

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: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/11/2012 8:01 pm
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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:	Time:
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 DELNOR-COMMUNITY HOSPITAL for the cost reporting period beginning 09/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V		Title XVIII		HIT	Title XIX	
	1.00	2.00	Part A	Part B			
<b>PART III - SETTLEMENT SUMMARY</b>							
1.00 Hospital	0	36,482		28,466	0	0	1.00
2.00 Subprovider - IPF	0	0		0		0	2.00
3.00 Subprovider - IRF	0	0		0		0	3.00
4.00 SUBPROVIDER I	0	0		0		0	4.00
5.00 Swing bed - SNF	0	0		0		0	5.00
6.00 Swing bed - NF	0	0		0		0	6.00
7.00 Skilled Nursing Facility	0	0		0		0	7.00
8.00 Nursing Facility	0	0		0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0		0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0		0		0	11.00
12.00 CMHC I	0	0		0		0	12.00
200.00 Total	0	36,482		28,466	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: 140211		Period: From 09/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/11/2012 8:01 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 300 RANDALL ROAD			PO Box:							1.00
2.00	City: GENEVA			State: IL		Zip Code: 60134-		County: KANE			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				V	XVIII	XIX					
3.00	Hospital and Hospital-Based Component Identification:										3.00
	Hospital		DELNOR-COMMUNITY HOSPITAL	140211	16974	1	07/01/1966	N	P	O	
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF						N	N	N		7.00
8.00	Swing Beds - NF						N		N		8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		DELNOR-COMMUNITY HHA	147093	16974		07/11/1969	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
17.20	Hospital-Based (OPT) 1							N	N	N	17.20
17.30	Hospital-Based (OOT) 1							N	N	N	17.30
17.40	Hospital-Based (OSP) 1							N	N	N	17.40
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2010	06/30/2011		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						N	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		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.			1,677	0	0	0	0	0		24.00
25.00	If this provider is an IRF then enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0		25.00
							1.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0		35.00
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.										36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.								0		37.00

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

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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 67.00	
				1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
				1.00			
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N		80.00	
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00	
				V	XIX		
				1.00	2.00		
<b>Title V or XIX Inpatient Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00

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			V	XIX	
			1.00	2.00	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		10,000,000	25,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:	Contractor's Number:		141.00
142.00	Street:	PO Box:			142.00
143.00	City:	State:	Zip Code:		143.00
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00

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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 1.00			Part B 2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N			N		155.00	
156.00	Subprovider - IPF	N			N		156.00	
157.00	Subprovider - IRF	N			N		157.00	
158.00	Subprovider - Other	N			N		158.00	
159.00	SNF	N			N		159.00	
160.00	HHA	N			N		160.00	
161.00	CMHC				N		161.00	
					1.00			
165.00	Multi campus 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: 140211		Period: From 09/01/2010 To 06/30/2011		Worksheet S-2 Part II Date/Time Prepared: 1/11/2012 8:01 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.			N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					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			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	10/05/2011		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/11/2012 8:01 pm
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet S-2  
Part II  
Date/Time Prepared:  
1/11/2012 8:01 pm

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/05/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/11/2012 8:01 pm
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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	139	42,117	0.00	1.00
2.00 HMO					2.00
3.00 HMO IPF					3.00
4.00 HMO IRF					4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					5.00
6.00 Hospital Adults & Peds. Swing Bed NF					6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		139	42,117	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	6,060	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					13.00
14.00 Total (see instructions)		159	48,177	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				25.40
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		159			27.00
28.00 Observation Bed Days					28.00
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/11/2012 8:01 pm

