194.10
194.11	LADD	0	0	194.11
194.12	FAMILY ORTHOPEDIC CENTER	0	0	194.12
194.13	WOMEN'S HEALTH CENTER	0	0	194.13
194.14	HENRY	0	0	194.14

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
194.15 LAMOI LLE	0	0	194.15
194.16 SPRING VALLEY CLINIC	0	0	194.16
194.17 OGLESBY MOB	0	0	194.17
194.18 FAMILY HEALTH CENTER	0	0	194.18
194.19 GRANVILLE CLINIC	0	0	194.19
194.20 PARATRANSIT	0	153,686	194.20
194.21 OCCUPATIONAL HEALTH	0	590,973	194.21
194.22 SPORTS MEDICINE CLINIC	0	0	194.22
194.23 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.23
194.24 SURGICAL ASSOCIATES	0	103	194.24
194.25 HENNEPIN CLINIC	0	0	194.25
194.26 FAMILY HEALTH CENTER 2ND FLOOR	0	0	194.26
194.27 MIDTOWN	0	0	194.27
200.00 TOTAL (SUM OF LINES 118-199)	-13,071,446	53,809,808	200.00

RECLASSIFICATIONS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6

Date/Time Prepared:
3/29/2012 7:07 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - IV COSTS FROM PHARMACY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,328	1.00
	TOTALS		0	22,328	
B - DIETARY RECLASS					
1.00	CAFETERIA	11.00	542,193	260,142	1.00
	TOTALS		542,193	260,142	
C - LAUNDRY SALARIES					
1.00	LAUNDRY & LINEN SERVICE	8.00	38,305	0	1.00
	TOTALS		38,305	0	
D - DEPRECIATION FOR OFF CAMPUS CLINICS					
1.00	CLINIC	90.00	0	602,926	1.00
2.00	OCCUPATIONAL HEALTH	194.21	0	28,669	2.00
3.00	CLINIC	90.00	0	1,284	3.00
	TOTALS		0	632,879	
E - AUDIOLOGY COSTS					
1.00	AUDIOLOGY	76.01	0	350,457	1.00
	TOTALS		0	350,457	
F - INTEREST EXPENSE ON EQUIPMENT					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	26,730	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,549	2.00
3.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	475,674	3.00
	TOTALS		0	511,953	
G - PARATRANSIT COSTS					
1.00	PARATRANSIT	194.20	111,493	42,193	1.00
	TOTALS		111,493	42,193	
H - LABOR AND DELIVERY SALARIES					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	70,565	0	1.00
	TOTALS		70,565	0	
I - PROV BASED CLINIC SALARIES					
1.00	CLINIC	90.00	9,301,692	0	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
	TOTALS		9,301,692	0	
J - PROVIDER BASED OTHER EXPENSES					
1.00	CLINIC	90.00	0	1,654,423	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
	TOTALS		0	1,654,423	
500.00	Grand Total: Increases		10,064,248	3,474,375	500.00

RECLASSIFICATIONS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
3/29/2012 7:07 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - IV COSTS FROM PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,328	0	1.00
	TOTALS		0	22,328		
B - DIETARY RECLASS						
1.00	DIETARY	10.00	542,193	260,142	0	1.00
	TOTALS		542,193	260,142		
C - LAUNDRY SALARIES						
1.00	HOUSEKEEPING	9.00	38,305	0	0	1.00
	TOTALS		38,305	0		
D - DEPRECIATION FOR OFF CAMPUS CLINICS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	632,879	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
	TOTALS		0	632,879		
E - AUDIOLOGY COSTS						
1.00	ENT	194.08	0	350,457	0	1.00
	TOTALS		0	350,457		
F - INTEREST EXPENSE ON EQUIPMENT						
1.00	INTEREST EXPENSE	113.00	0	511,953	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	11	3.00
	TOTALS		0	511,953		
G - PARATRANSIT COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	111,493	42,193	0	1.00
	TOTALS		111,493	42,193		
H - LABOR AND DELIVERY SALARIES						
1.00	ADULTS & PEDIATRICS	30.00	70,565	0	0	1.00
	TOTALS		70,565	0		
I - PROV BASED CLINIC SALARIES						
1.00	LASALLE SELLETT SUITE	194.06	118,255	0	0	1.00
2.00	LASALLE STANMAR SUITE	194.07	102,052	0	0	2.00
3.00	ENT	194.08	1,126,768	0	0	3.00
4.00	PERU MALL	194.10	162,740	0	0	4.00
5.00	FAMILY ORTHOPEDIC CENTER	194.12	1,611,408	0	0	5.00
6.00	WOMEN'S HEALTH CENTER	194.13	1,137,081	0	0	6.00
7.00	HENRY	194.14	311,846	0	0	7.00
8.00	SPRING VALLEY CLINIC	194.16	680,267	0	0	8.00
9.00	OGLESBY MP OB	194.17	246,965	0	0	9.00
10.00	FAMILY HEALTH CENTER	194.18	931,715	0	0	10.00
11.00	GRANVILLE CLINIC	194.19	383,759	0	0	11.00
12.00	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	194.02	740,724	0	0	12.00
13.00	HENNEPIN CLINIC	194.25	102	0	0	13.00
14.00	FAMILY HEALTH CENTER 2ND FLOOR	194.26	625,253	0	0	14.00
15.00	MIDTOWN	194.27	1,122,757	0	0	15.00
	TOTALS		9,301,692	0		
J - PROVIDER BASED OTHER EXPENSES						
1.00	LASALLE SELLETT SUITE	194.06	0	31,563	0	1.00
2.00	LASALLE STANMAR SUITE	194.07	0	13,877	0	2.00
3.00	ENT	194.08	0	93,405	0	3.00
4.00	PERU MALL	194.10	0	40,903	0	4.00
5.00	FAMILY ORTHOPEDIC CENTER	194.12	0	262,685	0	5.00
6.00	WOMEN'S HEALTH CENTER	194.13	0	188,201	0	6.00
7.00	HENRY	194.14	0	55,778	0	7.00
8.00	SPRING VALLEY CLINIC	194.16	0	97,671	0	8.00
9.00	OGLESBY MP OB	194.17	0	39,692	0	9.00
10.00	FAMILY HEALTH CENTER	194.18	0	108,012	0	10.00
11.00	GRANVILLE CLINIC	194.19	0	88,052	0	11.00
12.00	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	194.02	0	123,095	0	12.00
13.00	HENNEPIN CLINIC	194.25	0	21,011	0	13.00
14.00	FAMILY HEALTH CENTER 2ND FLOOR	194.26	0	221,747	0	14.00
15.00	MIDTOWN	194.27	0	268,731	0	15.00
	TOTALS		0	1,654,423		
500.00	Grand Total: Decreases		10,064,248	3,474,375		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/29/2012 7:07 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,654,274	0	0	0	0	1.00
2.00	Land Improvements	2,203,573	168,970	0	168,970	0	2.00
3.00	Buildings and Fixtures	42,802,961	2,929,922	0	2,929,922	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	21,991,985	2,947,308	0	2,947,308	404,956	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	69,652,793	6,046,200	0	6,046,200	404,956	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	69,652,793	6,046,200	0	6,046,200	404,956	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,399,621	0	0	0	0	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	139,612	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,624,628	0	0	0	0	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	51	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	3,163,912	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	49,676,405	0	49,676,405	0.659765	0	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	1,083,295	0	1,083,295	0.014388	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	24,523,658	0	24,523,658	0.325705	0	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	10,679	0	10,679	0.000142	0	2.01
3.00	Total (sum of lines 1-2)	75,294,037	0	75,294,037	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/29/2012 7:07 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,654,274	0		1.00		
2.00	Land Improvements	2,372,543	0		2.00		
3.00	Buildings and Fixtures	45,732,883	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	24,534,337	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	75,294,037	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	75,294,037	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,399,621		1.00		
1.01	OLD CAP REL COSTS-BLDG & FIXT	0	139,612		1.01		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	1,624,628		2.00		
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0	51		2.01		
3.00	Total (sum of lines 1-2)	0	3,163,912		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	766,742	0	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	0	0	0	139,612	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,628,606	0	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0	0	0	1,107	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	2,536,067	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	449,857	0	0	0	1,216,599	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	0	0	0	0	139,612	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	26,730	0	0	0	1,655,336	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,107	2.01
3.00	Total (sum of lines 1-2)	476,587	0	0	0	3,012,654	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-24,708	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01 Investment income - OLD CAP REL COSTS-BLDG & FIXT (chapter 2)			OLD CAP REL COSTS-BLDG & FIXT	1.01	1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
2.01 Investment income - OLD CAP REL COSTS-MVBLE EQUIP (chapter 2)			OLD CAP REL COSTS-MVBLE EQUIP	2.01	2.01
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)	B	-4,721	ADMINISTRATIVE & GENERAL	5.00	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)	A	-1,800	OPERATION OF PLANT	7.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,857,163			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	60,293			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-196,185	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients	B	-362,142	DRUGS CHARGED TO PATIENTS	73.00	17.00
18.00 Sale of medical records and abstracts	B	-21,972	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines	B	-7,322	DIETARY	10.00	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		RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01 Depreciation - OLD CAP REL COSTS-BLDG & FIXT			OLD CAP REL COSTS-BLDG & FIXT	1.01	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
27.01 Depreciation - OLD CAP REL COSTS-MVBLE EQUIP			OLD CAP REL COSTS-MVBLE EQUIP	2.01	27.01
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant				0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest				0.00	32.00
33.00 LIFELINE	B	-78	ADULTS & PEDIATRICS	30.00	33.00
33.01 OUTSIDE PHYSICAL THERAPY	B	-72,080	PHYSICAL THERAPY	66.00	33.01
33.03 OB COMMISSIONS	B	-318	ADMINISTRATIVE & GENERAL	5.00	33.03
33.04 HOME OFFICE OPERATING INTEREST INCOM	B	-1,109	NEW CAP REL COSTS-BLDG & FIXT	1.00	33.04
33.06 PATIENT PHONES	A	-28,832	ADMINISTRATIVE & GENERAL	5.00	33.06
33.07 PATIENT PHONES DEPRECIATION	A	-8,805	NEW CAP REL COSTS-MVBLE EQUIP	2.00	33.07
33.10 MISC INCOME	B	-21,909	ADMINISTRATIVE & GENERAL	5.00	33.10
33.11 PHYSICIAN RECRUITMENT	A	-22,500	ADMINISTRATIVE & GENERAL	5.00	33.11
33.12 EMPLOYEE HEALTH	A	-622,500	EMPLOYEE BENEFITS	4.00	33.12
33.13 PROVISION FOR BAD DEBTS	A	-3,772,776	ADMINISTRATIVE & GENERAL	5.00	33.13

Provider CCN: 140143

Period:
 From 10/01/2010
 To 09/30/2011

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
			1.00	2.00	
33.15 ADMIN COSTS FOR POB	A	-830	ADMINISTRATIVE & GENERAL	5.00	33.15
33.16 PHYSICIAN RECRUITMENT	A	-388	CLINIC	90.00	33.16
33.17 LOBBYING PORTION OF IHHA DUES	A	-22,673	ADMINISTRATIVE & GENERAL	5.00	33.17
33.18 PATIENT EDUCATION REVENUE	B	-375	NURSING ADMINISTRATION	13.00	33.18
34.00 MISC REVENUE	B	-76,647	OPERATING ROOM	50.00	34.00
35.00 LEADERSHIP CONF SPOUSAL COSTS	A	-3,906	ADMINISTRATIVE & GENERAL	5.00	35.00
36.00		0		0.00	36.00
37.00		0		0.00	37.00
38.00		0		0.00	38.00
39.00		0		0.00	39.00
40.00		0		0.00	40.00
41.00		0		0.00	41.00
42.00		0		0.00	42.00
43.00		0		0.00	43.00
44.00		0		0.00	44.00
45.00		0		0.00	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,071,446			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
1.01	Investment income - OLD CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
2.01	Investment income - OLD CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.01
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 - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - OLD CAP REL COSTS-BLDG & FIXT	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
27.01	Depreciation - OLD CAP REL COSTS-MVBLE EQUIP	0	27.01
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	LIFELINE	0	33.00
33.01	OUTSIDE PHYSICAL THERAPY	0	33.01
33.03	OB COMMISSIONS	0	33.03
33.04	HOME OFFICE OPERATING INTEREST INCOM	11	33.04
33.06	PATIENT PHONES	0	33.06
33.07	PATIENT PHONES DEPRECIATION	9	33.07
33.10	MISC INCOME	0	33.10
33.11	PHYSICIAN RECRUITMENT	0	33.11
33.12	EMPLOYEE HEALTH	0	33.12
33.13	PROVISION FOR BAD DEBTS	0	33.13
33.15	ADMIN COSTS FOR POB	0	33.15
33.16	PHYSICIAN RECRUITMENT	0	33.16
33.17	LOBBYING PORTION OF IHHA DUES	0	33.17
33.18	PATIENT EDUCATION REVENUE	0	33.18
34.00	MISC REVENUE	0	34.00
35.00	LEADERSHIP CONF SPOUSAL COSTS	0	35.00
36.00		0	36.00
37.00		0	37.00
38.00		0	38.00
39.00		0	39.00
40.00		0	40.00
41.00		0	41.00

Provider CCN: 140143

Period:
 From 10/01/2010
 To 09/30/2011

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
42.00		0	42.00
43.00		0	43.00
44.00		0	44.00
45.00		0	45.00
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: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-1

Date/Time Prepared:
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		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	SISTERS SALARIES	2.00
3.00		2.01	OLD CAP REL COSTS-MVBLE EQUIP	OLD CAPITAL COSTS	3.00
4.00		2.00	NEW CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL COSTS	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

6.00		B		100.00	6.00
7.00		G	SMP HEALTH CORP	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: 140143

Period: From 10/01/2010 To 09/30/2011

Worksheet A-8-1

Date/Time Prepared: 3/29/2012 7:07 am

	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	1,439,750	1,387,296	52,454	0	1.00
2.00	0	6,000	-6,000	0	2.00
3.00	1,056	0	1,056	9	3.00
4.00	12,783	0	12,783	9	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
	1,453,589	1,393,296	60,293		

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

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

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

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

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

6.00		SRS OF MARY OF THE PRES	0.00	RELIGIOUS COMMUNITY	6.00
7.00			0.00	MANAGEMENT COMPANY	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: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/29/2012 7:07 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	53.00	ANESTHESIOLOGY	249,996	219,840	1.00
2.00	91.00	EMERGENCY	1,212,762	585,279	2.00
3.00	43.00	NURSERY	78,000	78,000	3.00
4.00	60.00	LABORATORY	35,000	0	4.00
5.00	69.00	EKG	23,314	23,314	5.00
6.00	76.00	SONOGRAPHY	67,500	67,500	6.00
7.00	70.00	EEG	2,280	2,280	7.00
8.00	90.00	LASALLE - SELLET	59,364	59,364	8.00
9.00	90.00	LASALLE - STANMAR	37,359	37,359	9.00
10.00	90.00	FAMILY HEALTH	609,404	609,404	10.00
11.00	90.00	FHC 2ND FLOOR	382,742	382,742	11.00
12.00	90.00	HENRY	184,071	184,071	12.00
13.00	90.00	SPRING VALLEY	390,443	390,443	13.00
14.00	90.00	OGLESBY	168,803	168,803	14.00
15.00	90.00	PMMC	665,183	665,183	15.00
16.00	90.00	GRANVILLE	249,202	249,202	16.00
17.00	90.00	FOC	1,210,741	1,210,741	17.00
18.00	90.00	VOSM	559,236	559,236	18.00
19.00	90.00	WOMEN'S HEALTH	890,802	890,802	19.00
20.00	90.00	ENT	971,460	971,460	20.00
21.00	4.00	BENEFITS FOR PROV BASED PHYSICIAN	175,200	175,200	21.00
200.00		TOTAL (lines 1.00 through 199.00)	8,222,862	7,530,223	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/29/2012 7:07 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	30,156	167,500	251	20,213	1,011	1.00
2.00	627,483	142,500	4,532	310,486	15,524	2.00
3.00	0	0	0	0	0	3.00
4.00	35,000	208,000	520	52,000	2,600	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
200.00	692,639		5,303	382,699	19,135	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/29/2012 7:07 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	20,213	1.00
2.00	0	0	0	0	310,486	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	52,000	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
200.00	0	0	0	0	382,699	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/29/2012 7:07 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	9,943	229,783	1.00
2.00	316,997	902,276	2.00
3.00	0	78,000	3.00
4.00	0	0	4.00
5.00	0	23,314	5.00
6.00	0	67,500	6.00
7.00	0	2,280	7.00
8.00	0	59,364	8.00
9.00	0	37,359	9.00
10.00	0	609,404	10.00
11.00	0	382,742	11.00
12.00	0	184,071	12.00
13.00	0	390,443	13.00
14.00	0	168,803	14.00
15.00	0	665,183	15.00
16.00	0	249,202	16.00
17.00	0	1,210,741	17.00
18.00	0	559,236	18.00
19.00	0	890,802	19.00
20.00	0	971,460	20.00
21.00	0	175,200	21.00
200.00	326,940	7,857,163	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
		1.00	1.01	2.00	2.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,216,599	1,216,599				1.00
1.01 OLD CAP REL COSTS-BLDG & FIXT	139,612	0	139,612			1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	1,655,336			1,655,336		2.00
2.01 OLD CAP REL COSTS-MVBLE EQUIP	1,107			0	1,107	2.01
4.00 EMPLOYEE BENEFITS	4,599,665	4,561	523	0	0	4.00
5.00 ADMINISTRATIVE & GENERAL	7,123,674	395,832	45,423	477,553	0	5.00
7.00 OPERATION OF PLANT	2,058,702	126,536	14,521	98,508	0	7.00
8.00 LAUNDRY & LINEN SERVICE	202,513	3,275	376	0	0	8.00
9.00 HOUSEKEEPING	587,687	13,070	1,500	646	0	9.00
10.00 DIETARY	411,380	33,633	3,860	21,050	0	10.00
11.00 CAFETERIA	606,150	11,177	1,283	0	0	11.00
13.00 NURSING ADMINISTRATION	785,167	12,088	1,387	1,666	0	13.00
16.00 MEDICAL RECORDS & LIBRARY	1,543,833	11,527	1,323	32,230	0	16.00
17.00 SOCIAL SERVICE	0	5,774	663	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,948,362	108,422	12,442	106,566	0	30.00
31.00 INTENSIVE CARE UNIT	766,154	21,693	2,489	5,455	0	31.00
43.00 NURSERY	100,931	5,036	578	1,567	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	7,628,986	65,183	7,480	311,686	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	394,618	2,536	291	42,139	0	52.00
53.00 ANESTHESIOLOGY	225,048	4,161	478	43,233	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,028,303	26,045	2,989	64,430	0	54.00
54.01 NUCLEAR MEDICINE	414,199	5,180	594	22	0	54.01
57.00 CT SCAN	580,456	2,681	308	1,042	0	57.00
60.00 LABORATORY	2,678,893	16,122	1,850	51,166	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	339,905	965	111	960	0	63.00
65.00 RESPIRATORY THERAPY	496,494	4,825	554	19,116	0	65.00
66.00 PHYSICAL THERAPY	1,155,581	42,818	4,914	15,593	0	66.00
67.00 OCCUPATIONAL THERAPY	150,435	161	18	0	0	67.00
68.00 SPEECH PATHOLOGY	66,184	726	83	848	0	68.00
69.00 ELECTROCARDIOLOGY	154,142	544	62	11,892	803	69.00
70.00 ELECTROENCEPHALOGRAPHY	69,208	8,710	1,000	15,387	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	474,226	31,121	3,571	2,397	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,959,966	6,562	753	2,731	0	73.00
76.00 SONOGRAPHY	259,414	2,206	253	54,431	0	76.00
76.01 AUDIOLOGY	350,457	0	0	0	0	76.01
76.02 CARDIAC REHAB	186,784	6,149	706	22,919	0	76.02
76.03 ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00 CLINIC	5,967,434	73,816	8,471	195,529	0	90.00
91.00 EMERGENCY	1,214,628	22,696	2,604	14,878	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	363,539	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
116.00 HOSPICE	648,903	4,017	461	1,530	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	52,554,675	1,079,848	123,919	1,617,170	803	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,506	632	0	0	190.00
194.00 ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01 CONGREGATE LIVING	33,957	54,745	6,282	0	0	194.01
194.02 VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03 MANAGED CARE	68,687	0	0	0	0	194.03
194.04 RENTAL AREA/PPOS	0	64,540	7,406	0	0	194.04
194.05 SPECIALTY CLINICS	1,350	0	0	0	0	194.05
194.06 LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07 LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08 ENT	0	0	0	0	0	194.08
194.09 DURABLE MEDICAL EQUIPMENT	406,377	11,960	1,373	1,441	0	194.09
194.10 PERU MALL	0	0	0	0	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
	0	1.00	1.01	2.00	2.01	
194.11 LADD	0	0	0	0	0	194.11
194.12 FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13 WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14 HENRY	0	0	0	0	0	194.14
194.15 LAMOI LLE	0	0	0	0	0	194.15
194.16 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 OGLESBY MP OB	0	0	0	0	0	194.17
194.18 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 PARATRANSIT	153,686	0	0	33,272	304	194.20
194.21 OCCUPATIONAL HEALTH	590,973	0	0	3,453	0	194.21
194.22 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 SURGICAL ASSOCIATES	103	0	0	0	0	194.24
194.25 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 MIDTOWN	0	0	0	0	0	194.27
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	53,809,808	1,216,599	139,612	1,655,336	1,107	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	4A	5.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS	4,604,749					4.00
5.00	ADMINISTRATIVE & GENERAL	427,296	8,469,778	8,469,778			5.00
7.00	OPERATION OF PLANT	83,398	2,381,665	444,909	2,826,574		7.00
8.00	LAUNDRY & LINEN SERVICE	8,192	214,356	40,043	13,421	267,820	8.00
9.00	HOUSEKEEPING	79,224	682,127	127,425	53,565	0	9.00
10.00	DIETARY	60,508	530,431	99,088	137,843	0	10.00
11.00	CAFETERIA	115,952	734,562	137,221	45,807	0	11.00
13.00	NURSING ADMINISTRATION	163,331	963,639	180,014	49,542	0	13.00
16.00	MEDICAL RECORDS & LIBRARY	276,101	1,865,014	348,396	47,244	0	16.00
17.00	SOCIAL SERVICE	0	6,437	1,202	23,664	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	589,187	3,764,979	703,321	444,365	174,171	30.00
31.00	INTENSIVE CARE UNIT	129,043	924,834	172,765	88,909	14,275	31.00
43.00	NURSERY	18,128	126,240	23,582	20,638	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	404,799	8,418,134	1,572,547	267,151	28,389	50.00
52.00	DELIVERY ROOM & LABOR ROOM	73,850	513,434	95,913	10,395	0	52.00
53.00	ANESTHESIOLOGY	0	272,920	50,983	17,055	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	152,048	2,273,815	424,762	106,742	17,863	54.00
54.01	NUCLEAR MEDICINE	21,315	441,310	82,439	21,230	0	54.01
57.00	CT SCAN	32,559	617,046	115,268	10,987	3,562	57.00
60.00	LABORATORY	182,775	2,930,806	547,492	66,074	134	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	341,941	63,877	3,955	0	63.00
65.00	RESPIRATORY THERAPY	88,575	609,564	113,870	19,776	523	65.00
66.00	PHYSICAL THERAPY	237,038	1,455,944	271,979	175,486	14,275	66.00
67.00	OCCUPATIONAL THERAPY	31,178	181,792	33,960	659	0	67.00
68.00	SPEECH PATHOLOGY	13,528	81,369	15,200	2,975	0	68.00
69.00	ELECTROCARDIOLOGY	24,295	191,738	35,818	2,231	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	13,545	107,850	20,147	35,699	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,990	520,305	97,196	127,549	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	141,478	2,111,490	394,439	26,893	0	73.00
76.00	SONOGRAPHY	33,253	349,557	65,299	9,043	0	76.00
76.01	AUDIOLOGY	0	350,457	65,467	0	0	76.01
76.02	CARDIAC REHAB	35,784	252,342	47,139	25,202	0	76.02
76.03	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	CLINIC	769,807	7,015,057	1,310,455	302,528	0	90.00
91.00	EMERGENCY	145,618	1,400,424	261,608	93,017	14,275	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	363,539	67,911	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
116.00	HOSPICE	69,120	724,031	135,253	16,463	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,429,915	52,188,927	8,166,988	2,266,108	267,467	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,138	1,147	22,565	0	190.00
194.00	ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01	CONGREGATE LIVING	5,898	100,882	18,845	224,369	0	194.01
194.02	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03	MANAGED CARE	11,654	80,341	15,008	0	0	194.03
194.04	RENTAL AREA/PPOS	0	71,946	13,440	264,514	0	194.04
194.05	SPECIALTY CLINICS	25	1,375	257	0	353	194.05
194.06	LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07	LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08	ENT	0	0	0	0	0	194.08
194.09	DURABLE MEDICAL EQUIPMENT	38,888	460,039	85,938	49,018	0	194.09
194.10	PERU MALL	0	0	0	0	0	194.10
194.11	LADD	0	0	0	0	0	194.11
194.12	FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13	WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14	HENRY	0	0	0	0	0	194.14
194.15	LAMOILLE	0	0	0	0	0	194.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	4.00	4A	5.00	7.00	8.00	
194.16 SPRING VALLEY CLINIC	0	0	0	0	0	0 194.16
194.17 OGLESBY MP OB	0	0	0	0	0	0 194.17
194.18 FAMILY HEALTH CENTER	0	0	0	0	0	0 194.18
194.19 GRANVILLE CLINIC	0	0	0	0	0	0 194.19
194.20 PARATRANSIT	23,844	211,106	39,436	0	0	0 194.20
194.21 OCCUPATIONAL HEALTH	94,525	688,951	128,700	0	0	0 194.21
194.22 SPORTS MEDICINE CLINIC	0	0	0	0	0	0 194.22
194.23 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.23
194.24 SURGICAL ASSOCIATES	0	103	19	0	0	0 194.24
194.25 HENNEPIN CLINIC	0	0	0	0	0	0 194.25
194.26 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	0 194.26
194.27 MIDTOWN	0	0	0	0	0	0 194.27
200.00 Cross Foot Adjustments		0				200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	4,604,749	53,809,808	8,469,778	2,826,574	267,820	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140143			Period: From 10/01/2010 To 09/30/2011		Worksheet B Part I Date/Time Prepared: 3/29/2012 7:07 am	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY		
		9.00	10.00	11.00	13.00	16.00		
GENERAL SERVICE COST CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT							1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP							2.01
4.00	EMPLOYEE BENEFITS							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING	863,117						9.00
10.00	DIETARY	46,705	814,067					10.00
11.00	CAFETERIA	33,492	0	951,082				11.00
13.00	NURSING ADMINISTRATION	23,352	0	36,155	1,252,702			13.00
16.00	MEDICAL RECORDS & LIBRARY	50,809	0	101,175	0	2,412,638		16.00
17.00	SOCIAL SERVICE	702	0	20,308	0	0		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	332,666	567,735	236,799	631,129	135,616		30.00
31.00	INTENSIVE CARE UNIT	43,413	65,426	37,678	100,452	22,596		31.00
43.00	NURSERY	3,753	0	9,138	24,371	6,831		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	70,167	60,212	130,331	347,319	434,440		50.00
52.00	DELIVERY ROOM & LABOR ROOM	15,012	0	18,748	49,959	11,689		52.00
53.00	ANESTHESIOLOGY	702	0	0	0	76,870		53.00
54.00	RADIOLOGY-DIAGNOSTIC	22,913	0	50,914	0	155,450		54.00
54.01	NUCLEAR MEDICINE	1,470	0	5,440	0	31,966		54.01
57.00	CT SCAN	1,470	0	8,885	0	162,520		57.00
60.00	LABORATORY	18,173	0	68,792	0	314,345		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,734	0	0	0	9,967		63.00
65.00	RESPIRATORY THERAPY	4,016	0	25,675	0	44,723		65.00
66.00	PHYSICAL THERAPY	10,447	0	0	0	96,528		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	10,188		67.00
68.00	SPEECH PATHOLOGY	1,470	0	0	0	2,878		68.00
69.00	ELECTROCARDIOLOGY	2,612	0	7,035	0	37,641		69.00
70.00	ELECTROENCEPHALOGRAPHY	615	0	5,512	0	10,894		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,082	0	5,693	0	128,991		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	13,805	0	30,425	0	91,780		73.00
76.00	SONOGRAPHY	1,470	0	7,905	0	59,104		76.00
76.01	AUDIOLOGY	1,470	0	0	0	6,994		76.01
76.02	CARDIAC REHAB	0	0	0	0	11,752		76.02
76.03	ECP	0	0	0	0	0		76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0		88.00
90.00	CLINIC	0	0	56,353	0	71,126		90.00
91.00	EMERGENCY	17,580	0	37,315	99,472	82,011		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	6,025		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE	0	0	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0		114.00
116.00	HOSPICE	0	0	22,919	0	37,248		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	724,100	693,373	923,195	1,252,702	2,060,173		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,470	0	0	0	0		190.00
194.00	ER PROFESSIONAL CHARGES	0	0	0	0	68,269		194.00
194.01	CONGREGATE LIVING	0	120,694	2,974	0	0		194.01
194.02	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	28,124		194.02
194.03	MANAGED CARE	0	0	3,626	0	0		194.03
194.04	RENTAL AREA/PPOS	137,547	0	0	0	0		194.04
194.05	SPECIALTY CLINICS	0	0	0	0	5,156		194.05
194.06	LASALLE SELLETT SUITE	0	0	0	0	2,507		194.06
194.07	LASALLE STANMAR SUITE	0	0	0	0	1,893		194.07
194.08	ENT	0	0	0	0	34,861		194.08
194.09	DURABLE MEDICAL EQUIPMENT	0	0	0	0	11,455		194.09
194.10	PERU MALL	0	0	0	0	3,616		194.10
194.11	LADD	0	0	0	0	0		194.11
194.12	FAMILY ORTHOPEDIC CENTER	0	0	0	0	58,877		194.12
194.13	WOMEN'S HEALTH CENTER	0	0	0	0	38,650		194.13
194.14	HENRY	0	0	0	0	4,588		194.14