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	11,063	1,384	21,416		1.00
2.00 HMO		0	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	11,063	1,384	21,416		7.00
8.00 INTENSIVE CARE UNIT	0	2,305	293	4,209		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	13,368	1,677	25,625		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	8,392	0	9,423		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0		25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	2,748		28.00
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/11/2012 8:01 pm
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Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,181	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,044.44	0.00	0	3,181	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	9.73	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00	0.00	0.00			25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00	0.00	0.00			25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00	0.00	0.00			25.40
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,054.17	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	443	7,170		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)	443	7,170		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY				25.40
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/11/2012 8:01 pm
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	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cation of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)		
	1.00	2.00	2.50	3.00	4.00		
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	57,254,141	0	772,280	58,026,421	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		1,291,619	0	0	1,291,619	3.00
4.00	Physician-Part A		0	0	0	0	4.00
5.00	Physician-Part B		116,222	0	0	116,222	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		1,965,454	0	53,574	2,019,028	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		495,212	0	0	495,212	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		473,243	0	0	473,243	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		19,840,270	0	0	19,840,270	17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		74,817	0	0	74,817	18.00
19.00	Excluded areas		561,535	0	0	561,535	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		187,358	0	0	187,358	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		31,779	0	0	31,779	23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	672,953	0	20,403	693,356	26.00
27.00	Administrative & General	5.00	13,638,952	0	479,078	14,118,030	27.00
28.00	Administrative & General under contract (see inst.)		1,663,760	0	0	1,663,760	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	251,379	0	0	251,379	30.00
31.00	Laundry & Linen Service	8.00	12,816	0	0	12,816	31.00
32.00	Housekeeping	9.00	851,877	0	3,763	855,640	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	1,056,196	0	-191,724	864,472	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	200,677	200,677	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,480,906	0	24,584	1,505,490	38.00
39.00	Central Services and Supply	14.00	0	0	0	0	39.00
40.00	Pharmacy	15.00	1,588,658	0	9,265	1,597,923	40.00
41.00	Medical Records & Medical Records Library	16.00	1,130,375	0	4,988	1,135,363	41.00
42.00	Social Service	17.00	0	0	0	0	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/11/2012 8:01 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART II - WAGE DATA</b>				
<b>SALARIES</b>				
1.00	Total salaries (see instructions)	1,813,166.00	32.00	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	14,353.00	89.99	3.00
4.00	Physician-Part A	0.00	0.00	4.00
5.00	Physician-Part B	2,573.00	45.17	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	46,086.00	43.81	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>				
11.00	Contract labor (see instructions)	7,713.00	64.20	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	2,853.00	165.88	13.00
14.00	Home office salaries & wage-related costs	0.00	0.00	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FOHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>				
26.00	Employee Benefits	21,190.00	32.72	26.00
27.00	Administrative & General	433,390.00	32.58	27.00
28.00	Administrative & General under contract (see inst.)	13,038.00	127.61	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	11,064.00	22.72	30.00
31.00	Laundry & Linen Service	900.00	14.24	31.00
32.00	Housekeeping	66,199.00	12.93	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	28,630.00	30.19	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	35,061.00	5.72	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	38,459.00	39.15	38.00
39.00	Central Services and Supply	0.00	0.00	39.00
40.00	Pharmacy	38,106.00	41.93	40.00
41.00	Medical Records & Medical Records Library	51,904.00	21.87	41.00
42.00	Social Service	0.00	0.00	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/11/2012 8:01 pm

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	57,510,060	0	772,280	58,282,340	1.00
2.00	Excluded area salaries (see instructions)	1,965,454	0	53,574	2,019,028	2.00
3.00	Subtotal salaries (line 1 minus line 2)	55,544,606	0	718,706	56,263,312	3.00
4.00	Subtotal other wages & related costs (see inst.)	968,455	0	0	968,455	4.00
5.00	Subtotal wage-related costs (see inst.)	19,915,087	0	0	19,915,087	5.00
6.00	Total (sum of lines 3 thru 5)	76,428,148	0	718,706	77,146,854	6.00
7.00	Total overhead cost (see instructions)	22,347,872	0	551,034	22,898,906	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/11/2012 8:01 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>				
1.00	Net salaries (see instructions)	1,809,278.00	32.21	1.00
2.00	Excluded area salaries (see instructions)	46,086.00	43.81	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,763,192.00	31.91	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,566.00	91.66	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	35.40	5.00
6.00	Total (sum of lines 3 thru 5)	1,773,758.00	43.49	6.00
7.00	Total overhead cost (see instructions)	737,941.00	31.03	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/11/2012 8:01 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	2,456,445	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	28,064	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	10,460,111	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	384,251	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	69,629	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	541,111	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,377,552	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	4,083,848	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	80,353	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	358,906	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,840,270	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	74,817	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/11/2012 8:01 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0
2.00	Hospital		0	0
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital -Based SNF		0	0
9.00	Hospital -Based NF		0	0
10.00	Hospital -Based OLTC		0	0
11.00	Hospital -Based HHA		0	0
12.00	Separately Certified ASC		0	0
13.00	Hospital -Based Hospice		0	0
14.00	Hospital -Based Health Clinic RHC		0	0
15.00	Hospital -Based Health Clinic FQHC		0	0
16.00	Hospital -Based-CMHC		0	0
16.10	Hospital -Based-CMHC 10		0	0
16.20	Hospital -Based-CMHC 20		0	0
16.30	Hospital -Based-CMHC 30		0	0
16.40	Hospital -Based-CMHC 40		0	0
17.00	Renal Dialysis		0	0
18.00	OTHER (SPECIFY)		0	0