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
	9.00	10.00	11.00	13.00	16.00	
194.15 LAMOILLE	0	0	0	0	0	194.15
194.16 SPRING VALLEY CLINIC	0	0	0	0	12,541	194.16
194.17 OGLESBY MOB	0	0	0	0	5,322	194.17
194.18 FAMILY HEALTH CENTER	0	0	0	0	23,189	194.18
194.19 GRANVILLE CLINIC	0	0	0	0	8,294	194.19
194.20 PARATRANSIT	0	0	0	0	0	194.20
194.21 OCCUPATIONAL HEALTH	0	0	21,287	0	5,377	194.21
194.22 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	14,951	194.26
194.27 MIDTOWN	0	0	0	0	24,795	194.27
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)	863,117	814,067	951,082	1,252,702	2,412,638	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2010
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Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 OLD CAP REL COSTS-BLDG & FIXT					1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01 OLD CAP REL COSTS-MVBLE EQUIP					2.01
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	52,313				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	47,416	7,038,197	0	7,038,197	30.00
31.00 INTENSIVE CARE UNIT	0	1,470,348	0	1,470,348	31.00
43.00 NURSERY	0	214,553	0	214,553	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	11,328,690	0	11,328,690	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	715,150	0	715,150	52.00
53.00 ANESTHESIOLOGY	0	418,530	0	418,530	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,052,459	0	3,052,459	54.00
54.01 NUCLEAR MEDICINE	0	583,855	0	583,855	54.01
57.00 CT SCAN	0	919,738	0	919,738	57.00
60.00 LABORATORY	0	3,945,816	0	3,945,816	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	421,474	0	421,474	63.00
65.00 RESPIRATORY THERAPY	0	818,147	0	818,147	65.00
66.00 PHYSICAL THERAPY	0	2,024,659	0	2,024,659	66.00
67.00 OCCUPATIONAL THERAPY	0	226,599	0	226,599	67.00
68.00 SPEECH PATHOLOGY	0	103,892	0	103,892	68.00
69.00 ELECTROCARDIOLOGY	0	277,075	0	277,075	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	180,717	0	180,717	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	883,816	0	883,816	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,668,832	0	2,668,832	73.00
76.00 SONOGRAPHY	0	492,378	0	492,378	76.00
76.01 AUDIOLOGY	0	424,388	0	424,388	76.01
76.02 CARDIAC REHAB	0	336,435	0	336,435	76.02
76.03 ECP	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00 CLINIC	0	8,755,519	0	8,755,519	90.00
91.00 EMERGENCY	4,897	2,010,599	0	2,010,599	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	0	437,475	0	437,475	95.00
SPECIAL PURPOSE COST CENTERS					
113.00 INTEREST EXPENSE	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
116.00 HOSPICE	0	935,914	0	935,914	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	52,313	50,685,255	0	50,685,255	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,320	0	31,320	190.00
194.00 ER PROFESSIONAL CHARGES	0	68,269	0	68,269	194.00
194.01 CONGREGATE LIVING	0	467,764	0	467,764	194.01
194.02 VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	28,124	0	28,124	194.02
194.03 MANAGED CARE	0	98,975	0	98,975	194.03
194.04 RENTAL AREA/PPOS	0	487,447	0	487,447	194.04
194.05 SPECIALTY CLINICS	0	7,141	0	7,141	194.05
194.06 LASALLE SELLETT SUITE	0	2,507	0	2,507	194.06
194.07 LASALLE STANMAR SUITE	0	1,893	0	1,893	194.07
194.08 ENT	0	34,861	0	34,861	194.08
194.09 DURABLE MEDICAL EQUIPMENT	0	606,450	0	606,450	194.09
194.10 PERU MALL	0	3,616	0	3,616	194.10
194.11 LADD	0	0	0	0	194.11
194.12 FAMILY ORTHOPEDIC CENTER	0	58,877	0	58,877	194.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
194.13	WOMEN'S HEALTH CENTER	0	38,650	0	38,650	194.13
194.14	HENRY	0	4,588	0	4,588	194.14
194.15	LAMOLLE	0	0	0	0	194.15
194.16	SPRING VALLEY CLINIC	0	12,541	0	12,541	194.16
194.17	OGLESBY MP OB	0	5,322	0	5,322	194.17
194.18	FAMILY HEALTH CENTER	0	23,189	0	23,189	194.18
194.19	GRANVILLE CLINIC	0	8,294	0	8,294	194.19
194.20	PARATRANSIT	0	250,542	0	250,542	194.20
194.21	OCCUPATIONAL HEALTH	0	844,315	0	844,315	194.21
194.22	SPORTS MEDICINE CLINIC	0	0	0	0	194.22
194.23	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.23
194.24	SURGICAL ASSOCIATES	0	122	0	122	194.24
194.25	HENNEPIN CLINIC	0	0	0	0	194.25
194.26	FAMILY HEALTH CENTER 2ND FLOOR	0	14,951	0	14,951	194.26
194.27	MIDTOWN	0	24,795	0	24,795	194.27
200.00	Cross Foot Adjustments		0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	52,313	53,809,808	0	53,809,808	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
		1.00	1.01	2.00	2.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 OLD CAP REL COSTS-BLDG & FIXT						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 OLD CAP REL COSTS-MVBLE EQUIP						2.01
4.00 EMPLOYEE BENEFITS	0	4,561	523	0	0	4.00
5.00 ADMINISTRATIVE & GENERAL	397,205	395,832	45,423	477,553	0	5.00
7.00 OPERATION OF PLANT	1,769	126,536	14,521	98,508	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	3,275	376	0	0	8.00
9.00 HOUSEKEEPING	3,433	13,070	1,500	646	0	9.00
10.00 DIETARY	0	33,633	3,860	21,050	0	10.00
11.00 CAFETERIA	0	11,177	1,283	0	0	11.00
13.00 NURSING ADMINISTRATION	0	12,088	1,387	1,666	0	13.00
16.00 MEDICAL RECORDS & LIBRARY	0	11,527	1,323	32,230	0	16.00
17.00 SOCIAL SERVICE	0	5,774	663	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	15,626	108,422	12,442	106,566	0	30.00
31.00 INTENSIVE CARE UNIT	71,961	21,693	2,489	5,455	0	31.00
43.00 NURSERY	0	5,036	578	1,567	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	301,120	65,183	7,480	311,686	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,536	291	42,139	0	52.00
53.00 ANESTHESIOLOGY	68,729	4,161	478	43,233	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	148,466	26,045	2,989	64,430	0	54.00
54.01 NUCLEAR MEDICINE	0	5,180	594	22	0	54.01
57.00 CT SCAN	332,382	2,681	308	1,042	0	57.00
60.00 LABORATORY	0	16,122	1,850	51,166	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	965	111	960	0	63.00
65.00 RESPIRATORY THERAPY	10,360	4,825	554	19,116	0	65.00
66.00 PHYSICAL THERAPY	13,960	42,818	4,914	15,593	0	66.00
67.00 OCCUPATIONAL THERAPY	0	161	18	0	0	67.00
68.00 SPEECH PATHOLOGY	0	726	83	848	0	68.00
69.00 ELECTROCARDIOLOGY	25,121	544	62	11,892	803	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	8,710	1,000	15,387	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	128,563	31,121	3,571	2,397	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	21,852	6,562	753	2,731	0	73.00
76.00 SONOGRAPHY	0	2,206	253	54,431	0	76.00
76.01 AUDIOLOGY	0	0	0	0	0	76.01
76.02 CARDIAC REHAB	0	6,149	706	22,919	0	76.02
76.03 ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00 CLINIC	11,540	73,816	8,471	195,529	0	90.00
91.00 EMERGENCY	36,742	22,696	2,604	14,878	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
116.00 HOSPICE	36,811	4,017	461	1,530	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,625,640	1,079,848	123,919	1,617,170	803	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,506	632	0	0	190.00
194.00 ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01 CONGREGATE LIVING	0	54,745	6,282	0	0	194.01
194.02 VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03 MANAGED CARE	0	0	0	0	0	194.03
194.04 RENTAL AREA/PPOS	0	64,540	7,406	0	0	194.04
194.05 SPECIALTY CLINICS	0	0	0	0	0	194.05
194.06 LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07 LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08 ENT	0	0	0	0	0	194.08
194.09 DURABLE MEDICAL EQUIPMENT	129	11,960	1,373	1,441	0	194.09
194.10 PERU MALL	0	0	0	0	0	194.10
194.11 LADD	0	0	0	0	0	194.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2010
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
		1.00	1.01	2.00	2.01	
194.12 FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13 WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14 HENRY	0	0	0	0	0	194.14
194.15 LAMOILLE	0	0	0	0	0	194.15
194.16 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 OGLESBY MP OB	0	0	0	0	0	194.17
194.18 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 PARATRANSIT	0	0	0	33,272	304	194.20
194.21 OCCUPATIONAL HEALTH	0	0	0	3,453	0	194.21
194.22 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 MIDTOWN	0	0	0	0	0	194.27
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,625,769	1,216,599	139,612	1,655,336	1,107	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140143		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 3/29/2012 7:07 am	
Cost Center Description		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		2A	4.00	5.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS	5,084	5,084				4.00
5.00	ADMINISTRATIVE & GENERAL	1,316,013	472	1,316,485			5.00
7.00	OPERATION OF PLANT	241,334	92	69,154	310,580		7.00
8.00	LAUNDRY & LINEN SERVICE	3,651	9	6,224	1,475	11,359	8.00
9.00	HOUSEKEEPING	18,649	87	19,806	5,886	0	9.00
10.00	DIETARY	58,543	67	15,402	15,146	0	10.00
11.00	CAFETERIA	12,460	128	21,329	5,033	0	11.00
13.00	NURSING ADMINISTRATION	15,141	180	27,980	5,444	0	13.00
16.00	MEDICAL RECORDS & LIBRARY	45,080	305	54,153	5,191	0	16.00
17.00	SOCIAL SERVICE	6,437	0	187	2,600	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	243,056	650	109,320	48,826	7,388	30.00
31.00	INTENSIVE CARE UNIT	101,598	142	26,853	9,769	605	31.00
43.00	NURSERY	7,181	20	3,666	2,268	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	685,469	447	244,417	29,354	1,204	50.00
52.00	DELIVERY ROOM & LABOR ROOM	44,966	81	14,908	1,142	0	52.00
53.00	ANESTHESIOLOGY	116,601	0	7,925	1,874	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	241,930	168	66,022	11,729	758	54.00
54.01	NUCLEAR MEDICINE	5,796	24	12,814	2,333	0	54.01
57.00	CT SCAN	336,413	36	17,917	1,207	151	57.00
60.00	LABORATORY	69,138	202	85,099	7,260	6	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	2,036	0	9,929	435	0	63.00
65.00	RESPIRATORY THERAPY	34,855	98	17,699	2,173	22	65.00
66.00	PHYSICAL THERAPY	77,285	262	42,275	19,282	605	66.00
67.00	OCCUPATIONAL THERAPY	179	34	5,279	72	0	67.00
68.00	SPEECH PATHOLOGY	1,657	15	2,363	327	0	68.00
69.00	ELECTROCARDIOLOGY	38,422	27	5,567	245	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	25,097	15	3,132	3,923	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	165,652	10	15,108	14,015	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	31,898	156	61,309	2,955	0	73.00
76.00	SONOGRAPHY	56,890	37	10,150	994	0	76.00
76.01	AUDIOLOGY	0	0	10,176	0	0	76.01
76.02	CARDIAC REHAB	29,774	39	7,327	2,769	0	76.02
76.03	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	CLINIC	289,356	851	203,689	33,241	0	90.00
91.00	EMERGENCY	76,920	161	40,663	10,221	605	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	10,556	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
116.00	HOSPICE	42,819	76	21,023	1,809	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,447,380	4,891	1,269,421	248,998	11,344	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,138	0	178	2,479	0	190.00
194.00	ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01	CONGREGATE LIVING	61,027	7	2,929	24,653	0	194.01
194.02	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03	MANAGED CARE	0	13	2,333	0	0	194.03
194.04	RENTAL AREA/PPOS	71,946	0	2,089	29,064	0	194.04
194.05	SPECIALTY CLINICS	0	0	40	0	15	194.05
194.06	LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07	LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08	ENT	0	0	0	0	0	194.08
194.09	DURABLE MEDICAL EQUIPMENT	14,903	43	13,358	5,386	0	194.09
194.10	PERU MALL	0	0	0	0	0	194.10
194.11	LADD	0	0	0	0	0	194.11
194.12	FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13	WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14	HENRY	0	0	0	0	0	194.14
194.15	LAMOILLE	0	0	0	0	0	194.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	2A	4.00	5.00	7.00	8.00	
194.16 SPRING VALLEY CLINIC	0	0	0	0	0	0 194.16
194.17 OGLESBY MP OB	0	0	0	0	0	0 194.17
194.18 FAMILY HEALTH CENTER	0	0	0	0	0	0 194.18
194.19 GRANVILLE CLINIC	0	0	0	0	0	0 194.19
194.20 PARATRANSIT	33,576	26	6,130	0	0	0 194.20
194.21 OCCUPATIONAL HEALTH	3,453	104	20,004	0	0	0 194.21
194.22 SPORTS MEDICINE CLINIC	0	0	0	0	0	0 194.22
194.23 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.23
194.24 SURGICAL ASSOCIATES	0	0	3	0	0	0 194.24
194.25 HENNEPIN CLINIC	0	0	0	0	0	0 194.25
194.26 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	0 194.26
194.27 MIDTOWN	0	0	0	0	0	0 194.27
200.00 Cross Foot Adjustments	0					200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	4,638,423	5,084	1,316,485	310,580	11,359	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140143			Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 3/29/2012 7:07 am	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY		
		9.00	10.00	11.00	13.00	16.00		
GENERAL SERVICE COST CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT							1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP							2.01
4.00	EMPLOYEE BENEFITS							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING	44,428						9.00
10.00	DIETARY	2,404	91,562					10.00
11.00	CAFETERIA	1,724	0	40,674				11.00
13.00	NURSING ADMINISTRATION	1,202	0	1,546	51,493			13.00
16.00	MEDICAL RECORDS & LIBRARY	2,615	0	4,327	0	111,671		16.00
17.00	SOCIAL SERVICE	36	0	868	0	0		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	17,122	63,856	10,128	25,942	6,273		30.00
31.00	INTENSIVE CARE UNIT	2,235	7,359	1,611	4,129	1,045		31.00
43.00	NURSERY	193	0	391	1,002	316		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	3,612	6,772	5,574	14,277	20,169		50.00
52.00	DELIVERY ROOM & LABOR ROOM	773	0	802	2,054	541		52.00
53.00	ANESTHESIOLOGY	36	0	0	0	3,556		53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,179	0	2,177	0	7,190		54.00
54.01	NUCLEAR MEDICINE	76	0	233	0	1,479		54.01
57.00	CT SCAN	76	0	380	0	7,517		57.00
60.00	LABORATORY	935	0	2,942	0	14,540		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	89	0	0	0	461		63.00
65.00	RESPIRATORY THERAPY	207	0	1,098	0	2,069		65.00
66.00	PHYSICAL THERAPY	538	0	0	0	4,465		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	471		67.00
68.00	SPEECH PATHOLOGY	76	0	0	0	133		68.00
69.00	ELECTROCARDIOLOGY	134	0	301	0	1,741		69.00
70.00	ELECTROENCEPHALOGRAPHY	32	0	236	0	504		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	210	0	243	0	5,966		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	711	0	1,301	0	4,245		73.00
76.00	SONOGRAPHY	76	0	338	0	2,734		76.00
76.01	AUDIOLOGY	76	0	0	0	323		76.01
76.02	CARDIAC REHAB	0	0	0	0	544		76.02
76.03	ECP	0	0	0	0	0		76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0		88.00
90.00	CLINIC	0	0	2,410	0	3,290		90.00
91.00	EMERGENCY	905	0	1,596	4,089	3,793		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	0	279		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE	0	0	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0		114.00
116.00	HOSPICE	0	0	980	0	1,723		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	37,272	77,987	39,482	51,493	95,367		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	76	0	0	0	0		190.00
194.00	ER PROFESSIONAL CHARGES	0	0	0	0	3,158		194.00
194.01	CONGREGATE LIVING	0	13,575	127	0	0		194.01
194.02	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	1,301		194.02
194.03	MANAGED CARE	0	0	155	0	0		194.03
194.04	RENTAL AREA/PPOS	7,080	0	0	0	0		194.04
194.05	SPECIALTY CLINICS	0	0	0	0	238		194.05
194.06	LASALLE SELLETT SUITE	0	0	0	0	116		194.06
194.07	LASALLE STANMAR SUITE	0	0	0	0	88		194.07
194.08	ENT	0	0	0	0	1,612		194.08
194.09	DURABLE MEDICAL EQUIPMENT	0	0	0	0	530		194.09
194.10	PERU MALL	0	0	0	0	167		194.10
194.11	LADD	0	0	0	0	0		194.11
194.12	FAMILY ORTHOPEDIC CENTER	0	0	0	0	2,723		194.12
194.13	WOMEN'S HEALTH CENTER	0	0	0	0	1,788		194.13
194.14	HENRY	0	0	0	0	212		194.14

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
	9.00	10.00	11.00	13.00	16.00	
194.15 LAMOILLE	0	0	0	0	0	194.15
194.16 SPRING VALLEY CLINIC	0	0	0	0	580	194.16
194.17 OGLESBY MOB	0	0	0	0	246	194.17
194.18 FAMILY HEALTH CENTER	0	0	0	0	1,073	194.18
194.19 GRANVILLE CLINIC	0	0	0	0	384	194.19
194.20 PARATRANSIT	0	0	0	0	0	194.20
194.21 OCCUPATIONAL HEALTH	0	0	910	0	249	194.21
194.22 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	692	194.26
194.27 MIDTOWN	0	0	0	0	1,147	194.27
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)	44,428	91,562	40,674	51,493	111,671	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT					1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP					2.01
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE	10,128				17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,180	541,741	0	541,741	30.00
31.00	INTENSIVE CARE UNIT	0	155,346	0	155,346	31.00
43.00	NURSERY	0	15,037	0	15,037	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,011,295	0	1,011,295	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	65,267	0	65,267	52.00
53.00	ANESTHESIOLOGY	0	129,992	0	129,992	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	331,153	0	331,153	54.00
54.01	NUCLEAR MEDICINE	0	22,755	0	22,755	54.01
57.00	CT SCAN	0	363,697	0	363,697	57.00
60.00	LABORATORY	0	180,122	0	180,122	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	12,950	0	12,950	63.00
65.00	RESPIRATORY THERAPY	0	58,221	0	58,221	65.00
66.00	PHYSICAL THERAPY	0	144,712	0	144,712	66.00
67.00	OCCUPATIONAL THERAPY	0	6,035	0	6,035	67.00
68.00	SPEECH PATHOLOGY	0	4,571	0	4,571	68.00
69.00	ELECTROCARDIOLOGY	0	46,437	0	46,437	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	32,939	0	32,939	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	201,204	0	201,204	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	102,575	0	102,575	73.00
76.00	SONOGRAPHY	0	71,219	0	71,219	76.00
76.01	AUDIOLOGY	0	10,575	0	10,575	76.01
76.02	CARDIAC REHAB	0	40,453	0	40,453	76.02
76.03	ECP	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	CLINIC	0	532,837	0	532,837	90.00
91.00	EMERGENCY	948	139,901	0	139,901	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	10,835	0	10,835	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
116.00	HOSPICE	0	68,430	0	68,430	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,128	4,300,299	0	4,300,299	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,871	0	8,871	190.00
194.00	ER PROFESSIONAL CHARGES	0	3,158	0	3,158	194.00
194.01	CONGREGATE LIVING	0	102,318	0	102,318	194.01
194.02	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	1,301	0	1,301	194.02
194.03	MANAGED CARE	0	2,501	0	2,501	194.03
194.04	RENTAL AREA/PPOS	0	110,179	0	110,179	194.04
194.05	SPECIALTY CLINICS	0	293	0	293	194.05
194.06	LASALLE SELLETT SUITE	0	116	0	116	194.06
194.07	LASALLE STANMAR SUITE	0	88	0	88	194.07
194.08	ENT	0	1,612	0	1,612	194.08
194.09	DURABLE MEDICAL EQUIPMENT	0	34,220	0	34,220	194.09
194.10	PERU MALL	0	167	0	167	194.10
194.11	LADD	0	0	0	0	194.11
194.12	FAMILY ORTHOPEDIC CENTER	0	2,723	0	2,723	194.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
194.13	WOMEN'S HEALTH CENTER	0	1,788	0	1,788	194.13
194.14	HENRY	0	212	0	212	194.14
194.15	LAMOI LLE	0	0	0	0	194.15
194.16	SPRING VALLEY CLINIC	0	580	0	580	194.16
194.17	OGLESBY MP OB	0	246	0	246	194.17
194.18	FAMILY HEALTH CENTER	0	1,073	0	1,073	194.18
194.19	GRANVILLE CLINIC	0	384	0	384	194.19
194.20	PARATRANSIT	0	39,732	0	39,732	194.20
194.21	OCCUPATIONAL HEALTH	0	24,720	0	24,720	194.21
194.22	SPORTS MEDICINE CLINIC	0	0	0	0	194.22
194.23	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.23
194.24	SURGICAL ASSOCIATES	0	3	0	3	194.24
194.25	HENNEPIN CLINIC	0	0	0	0	194.25
194.26	FAMILY HEALTH CENTER 2ND FLOOR	0	692	0	692	194.26
194.27	MIDTOWN	0	1,147	0	1,147	194.27
200.00	Cross Foot Adjustments		0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	10,128	4,638,423	0	4,638,423	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARY)	
	NEW BLDG & FIXT (SQUARE FEET)	OLD BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	OLD MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	2.00	2.01		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	294,988					1.00
1.01 OLD CAP REL COSTS-BLDG & FIXT	0	294,988				1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP			1,624,629			2.00
2.01 OLD CAP REL COSTS-MVBLE EQUIP			0	51		2.01
4.00 EMPLOYEE BENEFITS	1,106	1,106		0	21,531,817	4.00
5.00 ADMINISTRATIVE & GENERAL	95,977	95,977	468,693	0	1,998,036	5.00
7.00 OPERATION OF PLANT	30,681	30,681	96,681	0	389,970	7.00
8.00 LAUNDRY & LINEN SERVICE	794	794	0	0	38,305	8.00
9.00 HOUSEKEEPING	3,169	3,169	634	0	370,451	9.00
10.00 DIETARY	8,155	8,155	20,660	0	282,937	10.00
11.00 CAFETERIA	2,710	2,710	0	0	542,193	11.00
13.00 NURSING ADMINISTRATION	2,931	2,931	1,635	0	763,734	13.00
16.00 MEDICAL RECORDS & LIBRARY	2,795	2,795	31,632	0	1,291,049	16.00
17.00 SOCIAL SERVICE	1,400	1,400	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	26,289	26,289	104,589	0	2,755,037	30.00
31.00 INTENSIVE CARE UNIT	5,260	5,260	5,354	0	603,407	31.00
43.00 NURSERY	1,221	1,221	1,538	0	84,766	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	15,805	15,805	305,904	0	1,892,840	50.00
52.00 DELIVERY ROOM & LABOR ROOM	615	615	41,357	0	345,323	52.00
53.00 ANESTHESIOLOGY	1,009	1,009	42,431	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,315	6,315	63,235	0	710,975	54.00
54.01 NUCLEAR MEDICINE	1,256	1,256	22	0	99,670	54.01
57.00 CT SCAN	650	650	1,023	0	152,246	57.00
60.00 LABORATORY	3,909	3,909	50,217	0	854,655	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	234	234	942	0	0	63.00
65.00 RESPIRATORY THERAPY	1,170	1,170	18,761	0	414,178	65.00
66.00 PHYSICAL THERAPY	10,382	10,382	15,304	0	1,108,389	66.00
67.00 OCCUPATIONAL THERAPY	39	39	0	0	145,786	67.00
68.00 SPEECH PATHOLOGY	176	176	832	0	63,259	68.00
69.00 ELECTROCARDIOLOGY	132	132	11,671	37	113,603	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,112	2,112	15,102	0	63,337	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,546	7,546	2,353	0	42,039	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,591	1,591	2,680	0	661,549	73.00
76.00 SONOGRAPHY	535	535	53,421	0	155,490	76.00
76.01 AUDIOLOGY	0	0	0	0	0	76.01
76.02 CARDIAC REHAB	1,491	1,491	22,494	0	167,325	76.02
76.03 ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00 CLINIC	17,898	17,898	191,902	0	3,599,634	90.00
91.00 EMERGENCY	5,503	5,503	14,602	0	680,908	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
116.00 HOSPICE	974	974	1,502	0	323,206	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	261,830	261,830	1,587,171	37	20,714,297	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,335	1,335	0	0	0	190.00
194.00 ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01 CONGREGATE LIVING	13,274	13,274	0	0	27,578	194.01
194.02 VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03 MANAGED CARE	0	0	0	0	54,494	194.03
194.04 RENTAL AREA/PPOS	15,649	15,649	0	0	0	194.04
194.05 SPECIALTY CLINICS	0	0	0	0	117	194.05
194.06 LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07 LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08 ENT	0	0	0	0	0	194.08
194.09 DURABLE MEDICAL EQUIPMENT	2,900	2,900	1,414	0	181,839	194.09
194.10 PERU MALL	0	0	0	0	0	194.10
194.11 LADD	0	0	0	0	0	194.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARY)	
	NEW BLDG & FIXT (SQUARE FEET)	OLD BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	OLD MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	2.00	2.01		
194.12 FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13 WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14 HENRY	0	0	0	0	0	194.14
194.15 LAMOLLE	0	0	0	0	0	194.15
194.16 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 OGLESBY MP OB	0	0	0	0	0	194.17
194.18 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 PARATRANSIT	0	0	32,655	14	111,493	194.20
194.21 OCCUPATIONAL HEALTH	0	0	3,389	0	441,999	194.21
194.22 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 MIDTOWN	0	0	0	0	0	194.27
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)	1,216,599	139,612	1,655,336	1,107	4,604,749	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.124232	0.473280	1.018901	21.705882	0.213858	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)					5,084	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)					0.000236	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 OLD CAP REL COSTS-BLDG & FIXT						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 OLD CAP REL COSTS-MVBLE EQUIP						2.01
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	-8,469,778	45,340,030				5.00
7.00 OPERATION OF PLANT	0	2,381,665	167,224			7.00
8.00 LAUNDRY & LINEN SERVICE	0	214,356	794	304,550		8.00
9.00 HOUSEKEEPING	0	682,127	3,169	0	39,326	9.00
10.00 DIETARY	0	530,431	8,155	0	2,128	10.00
11.00 CAFETERIA	0	734,562	2,710	0	1,526	11.00
13.00 NURSING ADMINISTRATION	0	963,639	2,931	0	1,064	13.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,865,014	2,795	0	2,315	16.00
17.00 SOCIAL SERVICE	0	6,437	1,400	0	32	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	3,764,979	26,289	198,057	15,157	30.00
31.00 INTENSIVE CARE UNIT	0	924,834	5,260	16,233	1,978	31.00
43.00 NURSERY	0	126,240	1,221	0	171	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	8,418,134	15,805	32,282	3,197	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	513,434	615	0	684	52.00
53.00 ANESTHESIOLOGY	0	272,920	1,009	0	32	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	2,273,815	6,315	20,313	1,044	54.00
54.01 NUCLEAR MEDICINE	0	441,310	1,256	0	67	54.01
57.00 CT SCAN	0	617,046	650	4,051	67	57.00
60.00 LABORATORY	0	2,930,806	3,909	152	828	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	341,941	234	0	79	63.00
65.00 RESPIRATORY THERAPY	0	609,564	1,170	595	183	65.00
66.00 PHYSICAL THERAPY	0	1,455,944	10,382	16,233	476	66.00
67.00 OCCUPATIONAL THERAPY	0	181,792	39	0	0	67.00
68.00 SPEECH PATHOLOGY	0	81,369	176	0	67	68.00
69.00 ELECTROCARDIOLOGY	0	191,738	132	0	119	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	107,850	2,112	0	28	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	520,305	7,546	0	186	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,111,490	1,591	0	629	73.00
76.00 SONOGRAPHY	0	349,557	535	0	67	76.00
76.01 AUDIOLOGY	0	350,457	0	0	67	76.01
76.02 CARDIAC REHAB	0	252,342	1,491	0	0	76.02
76.03 ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00 CLINIC	0	7,015,057	17,898	0	0	90.00
91.00 EMERGENCY	0	1,400,424	5,503	16,233	801	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	363,539	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
116.00 HOSPICE	0	724,031	974	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-8,469,778	43,719,149	134,066	304,149	32,992	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,138	1,335	0	67	190.00
194.00 ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01 CONGREGATE LIVING	0	100,882	13,274	0	0	194.01
194.02 VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03 MANAGED CARE	0	80,341	0	0	0	194.03
194.04 RENTAL AREA/PPOS	0	71,946	15,649	0	6,267	194.04
194.05 SPECIALTY CLINICS	0	1,375	0	401	0	194.05
194.06 LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07 LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08 ENT	0	0	0	0	0	194.08