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet S-4
		Component CCN: 147093		Date/Time Prepared: 1/11/2012 8:01 pm
			Home Health Agency I	PPS

		1.00					
0.00	County	KANE					0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	0.00	0.00	0.00	0.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			6.96	0.00	6.96	5.00
6.00	Direct Nursing Service			0.00	0.00	0.00	6.00
7.00	Nursing Supervisor			0.64	0.00	0.64	7.00
8.00	Physical Therapy Service			0.44	0.00	0.44	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.07	0.00	0.07	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.02	0.00	0.02	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.42	0.00	0.42	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,230	0	160	58	3,448	21.00
22.00	Skilled Nursing Visit Charges	558,790	0	27,680	10,034	596,504	22.00
23.00	Physical Therapy Visits	3,599	0	100	32	3,731	23.00
24.00	Physical Therapy Visit Charges	622,627	0	17,300	5,536	645,463	24.00
25.00	Occupational Therapy Visits	462	0	1	7	470	25.00
26.00	Occupational Therapy Visit Charges	79,926	0	173	1,211	81,310	26.00
27.00	Speech Pathology Visits	163	0	3	0	166	27.00
28.00	Speech Pathology Visit Charges	28,199	0	519	0	28,718	28.00
29.00	Medical Social Service Visits	16	0	2	2	20	29.00
30.00	Medical Social Service Visit Charges	3,328	0	416	416	4,160	30.00
31.00	Home Health Aide Visits	543	0	1	13	557	31.00
32.00	Home Health Aide Visit Charges	67,875	0	125	1,625	69,625	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,013	0	267	112	8,392	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,360,745	0	46,213	18,822	1,425,780	35.00
36.00	Total Number of Episodes (standard/non outlier)	504		97	11	612	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/11/2012 8:01 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.248700	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		12,123,413	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		38,140,129	6.00	
7.00	Medicaid cost (line 1 times line 6)		9,485,450	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)		0	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		258,127	9.00	
10.00	Stand-alone SCHIP charges		1,658,304	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		412,420	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		154,293	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		154,293	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,312,003	6,764,349	11,076,352	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,072,395	1,682,294	2,754,689	21.00
22.00	Partial payment by patients approved for charity care	24,575	48,164	72,739	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,047,820	1,634,130	2,681,950	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)		9,415,473	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		68,146	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		9,347,327	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,324,680	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,006,630	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,160,923	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/11/2012 8:01 pm
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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		21,370,040	21,370,040	-8,424,181	12,945,859	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	5,755,848	5,755,848	2.00
4.00 EMPLOYEE BENEFITS	672,953	20,192,505	20,865,458	97,242	20,962,700	4.00
5.01 NONPATIENT TELEPHONES	272,117	207,565	479,682	0	479,682	5.01
5.02 IS	1,317,010	1,471,265	2,788,275	23,042	2,811,317	5.02
5.03 PURCHASING	723,958	208,715	932,673	208,820	1,141,493	5.03
5.04 PT REG	1,937,540	106,632	2,044,172	82,707	2,126,879	5.04
5.05 PT ACCTS	1,001,419	1,230,740	2,232,159	106,713	2,338,872	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	8,386,908	17,393,836	25,780,744	1,106,180	26,886,924	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	251,379	4,201,935	4,453,314	0	4,453,314	7.00
8.00 LAUNDRY & LINEN SERVICE	12,816	508,943	521,759	0	521,759	8.00
9.00 HOUSEKEEPING	851,877	244,081	1,095,958	3,763	1,099,721	9.00
10.00 DIETARY	1,056,196	580,399	1,636,595	-302,000	1,334,595	10.00
11.00 CAFETERIA	0	0	0	310,953	310,953	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,480,906	215,684	1,696,590	24,584	1,721,174	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	-122,465	-122,465	14.00
15.00 PHARMACY	1,588,658	7,374,569	8,963,227	-7,242,140	1,721,087	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,130,375	956,457	2,086,832	4,988	2,091,820	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	10,302,650	2,497,656	12,800,306	35,010	12,835,316	30.00
31.00 INTENSIVE CARE UNIT	2,641,203	342,255	2,983,458	8,923	2,992,381	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	2,348,862	9,327,997	11,676,859	-4,164,921	7,511,938	50.00
51.00 RECOVERY ROOM	585,795	97,636	683,431	5,184	688,615	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	1,319,981	257,949	1,577,930	0	1,577,930	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,232,478	897,717	3,130,195	234,257	3,364,452	54.00
54.01 ULTRASOUND	594,617	52,807	647,424	0	647,424	54.01
56.00 RADIOISOTOPE	232,278	531,232	763,510	0	763,510	56.00
57.00 CT SCAN	578,141	470,997	1,049,138	0	1,049,138	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	356,798	234,694	591,492	0	591,492	58.00
59.00 CARDIAC CATHETERIZATION	1,401,658	1,584,628	2,986,286	-568,324	2,417,962	59.00
60.00 LABORATORY	2,019,810	3,846,410	5,866,220	77,244	5,943,464	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	1,193,464	347,831	1,541,295	7,848	1,549,143	64.00
65.00 RESPIRATORY THERAPY	833,559	117,912	951,471	4,815	956,286	65.00
66.00 PHYSICAL THERAPY	2,644,099	120,265	2,764,364	312,898	3,077,262	66.00
69.00 ELECTROCARDIOLOGY	629,306	1,367,486	1,996,792	0	1,996,792	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	4,764,671	4,764,671	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	7,251,405	7,251,405	73.00
75.00 ASC (NON-DISTINCT PART)	1,127,602	319,375	1,446,977	-2,235	1,444,742	75.00
75.01 LI THOTRI PSY	0	199,559	199,559	0	199,559	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 CARDIAC REHAB	324,792	7,151	331,943	201,229	533,172	90.01
90.03 GENETIC TESTING	46,472	3,171	49,643	0	49,643	90.03
90.04 CHRONIC PAIN CLINIC	147,367	37,472	184,839	88,170	273,009	90.04
90.05 DIABETES EDUCATION	183,968	3,446	187,414	20,105	207,519	90.05
90.06 WOUND CARE	258,856	45,168	304,024	27,030	331,054	90.06
90.07 SLEEP LAB	0	522,932	522,932	0	522,932	90.07
91.00 EMERGENCY	2,600,819	1,267,364	3,868,183	9,063	3,877,246	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140211		Period: From 09/01/2010 To 06/30/2011		Worksheet A Date/Time Prepared: 1/11/2012 8:01 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0		99.40
101.00	HOME HEALTH AGENCY	1,006,800	86,965	1,093,765	30,534	1,124,299		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0	0	0		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	56,295,487	100,851,441	157,146,928	-23,040	157,123,888		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	108,277	130,856	239,133	0	239,133		190.00
190.01	HOMEMAKERS	0	0	0	0	0		190.01
192.00	PHYSICIANS' PRIVATE OFFICES	850,377	379,572	1,229,949	23,040	1,252,989		192.00
200.00	TOTAL (SUM OF LINES 118-199)	57,254,141	101,361,869	158,616,010	0	158,616,010		200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/11/2012 8:01 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-6,283,345	6,662,514	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-15,950	5,739,898	2.00
4.00	EMPLOYEE BENEFITS	-558,683	20,404,017	4.00
5.01	NONPATIENT TELEPHONES	-149,713	329,969	5.01
5.02	IS	0	2,811,317	5.02
5.03	PURCHASING	-77,464	1,064,029	5.03
5.04	PT REG	0	2,126,879	5.04
5.05	PT ACCTS	0	2,338,872	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-9,360,455	17,526,469	5.06
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-234,354	4,218,960	7.00
8.00	LAUNDRY & LINEN SERVICE	0	521,759	8.00
9.00	HOUSEKEEPING	0	1,099,721	9.00
10.00	DIETARY	0	1,334,595	10.00
11.00	CAFETERIA	-397,809	-86,856	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	1,721,174	13.00
14.00	CENTRAL SERVICES & SUPPLY	-8,643	-131,108	14.00
15.00	PHARMACY	-55,752	1,665,335	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	2,091,820	16.00
17.00	SOCIAL SERVICE	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-1,286,364	11,548,952	30.00
31.00	INTENSIVE CARE UNIT	0	2,992,381	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-21,450	7,490,488	50.00
51.00	RECOVERY ROOM	0	688,615	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	-1,291,619	286,311	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-3,046	3,361,406	54.00
54.01	ULTRASOUND	0	647,424	54.01
56.00	RADIOISOTOPE	0	763,510	56.00
57.00	CT SCAN	0	1,049,138	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	591,492	58.00
59.00	CARDIAC CATHETERIZATION	0	2,417,962	59.00
60.00	LABORATORY	-214,464	5,729,000	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	62.30
64.00	INTRAVENOUS THERAPY	0	1,549,143	64.00
65.00	RESPIRATORY THERAPY	-22,196	934,090	65.00
66.00	PHYSICAL THERAPY	3,161	3,080,423	66.00
69.00	ELECTROCARDIOLOGY	-1,158,633	838,159	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	4,764,671	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	7,251,405	73.00
75.00	ASC (NON-DISTINCT PART)	0	1,444,742	75.00
75.01	LI THOTRI PSY	0	199,559	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	CARDIAC REHAB	-16,362	516,810	90.01
90.03	GENETIC TESTING	0	49,643	90.03
90.04	CHRONIC PAIN CLINIC	0	273,009	90.04
90.05	DIABETES EDUCATION	-7,765	199,754	90.05
90.06	WOUND CARE	-1,231	329,823	90.06
90.07	SLEEP LAB	0	522,932	90.07
91.00	EMERGENCY	-835,449	3,041,797	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/11/2012 8:01 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
101.00	HOME HEALTH AGENCY	6.00	7.00	
		-1,493	1,122,806	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-21,999,079	135,124,809	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	239,133	190.00
190.01	HOMEMAKERS	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,252,989	192.00
200.00	TOTAL (SUM OF LINES 118-199)	-21,999,079	136,616,931	200.00