194.09 DURABLE MEDICAL EQUIPMENT	0	460,039	2,900	0	0	194.09
194.10 PERU MALL	0	0	0	0	0	194.10
194.11 LADD	0	0	0	0	0	194.11
194.12 FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13 WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5A	5.00	7.00	8.00	9.00	
194.14 HENRY	0	0	0	0	0	194.14
194.15 LAMOILLE	0	0	0	0	0	194.15
194.16 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 OGLESBY MOB	0	0	0	0	0	194.17
194.18 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 PARATRANSIT	0	211,106	0	0	0	194.20
194.21 OCCUPATIONAL HEALTH	0	688,951	0	0	0	194.21
194.22 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 SURGICAL ASSOCIATES	0	103	0	0	0	194.24
194.25 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 MIDTOWN	0	0	0	0	0	194.27
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)		8,469,778	2,826,574	267,820	863,117	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.186806	16.902921	0.879396	21.947744	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		1,316,485	310,580	11,359	44,428	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.029036	1.857269	0.037298	1.129736	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		10.00	11.00	13.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	33,259					10.00
11.00	CAFETERIA	0	26,227				11.00
13.00	NURSING ADMINISTRATION	0	997	269,603			13.00
16.00	MEDICAL RECORDS & LIBRARY	0	2,790	0	157,619,839		16.00
17.00	SOCIAL SERVICE	0	560	0	0	438	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	23,195	6,530	135,830	8,859,769	397	30.00
31.00	INTENSIVE CARE UNIT	2,673	1,039	21,619	1,476,172	0	31.00
43.00	NURSERY	0	252	5,245	446,255	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,460	3,594	74,749	28,384,843	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	517	10,752	763,665	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	5,021,901	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,404	0	10,155,505	0	54.00
54.01	NUCLEAR MEDICINE	0	150	0	2,088,320	0	54.01
57.00	CT SCAN	0	245	0	10,617,345	0	57.00
60.00	LABORATORY	0	1,897	0	20,536,053	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	651,155	0	63.00
65.00	RESPIRATORY THERAPY	0	708	0	2,921,750	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	6,306,167	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	665,547	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	188,048	0	68.00
69.00	ELECTROCARDIOLOGY	0	194	0	2,459,102	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	152	0	711,684	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	157	0	8,426,961	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	839	0	5,995,928	0	73.00
76.00	SONOGRAPHY	0	218	0	3,861,232	0	76.00
76.01	AUDIOLOGY	0	0	0	456,899	0	76.01
76.02	CARDIAC REHAB	0	0	0	767,776	0	76.02
76.03	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	CLINIC	0	1,554	0	4,646,620	0	90.00
91.00	EMERGENCY	0	1,029	21,408	5,357,732	41	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	393,613	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
116.00	HOSPICE	0	632	0	2,433,377	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	28,328	25,458	269,603	134,593,419	438	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	ER PROFESSIONAL CHARGES	0	0	0	4,459,960	0	194.00
194.01	CONGREGATE LIVING	4,931	82	0	0	0	194.01
194.02	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	1,837,322	0	194.02
194.03	MANAGED CARE	0	100	0	0	0	194.03
194.04	RENTAL AREA/PPOS	0	0	0	0	0	194.04
194.05	SPECIALTY CLINICS	0	0	0	336,863	0	194.05
194.06	LASALLE SELLETT SUITE	0	0	0	163,786	0	194.06
194.07	LASALLE STANMAR SUITE	0	0	0	123,692	0	194.07
194.08	ENT	0	0	0	2,277,427	0	194.08
194.09	DURABLE MEDICAL EQUIPMENT	0	0	0	748,319	0	194.09
194.10	PERU MALL	0	0	0	236,229	0	194.10
194.11	LADD	0	0	0	0	0	194.11
194.12	FAMILY ORTHOPEDIC CENTER	0	0	0	3,846,413	0	194.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	10.00	11.00	13.00	16.00	17.00	
194.13 WOMEN'S HEALTH CENTER	0	0	0	2,525,002	0	194.13
194.14 HENRY	0	0	0	299,720	0	194.14
194.15 LAMOLLE	0	0	0	0	0	194.15
194.16 SPRING VALLEY CLINIC	0	0	0	819,317	0	194.16
194.17 OGLESBY MOB	0	0	0	347,705	0	194.17
194.18 FAMILY HEALTH CENTER	0	0	0	1,514,953	0	194.18
194.19 GRANVILLE CLINIC	0	0	0	541,830	0	194.19
194.20 PARATRANSIT	0	0	0	0	0	194.20
194.21 OCCUPATIONAL HEALTH	0	587	0	351,302	0	194.21
194.22 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	976,743	0	194.26
194.27 MIDTOWN	0	0	0	1,619,837	0	194.27
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)	814,067	951,082	1,252,702	2,412,638	52,313	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	24.476593	36.263469	4.646469	0.015307	119.436073	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	91,562	40,674	51,493	111,671	10,128	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.752999	1.550845	0.190996	0.000708	23.123288	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/29/2012 7:07 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		7,038,197	0	7,038,197	30.00
31.00	INTENSIVE CARE UNIT		1,470,348	0	1,470,348	31.00
43.00	NURSERY		214,553	0	214,553	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		11,328,690	0	11,328,690	50.00
52.00	DELIVERY ROOM & LABOR ROOM		715,150	0	715,150	52.00
53.00	ANESTHESIOLOGY		418,530	9,943	428,473	53.00
54.00	RADIOLOGY-DIAGNOSTIC		3,052,459	0	3,052,459	54.00
54.01	NUCLEAR MEDICINE		583,855	0	583,855	54.01
57.00	CT SCAN		919,738	0	919,738	57.00
60.00	LABORATORY		3,945,816	0	3,945,816	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.		421,474	0	421,474	63.00
65.00	RESPIRATORY THERAPY	0	818,147	0	818,147	65.00
66.00	PHYSICAL THERAPY	0	2,024,659	0	2,024,659	66.00
67.00	OCCUPATIONAL THERAPY	0	226,599	0	226,599	67.00
68.00	SPEECH PATHOLOGY	0	103,892	0	103,892	68.00
69.00	ELECTROCARDIOLOGY		277,075	0	277,075	69.00
70.00	ELECTROENCEPHALOGRAPHY		180,717	0	180,717	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		883,816	0	883,816	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		2,668,832	0	2,668,832	73.00
76.00	SONOGRAPHY		492,378	0	492,378	76.00
76.01	AUDIOLOGY		424,388	0	424,388	76.01
76.02	CARDIAC REHAB		336,435	0	336,435	76.02
76.03	ECP		0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
90.00	CLINIC		8,755,519	0	8,755,519	90.00
91.00	EMERGENCY		2,010,599	316,997	2,327,596	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		920,264	0	920,264	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		437,475	0	437,475	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
116.00	HOSPICE		935,914		935,914	116.00
200.00	Subtotal (see instructions)	0	51,605,519	326,940	51,932,459	200.00
201.00	Less Observation Beds		920,264		920,264	201.00
202.00	Total (see instructions)	0	50,685,255	326,940	51,012,195	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140143		Period: From 10/01/2010 To 09/30/2011		Worksheet C Part I Date/Time Prepared: 3/29/2012 7:07 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,561,315		7,561,315			30.00
31.00	INTENSIVE CARE UNIT	1,473,103		1,473,103			31.00
43.00	NURSERY	443,897		443,897			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	10,206,564	18,073,700	28,280,264	0.400586	0.000000	50.00
52.00	DELIVERY ROOM & LABOR ROOM	677,396	82,271	759,667	0.941399	0.000000	52.00
53.00	ANESTHESIOLOGY	1,765,940	3,236,308	5,002,248	0.083668	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,414,649	8,707,736	10,122,385	0.301555	0.000000	54.00
54.01	NUCLEAR MEDICINE	256,179	1,824,245	2,080,424	0.280642	0.000000	54.01
57.00	CT SCAN	2,256,481	8,327,788	10,584,269	0.086897	0.000000	57.00
60.00	LABORATORY	6,161,580	14,319,889	20,481,469	0.192653	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	453,395	196,642	650,037	0.648385	0.000000	63.00
65.00	RESPIRATORY THERAPY	2,436,162	481,774	2,917,936	0.280386	0.000000	65.00
66.00	PHYSICAL THERAPY	836,401	5,454,802	6,291,203	0.321824	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	92,917	570,798	663,715	0.341410	0.000000	67.00
68.00	SPEECH PATHOLOGY	30,430	157,036	187,466	0.554191	0.000000	68.00
69.00	ELECTROCARDIOLOGY	1,449,281	982,405	2,431,686	0.113944	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	8,517	697,119	705,636	0.256105	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,325,651	2,090,013	8,415,664	0.105020	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,121,829	2,849,994	5,971,823	0.446904	0.000000	73.00
76.00	SONOGRAPHY	1,290,113	2,492,544	3,782,657	0.130167	0.000000	76.00
76.01	AUDIOLOGY	0	456,899	456,899	0.928844	0.000000	76.01
76.02	CARDIAC REHAB	53,348	711,908	765,256	0.439637	0.000000	76.02
76.03	ECP	0	0	0	0.000000	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
90.00	CLINIC	47,000	4,154,123	4,201,123	2.084090	0.000000	90.00
91.00	EMERGENCY	1,482,538	3,862,084	5,344,622	0.376191	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	209,902	1,072,726	1,282,628	0.717483	0.000000	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	392,893	392,893	1.113471	0.000000	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
116.00	HOSPICE	0	2,432,777	2,432,777			116.00
200.00	Subtotal (see instructions)	50,054,588	83,628,474	133,683,062			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	50,054,588	83,628,474	133,683,062			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.400586			50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.941399			52.00
53.00	ANESTHESIOLOGY	0.085656			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.301555			54.00
54.01	NUCLEAR MEDICINE	0.280642			54.01
57.00	CT SCAN	0.086897			57.00
60.00	LABORATORY	0.192653			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.648385			63.00
65.00	RESPIRATORY THERAPY	0.280386			65.00
66.00	PHYSICAL THERAPY	0.321824			66.00
67.00	OCCUPATIONAL THERAPY	0.341410			67.00
68.00	SPEECH PATHOLOGY	0.554191			68.00
69.00	ELECTROCARDIOLOGY	0.113944			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.256105			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.105020			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.446904			73.00
76.00	SONOGRAPHY	0.130167			76.00
76.01	AUDIOLOGY	0.928844			76.01
76.02	CARDIAC REHAB	0.439637			76.02
76.03	ECP	0.000000			76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
90.00	CLINIC	2.084090			90.00
91.00	EMERGENCY	0.435502			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.717483			92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	1.113471			95.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
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: 140143		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part I Date/Time Prepared: 3/29/2012 7:07 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	541,741	11,242	530,499	8,418	63.02	30.00
31.00	INTENSIVE CARE UNIT	155,346		155,346	845	183.84	31.00
43.00	NURSERY	15,037		15,037	572	26.29	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	712,124		700,882	9,835		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part I Date/Time Prepared: 3/29/2012 7:07 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	4,885	307,853		30.00
31.00 INTENSIVE CARE UNIT	533	97,987		31.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
200.00 Total (lines 30-199)	5,418	405,840		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part II Date/Time Prepared: 3/29/2012 7:07 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,011,295	28,280,264	0.035760	4,892,498	174,956	50.00
52.00	DELIVERY ROOM & LABOR ROOM	65,267	759,667	0.085915	4,075	350	52.00
53.00	ANESTHESIOLOGY	129,992	5,002,248	0.025987	827,993	21,517	53.00
54.00	RADIOLOGY-DIAGNOSTIC	331,153	10,122,385	0.032715	1,345,953	44,033	54.00
54.01	NUCLEAR MEDICINE	22,755	2,080,424	0.010938	154,571	1,691	54.01
57.00	CT SCAN	363,697	10,584,269	0.034362	1,330,088	45,704	57.00
60.00	LABORATORY	180,122	20,481,469	0.008794	4,039,959	35,527	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	12,950	650,037	0.019922	333,660	6,647	63.00
65.00	RESPIRATORY THERAPY	58,221	2,917,936	0.019953	1,545,695	30,841	65.00
66.00	PHYSICAL THERAPY	144,712	6,291,203	0.023002	474,138	10,906	66.00
67.00	OCCUPATIONAL THERAPY	6,035	663,715	0.009093	48,178	438	67.00
68.00	SPEECH PATHOLOGY	4,571	187,466	0.024383	22,516	549	68.00
69.00	ELECTROCARDIOLOGY	46,437	2,431,686	0.019097	1,161,240	22,176	69.00
70.00	ELECTROENCEPHALOGRAPHY	32,939	705,636	0.046680	970	45	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	201,204	8,415,664	0.023908	4,007,222	95,805	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	102,575	5,971,823	0.017176	1,953,808	33,559	73.00
76.00	SONOGRAPHY	71,219	3,782,657	0.018828	555,330	10,456	76.00
76.01	AUDIOLOGY	10,575	456,899	0.023145	0	0	76.01
76.02	CARDIAC REHAB	40,453	765,256	0.052862	0	0	76.02
76.03	ECP	0	0	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	CLINIC	532,837	4,201,123	0.126832	46,179	5,857	90.00
91.00	EMERGENCY	139,901	5,344,622	0.026176	1,428,801	37,400	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	72,336	1,282,628	0.056397	56,413	3,182	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	3,581,246	121,379,077		24,229,287	581,639	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140143		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part III Date/Time Prepared: 3/29/2012 7:07 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140143		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part III Date/Time Prepared: 3/29/2012 7:07 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,418	0.00	4,885	0	30.00	
31.00	INTENSIVE CARE UNIT	845	0.00	533	0	31.00	
43.00	NURSERY	572	0.00	0	0	43.00	
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	44.00	
200.00	Total (lines 30-199)	9,835		5,418	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/29/2012 7:07 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
76.00 SONOGRAPHY	0	0	0	0	0	0	0	76.00
76.01 AUDIOLOGY	0	0	0	0	0	0	0	76.01
76.02 CARDIAC REHAB	0	0	0	0	0	0	0	76.02
76.03 ECP	0	0	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00 AMBULANCE SERVICES								95.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/29/2012 7:07 am
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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	28,280,264	0.000000	0.000000	4,892,498	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	759,667	0.000000	0.000000	4,075	52.00
53.00	ANESTHESIOLOGY	0	5,002,248	0.000000	0.000000	827,993	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	10,122,385	0.000000	0.000000	1,345,953	54.00
54.01	NUCLEAR MEDICINE	0	2,080,424	0.000000	0.000000	154,571	54.01
57.00	CT SCAN	0	10,584,269	0.000000	0.000000	1,330,088	57.00
60.00	LABORATORY	0	20,481,469	0.000000	0.000000	4,039,959	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	650,037	0.000000	0.000000	333,660	63.00
65.00	RESPIRATORY THERAPY	0	2,917,936	0.000000	0.000000	1,545,695	65.00
66.00	PHYSICAL THERAPY	0	6,291,203	0.000000	0.000000	474,138	66.00
67.00	OCCUPATIONAL THERAPY	0	663,715	0.000000	0.000000	48,178	67.00
68.00	SPEECH PATHOLOGY	0	187,466	0.000000	0.000000	22,516	68.00
69.00	ELECTROCARDIOLOGY	0	2,431,686	0.000000	0.000000	1,161,240	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	705,636	0.000000	0.000000	970	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,415,664	0.000000	0.000000	4,007,222	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,971,823	0.000000	0.000000	1,953,808	73.00
76.00	SONOGRAPHY	0	3,782,657	0.000000	0.000000	555,330	76.00
76.01	AUDIOLOGY	0	456,899	0.000000	0.000000	0	76.01
76.02	CARDIAC REHAB	0	765,256	0.000000	0.000000	0	76.02
76.03	ECP	0	0	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	CLINIC	0	4,201,123	0.000000	0.000000	46,179	90.00
91.00	EMERGENCY	0	5,344,622	0.000000	0.000000	1,428,801	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,282,628	0.000000	0.000000	56,413	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	121,379,077			24,229,287	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/29/2012 7:07 am
	Title XVIII	Hospital	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)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	4,671,962	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	413	0	52.00
53.00 ANESTHESIOLOGY	0	879,656	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,298,413	0	54.00
54.01 NUCLEAR MEDICINE	0	736,105	0	54.01
57.00 CT SCAN	0	2,729,377	0	57.00
60.00 LABORATORY	0	212,600	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	94,870	0	63.00
65.00 RESPIRATORY THERAPY	0	285,206	0	65.00
66.00 PHYSICAL THERAPY	0	7,304	0	66.00
67.00 OCCUPATIONAL THERAPY	0	3,662	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	471,671	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,820	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	769,236	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,627,921	0	73.00
76.00 SONOGRAPHY	0	431,952	0	76.00
76.01 AUDIOLOGY	0	56,364	0	76.01
76.02 CARDIAC REHAB	0	0	0	76.02
76.03 ECP	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
90.00 CLINIC	0	962,497	0	90.00
91.00 EMERGENCY	0	2,056,514	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	142,326	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	19,443,869	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/29/2012 7:07 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.400586	4,671,962	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.941399	413	0	0	52.00
53.00	ANESTHESIOLOGY	0.083668	879,656	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.301555	3,298,413	-735	0	54.00
54.01	NUCLEAR MEDICINE	0.280642	736,105	0	0	54.01
57.00	CT SCAN	0.086897	2,729,377	0	0	57.00
60.00	LABORATORY	0.192653	212,600	-2,400	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.648385	94,870	0	0	63.00
65.00	RESPIRATORY THERAPY	0.280386	285,206	0	0	65.00
66.00	PHYSICAL THERAPY	0.321824	7,304	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.341410	3,662	0	0	67.00
68.00	SPEECH PATHOLOGY	0.554191	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.113944	471,671	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.256105	5,820	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.105020	769,236	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.446904	1,627,921	-11,826	21,742	73.00
76.00	SONOGRAPHY	0.130167	431,952	0	0	76.00
76.01	AUDIOLOGY	0.928844	56,364	0	0	76.01
76.02	CARDIAC REHAB	0.439637	0	0	0	76.02
76.03	ECP	0.000000	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
90.00	CLINIC	2.084090	962,497	295	0	90.00
91.00	EMERGENCY	0.376191	2,056,514	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.717483	142,326	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	1.113471		0		95.00
200.00	Subtotal (see instructions)		19,443,869	-14,666	21,742	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		19,443,869	-14,666	21,742	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/29/2012 7:07 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	1,871,523	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	389	0	0		52.00
53.00 ANESTHESIOLOGY	73,599	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	994,653	-222	0		54.00
54.01 NUCLEAR MEDICINE	206,582	0	0		54.01
57.00 CT SCAN	237,175	0	0		57.00
60.00 LABORATORY	40,958	-462	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	61,512	0	0		63.00
65.00 RESPIRATORY THERAPY	79,968	0	0		65.00
66.00 PHYSICAL THERAPY	2,351	0	0		66.00
67.00 OCCUPATIONAL THERAPY	1,250	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	53,744	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	1,491	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	80,785	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	727,524	-5,285	9,717		73.00
76.00 SONOGRAPHY	56,226	0	0		76.00
76.01 AUDIOLOGY	52,353	0	0		76.01
76.02 CARDIAC REHAB	0	0	0		76.02
76.03 ECP	0	0	0		76.03
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
90.00 CLINIC	2,005,930	615	0		90.00
91.00 EMERGENCY	773,642	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	102,116	0	0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	7,423,771	-5,354	9,717		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	7,423,771	-5,354	9,717		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143 Component CCN: 145578	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/29/2012 7:07 am
		Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 SONOGRAPHY	0	0	0	0	0	76.00
76.01 AUDIOLOGY	0	0	0	0	0	76.01
76.02 CARDIAC REHAB	0	0	0	0	0	76.02
76.03 ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
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
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
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: 140143 Component CCN: 145578	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/29/2012 7:07 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	28,280,264	0.000000	0.000000	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	759,667	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	5,002,248	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	10,122,385	0.000000	0.000000	0	54.00
54.01 NUCLEAR MEDICINE	0	2,080,424	0.000000	0.000000	0	54.01
57.00 CT SCAN	0	10,584,269	0.000000	0.000000	0	57.00
60.00 LABORATORY	0	20,481,469	0.000000	0.000000	0	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	650,037	0.000000	0.000000	0	63.00
65.00 RESPIRATORY THERAPY	0	2,917,936	0.000000	0.000000	0	65.00
66.00 PHYSICAL THERAPY	0	6,291,203	0.000000	0.000000	0	66.00
67.00 OCCUPATIONAL THERAPY	0	663,715	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	187,466	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	2,431,686	0.000000	0.000000	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	705,636	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,415,664	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,971,823	0.000000	0.000000	0	73.00
76.00 SONOGRAPHY	0	3,782,657	0.000000	0.000000	0	76.00
76.01 AUDIOLOGY	0	456,899	0.000000	0.000000	0	76.01
76.02 CARDIAC REHAB	0	765,256	0.000000	0.000000	0	76.02
76.03 ECP	0	0	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00 CLINIC	0	4,201,123	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	5,344,622	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,282,628	0.000000	0.000000	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	121,379,077			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143 Component CCN: 145578	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/29/2012 7:07 am PPS
Title XVIII		Skilled Nursing Facility	

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)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	54.01
57.00 CT SCAN	0	0	0	57.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
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 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 SONOGRAPHY	0	0	0	76.00
76.01 AUDIOLOGY	0	0	0	76.01
76.02 CARDIAC REHAB	0	0	0	76.02
76.03 ECP	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1 Date/Time Prepared: 3/29/2012 7:07 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,198	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,418	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		2,082	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,336	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		195	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)		585	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)		4,885	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)		170	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)		509	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		184.15	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		188.27	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		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)		7,038,197	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)		35,909	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)		110,138	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)		146,047	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,892,150	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,019,486	28.00
29.00	Private room charges (excluding swing-bed charges)		2,706,136	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,313,350	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.859425	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,299.78	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		838.60	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		461.18	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		396.35	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		825,201	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,066,949	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)		818.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,999,545	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)		3,999,545	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 3/29/2012 7:07 am	
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	1,470,348	845	1,740.06	533	927,452		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,466,835		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,393,832		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					405,840		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					581,639		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					987,479		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,406,353		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)					31,306		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					95,829		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					127,135		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)					1,124		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					818.74		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					920,264		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 3/29/2012 7:07 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	541,741	6,892,150	0.078603	920,264	72,336	90.00
91.00	Nursing School cost	0	6,892,150	0.000000	920,264	0	91.00
92.00	Allied health cost	0	6,892,150	0.000000	920,264	0	92.00
93.00	All other Medical Education	0	6,892,150	0.000000	920,264	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Component CCN: 145578		Date/Time Prepared: 3/29/2012 7:07 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			0 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			0 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			0 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			0 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1	
		Component CCN: 145578		Date/Time Prepared: 3/29/2012 7:07 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician 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)				0 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				0.00 71.00
72.00	Program routine service cost (line 9 x line 71)				0 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				0 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				0 83.00
84.00	Program inpatient ancillary services (see instructions)				0 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				0 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143 Component CCN: 145578		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 3/29/2012 7:07 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3 Date/Time Prepared: 3/29/2012 7:07 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		4,591,025		30.00
31.00	INTENSIVE CARE UNIT		949,343		31.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.400586	4,892,498	1,959,866	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.941399	4,075	3,836	52.00
53.00	ANESTHESIOLOGY	0.085656	827,993	70,923	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.301555	1,345,953	405,879	54.00
54.01	NUCLEAR MEDICINE	0.280642	154,571	43,379	54.01
57.00	CT SCAN	0.086897	1,330,088	115,581	57.00
60.00	LABORATORY	0.192653	4,039,959	778,310	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.648385	333,660	216,340	63.00
65.00	RESPIRATORY THERAPY	0.280386	1,545,695	433,391	65.00
66.00	PHYSICAL THERAPY	0.321824	474,138	152,589	66.00
67.00	OCCUPATIONAL THERAPY	0.341410	48,178	16,448	67.00
68.00	SPEECH PATHOLOGY	0.554191	22,516	12,478	68.00
69.00	ELECTROCARDIOLOGY	0.113944	1,161,240	132,316	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.256105	970	248	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.105020	4,007,222	420,838	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.446904	1,953,808	873,165	73.00
76.00	SONOGRAPHY	0.130167	555,330	72,286	76.00
76.01	AUDIOLOGY	0.928844	0	0	76.01
76.02	CARDIAC REHAB	0.439637	0	0	76.02
76.03	ECP	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	CLINIC	2.084090	46,179	96,241	90.00
91.00	EMERGENCY	0.435502	1,428,801	622,246	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.717483	56,413	40,475	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		24,229,287	6,466,835	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)		24,229,287		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3	
		Component CCN: 14U143		Date/Time Prepared: 3/29/2012 7:07 am	
		Title XVIII	Swing Beds - SNF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		305,730		30.00
31.00	INTENSIVE CARE UNIT		3		31.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.400586	14,771	5,917	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.941399	60	56	52.00
53.00	ANESTHESIOLOGY	0.083668	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.301555	42,562	12,835	54.00
54.01	NUCLEAR MEDICINE	0.280642	1,474	414	54.01
57.00	CT SCAN	0.086897	10,151	882	57.00
60.00	LABORATORY	0.192653	153,738	29,618	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.648385	6,766	4,387	63.00
65.00	RESPIRATORY THERAPY	0.280386	105,522	29,587	65.00
66.00	PHYSICAL THERAPY	0.321824	137,067	44,111	66.00
67.00	OCCUPATIONAL THERAPY	0.341410	11,963	4,084	67.00
68.00	SPEECH PATHOLOGY	0.554191	2,744	1,521	68.00
69.00	ELECTROCARDIOLOGY	0.113944	5,029	573	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.256105	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.105020	272,095	28,575	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.446904	185,479	82,891	73.00
76.00	SONOGRAPHY	0.130167	5,718	744	76.00
76.01	AUDIOLOGY	0.928844	0	0	76.01
76.02	CARDIAC REHAB	0.439637	0	0	76.02
76.03	ECP	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	CLINIC	2.084090	15	31	90.00
91.00	EMERGENCY	0.376191	11	4	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.717483	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		955,165	246,230	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)		955,165		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 3/29/2012 7:07 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		7,615,078	1.00
2.00	Outlier payments for discharges. (see instructions)		63,828	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)		71.34	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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)		7,678,906	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		9,265,553	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		8,868,891	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 3/29/2012 7:07 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		615,925		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)		9,484,816		59.00
60.00	Primary payer payments		5,000		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		9,479,816		61.00
62.00	Deductibles billed to program beneficiaries		1,187,244		62.00
63.00	Coinsurance billed to program beneficiaries		0		63.00
64.00	Allowable bad debts (see instructions)		121,085		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		84,760		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		97,166		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		8,377,332		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)		8,377,332		71.00
72.00	Interim payments		8,879,164		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)		-501,832		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		208,000		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: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/29/2012 7:07 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,363	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,423,771	2.00
3.00	PPS payments		6,115,180	3.00
4.00	Outlier payment (see instructions)		142,687	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.799	5.00
6.00	Line 2 times line 5		5,931,593	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)		4,363	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		7,076	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)		7,076	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)		7,076	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,713	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)		4,363	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)		6,257,867	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		32	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,512,801	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)		4,749,397	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)		4,749,397	30.00
31.00	Primary payer payments		4,280	31.00
32.00	Subtotal (line 30 minus line 31)		4,745,117	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)		158,682	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		111,077	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		129,951	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		4,856,194	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-41	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)		4,856,235	40.00
41.00	Interim payments		4,759,803	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)		96,432	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
3/29/2012 7:07 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		9,043,587		4,757,980	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	09/23/2011	1,823	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	09/23/2011	164,423		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)		-164,423		1,823	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)		8,879,164		4,759,803	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		96,432	6.01
6.02	SETTLEMENT TO PROGRAM		501,832		0	6.02
7.00	Total Medicare program liability (see instructions)		8,377,332		4,856,235	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: 140143

Period: From 10/01/2010

Worksheet E-1

Component CCN: 14U143

To 09/30/2011

Part I
Date/Time Prepared:
3/29/2012 7:07 am

Title XVIII

Swing Beds - SNF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		203,019		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		203,019		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		365		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		203,384		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet E-2
Component CCN: 14U143		Date/Time Prepared: 3/29/2012 7:07 am
Title XVIII	Swing Beds - SNF	PPS

		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	213,175	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	679	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	213,175	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	213,175	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	213,175	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	10,156	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	203,019	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	365	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	365	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	203,384	0	19.00
20.00	Interim payments	203,019	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	365	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140143 Component CCN: 145578	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 3/29/2012 7:07 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		0	15.00
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet G

Date/Time Prepared:
3/29/2012 7:07 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	370,621	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	13,156,180	0	0	0	4.00
5.00	Other receivable	1,830,939	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,583,000	0	0	0	6.00
7.00	Inventory	1,193,454	0	0	0	7.00
8.00	Prepaid expenses	465,940	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)	14,434,134	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,654,274	0	0	0	12.00
13.00	Land improvements	2,372,543	0	0	0	13.00
14.00	Accumulated depreciation	-1,474,416	0	0	0	14.00
15.00	Buildings	45,732,883	0	0	0	15.00
16.00	Accumulated depreciation	-26,153,221	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	24,534,337	0	0	0	23.00
24.00	Accumulated depreciation	-19,665,145	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	28,001,255	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	15,567,454	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	3,474,199	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	19,041,653	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	61,477,042	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,325,606	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,646,089	0	0	0	38.00
39.00	Payroll taxes payable	153,776	0	0	0	39.00
40.00	Notes and loans payable (short term)	913,093	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	171,947	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	8,210,511	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	9,942,832	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	464,318	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	10,407,150	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,617,661	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	42,859,381				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)	42,859,381	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	61,477,042	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
3/29/2012 7:07 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		41,345,768		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-197,209			2.00
3.00	Total (sum of line 1 and line 2)		41,148,559		0	3.00
4.00	CONTRIBUTIONS	310,939		0		4.00
5.00	CHANGE IN FOUNDATION INTEREST	1,452,947		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)		1,763,886		0	10.00
11.00	Subtotal (line 3 plus line 10)		42,912,445		0	11.00
12.00	EQUITY TRANSFER	53,064		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)		53,064		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		42,859,381		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
3/29/2012 7:07 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00						1.00
			0		0	
2.00						2.00
3.00			0		0	3.00
4.00	0			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00			0		0	10.00
11.00			0		0	11.00
12.00	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			0		0	18.00
19.00			0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-2 Parts
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	8,019,486		8,019,486	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	8,019,486		8,019,486	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,301,824		2,301,824	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,301,824		2,301,824	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	10,321,310		10,321,310	17.00
18.00	Ancillary services	40,302,258	81,614,729	121,916,987	18.00
19.00	Outpatient services	0	19,760,077	19,760,077	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	393,613	393,613	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,433,377	2,433,377	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	50,623,568	104,201,796	154,825,364	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		66,881,254		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		66,881,254		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140143

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-3

Date/Time Prepared:
3/29/2012 7:07 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	154,825,364	1.00
2.00	Less contractual allowances and discounts on patients' accounts	89,471,468	2.00
3.00	Net patient revenues (line 1 minus line 2)	65,353,896	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	66,881,254	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,527,358	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	289,919	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	196,185	14.00
15.00	Revenue from rental of living quarters	119,005	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	362,142	17.00
18.00	Revenue from sale of medical records and abstracts	21,972	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	101,500	22.00
23.00	Governmental appropriations	0	23.00
24.00	CHANGE IN EQUITY GAINS AND LOSSES	-95,059	24.00
24.01	NET RENTAL INCOME	25,006	24.01
24.02	GAIN ON DISPOSAL OF EQUIPMENT	10,540	24.02
24.03	OTHER REVENUE	112,210	24.03
24.04	PARATRANSIT	141,430	24.04
24.05	OUTSIDE REHABILITATION SERVICES	72,080	24.05
24.06	CONTRIBUTIONS SPENT FOR OPERATIONS	52,880	24.06
25.00	Total other income (sum of lines 6-24)	1,409,810	25.00
26.00	Total (line 5 plus line 25)	-117,548	26.00
27.00	INVESTMENT LOSS	79,661	27.00
27.01		0	27.01
27.02		0	27.02
27.03		0	27.03
27.04		0	27.04
27.05		0	27.05
28.00	Total other expenses (sum of line 27 and subscripts)	79,661	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-197,209	29.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K

Hospice CCN: 141595

To 09/30/2011

Date/Time Prepared: 3/29/2012 7:07 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.				0	0	1.00
2.00	Capital Related Costs-Movable Equip.				0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	6,942	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	12,000	9.00
10.00	Nursing Care	253,558	0	12,284	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	38,396	0	2,497	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	31,252	0	4,879	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	31,654	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	11,747	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	206,883	36,811	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	323,206	0	19,660	206,883	99,154	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K

Hospice CCN: 141595

To 09/30/2011

Date/Time Prepared: 3/29/2012 7:07 am

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	6,942	0	6,942	0	6,942	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	12,000	0	12,000	0	12,000	9.00
10.00	Nursing Care	265,842	0	265,842	0	265,842	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	40,893	0	40,893	0	40,893	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	36,131	0	36,131	0	36,131	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	31,654	0	31,654	0	31,654	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	11,747	0	11,747	0	11,747	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	243,694	0	243,694	0	243,694	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	648,903	0	648,903	0	648,903	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K-1

Hospice CCN: 141595

To 09/30/2011

Date/Time Prepared: 3/29/2012 7:07 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	52,739	200,819	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	38,396	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	38,396	52,739	200,819	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K-1

Hospice CCN: 141595

To 09/30/2011

Date/Time Prepared: 3/29/2012 7:07 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	253,558	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	38,396	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		31,252	0	31,252	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	31,252	0	323,206	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140143		Period: From 10/01/2010 To 09/30/2011		Worksheet K-3	
		Hospice CCN: 141595				Date/Time Prepared: 3/29/2012 7:07 am	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet K-3
	Hospice CCN: 141595		Date/Time Prepared: 3/29/2012 7:07 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	206,883	206,883	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	206,883	206,883	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140143

Period:

Worksheet K-4

Hospice CCN: 141595

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
3/29/2012 7:07 am

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	6,942	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	12,000	0	0	0	0	9.00
10.00	Nursing Care	265,842	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	40,893	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	36,131	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	31,654	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	11,747	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	243,694	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	648,903	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 141595

To 09/30/2011

Part I
Date/Time Prepared:
3/29/2012 7:07 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.		0			1.00
2.00	Capital Related Costs-Movable Equip.		0			2.00
3.00	Plant Operation and Maintenance		0			3.00
4.00	Transportation - Staff		0			4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	6,942			6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	12,000	130	12,130	9.00
10.00	Nursing Care	0	265,842	2,875	268,717	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	40,893	442	41,335	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	36,131	391	36,522	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	31,654	342	31,996	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	11,747	127	11,874	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	243,694	2,635	246,329	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	641,961	6,942	648,903	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 141595

To 09/30/2011

Part II
Date/Time Prepared:
3/29/2012 7:07 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 141595

To 09/30/2011

Part II
Date/Time Prepared:
3/29/2012 7:07 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-6,942	641,961	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	12,000	9.00
10.00	Nursing Care	0	265,842	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	40,893	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	36,131	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	31,654	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	11,747	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	243,694	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		6,942	39.00
40.00	Unit Cost Multiplier		0.010814	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 141595

To 09/30/2011

Part I
Date/Time Prepared:
3/29/2012 7:07 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
		1.00	1.01	2.00	2.01	
1.00 Administrative and General	0	4,017	461	1,530	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	12,130	0	0	0	0	4.00
5.00 Nursing Care	268,717	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	41,335	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	36,522	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	31,996	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	11,874	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	246,329	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	648,903	4,017	461	1,530	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 141595

To 09/30/2011

Part I
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	4A	5.00	7.00	8.00	
1.00	Administrative and General	0	6,008	1,122	16,463	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	12,130	2,266	0	0	4.00
5.00	Nursing Care	54,225	322,942	60,328	0	0	5.00
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	8,211	49,546	9,255	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	6,684	43,206	8,071	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	31,996	5,977	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	11,874	2,218	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	246,329	46,016	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	69,120	724,031	135,253	16,463	0	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 141595

To 09/30/2011

Part I
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Hospice I					MEDICAL RECORDS & LIBRARY	
	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION			
	9.00	10.00	11.00	13.00	16.00		
1.00 Administrative and General	0	0	0	0	0	37,248	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	15,376	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	3,626	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	3,917	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	22,919	0	0	37,248	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 141595

To 09/30/2011

Part I
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description		SOCIAL SERVICE	Hospice I				
			Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	60,841				1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	14,396	0	14,396	1,001	4.00
5.00	Nursing Care	0	398,646	0	398,646	27,717	5.00
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	62,427	0	62,427	4,340	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	55,194	0	55,194	3,837	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	37,973	0	37,973	2,640	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	14,092	0	14,092	980	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	292,345	0	292,345	20,326	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	935,914	0	935,914		34.00
35.00	Unit Cost Multiplier (see instructions)					0.069527	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 141595

To 09/30/2011

Part I
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description		Total Hospice Costs (col. 26 ± 27)	Hospice I	
		28.00		
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	0		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	15,397		4.00
5.00	Nursing Care	426,363		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	66,767		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	59,031		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	40,613		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	15,072		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	312,671		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	935,914		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140143

Hospice CCN: 141595

Period:
From 10/01/2010
To 09/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARY)	
		NEW BLDG & FIXT (SQUARE FEET)	OLD BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	OLD MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	2.00	2.01		
1.00	Administrative and General	974	974	1,502	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	253,558	5.00
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	38,392	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	31,252	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	974	974	1,502	0	323,202	34.00
35.00	Total cost to be allocated	4,017	461	1,530	0	69,120	35.00
36.00	Unit Cost Multiplier (see instructions)	4.124230	0.473306	1.018642	0.000000	0.213860	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140143

Period:

Worksheet K-5

Hospice CCN: 141595

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description		Hospice I					
		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	0	6,008	974	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	12,130	0	0	0	4.00
5.00	Nursing Care	0	322,942	0	0	0	5.00
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	49,546	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	43,206	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	31,996	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	11,874	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	246,329	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		724,031	974	0	0	34.00
35.00	Total cost to be allocated		135,253	16,463	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)		0.186806	16.902464	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140143

Period:

Worksheet K-5

Hospice CCN: 141595

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
3/29/2012 7:07 am

Cost Center Description	Hospice I					SOCIAL SERVICE (TIME SPENT)	
	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)			
	10.00	11.00	13.00	16.00	17.00		
1.00 Administrative and General	0	0	0	2,433,377	0	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	424	0	0	0	5.00	
6.00 Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	100	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	108	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	632	0	2,433,377	0	34.00	
35.00 Total cost to be allocated	0	22,919	0	37,248	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	36.264241	0.000000	0.015307	0.000000	36.00	

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet K-5 Part III Date/Time Prepared: 3/29/2012 7:07 am		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.321824	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.341410	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.554191	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.446904	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.192653	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.105020	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	SONOGRAPHY	76.00	0.130167	0	0	10.00
10.01	AUDIOLOGY	76.01	0.928844	0	0	10.01
10.02	CARDIAC REHAB	76.02	0.439637	0	0	10.02
10.03	ECP	76.03	0.000000	0	0	10.03
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140143

Period: From 10/01/2010

Worksheet K-6

Hospice CCN: 141595

To 09/30/2011

Date/Time Prepared: 3/29/2012 7:07 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				935,914	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				6,597	2.00
3.00	Average cost per diem (line 1 divided by line 2)				141.87	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	6,296				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	893,214				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		170			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		24,118			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			131		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			18,585		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140143	Period: From 10/01/2010 To 09/30/2011	Worksheet L Parts I-III Date/Time Prepared: 3/29/2012 7:07 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		609,718	1.00
2.00	Capital DRG outlier payments		6,207	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		22.35	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)		615,925	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