RECLASSIFICATIONS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-6

Date/Time Prepared:  
1/11/2012 8:01 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - GENERAL EXPENSE TO PROPER CC 9880</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,668,333	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	2,668,333	
<b>B - CHARGEABLE MEDICAL SUPPLIES</b>					
1.00	PURCHASING	5.03	0	122,465	1.00
	TOTALS		0	122,465	
<b>C - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,251,405	1.00
	TOTALS		0	7,251,405	
<b>D - SHARED DIETARY COSTS</b>					
1.00	CAFETERIA	11.00	200,677	110,276	1.00
	TOTALS		200,677	110,276	
<b>F - MOVEABLE EQUIPMENT</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,756,450	1.00
	TOTALS		0	5,756,450	
<b>G - EMPLOYEE MAMMOGRAM EXPENSE</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	45,791	1.00
	TOTALS		0	45,791	
<b>I - HHA SPACE COSTS</b>					
1.00	HOME HEALTH AGENCY	101.00	0	25,738	1.00
	TOTALS		0	25,738	
<b>L - SPACE RENTAL ALLOCATION</b>					
1.00	LABORATORY	60.00	0	63,458	1.00
2.00	WOUND CARE	90.06	0	19,413	2.00
3.00	EMPLOYEE BENEFITS	4.00	0	31,048	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	264,623	4.00
5.00	PHYSICAL THERAPY	66.00	0	289,284	5.00
6.00	CARDIAC REHAB	90.01	0	196,006	6.00
7.00	PT REG	5.04	0	78,208	7.00
8.00	PT ACCTS	5.05	0	102,571	8.00
9.00	DIABETES EDUCATION	90.05	0	20,105	9.00
10.00	PURCHASING	5.03	0	86,355	10.00
11.00	CHRONIC PAIN CLINIC	90.04	0	86,197	11.00
	TOTALS		0	1,237,268	
<b>O - BONUS ALLOCATION</b>					
1.00	EMPLOYEE BENEFITS	4.00	20,403	0	1.00
2.00	IS	5.02	23,042	0	2.00
3.00	PT REG	5.04	4,499	0	3.00
4.00	PT ACCTS	5.05	4,142	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	447,395	0	5.00
6.00	HOUSEKEEPING	9.00	3,763	0	6.00
7.00	DIETARY	10.00	8,953	0	7.00
8.00	NURSING ADMINISTRATION	13.00	24,584	0	8.00
9.00	PHARMACY	15.00	9,265	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	4,988	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	35,010	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	8,923	0	12.00
13.00	OPERATING ROOM	50.00	4,148	0	13.00
14.00	RECOVERY ROOM	51.00	5,184	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	32,384	0	15.00
16.00	LABORATORY	60.00	13,786	0	16.00
17.00	INTRAVENOUS THERAPY	64.00	7,848	0	17.00
18.00	RESPIRATORY THERAPY	65.00	4,815	0	18.00
19.00	PHYSICAL THERAPY	66.00	23,614	0	19.00
20.00	ASC (NON-DISTINCT PART)	75.00	3,304	0	20.00
21.00	CARDIAC REHAB	90.01	5,223	0	21.00
22.00	CHRONIC PAIN CLINIC	90.04	6,753	0	22.00
23.00	WOUND CARE	90.06	7,617	0	23.00
24.00	EMERGENCY	91.00	9,063	0	24.00
25.00	HOME HEALTH AGENCY	101.00	4,796	0	25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	48,778	0	26.00
	TOTALS		772,280	0	
<b>P - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,764,671	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	4,764,671	

Provider CCN: 140211

Period:  
 From 09/01/2010  
 To 06/30/2011

Worksheet A-6  
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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
500.00	Grand Total : Increases	972,957	21,982,397		500.00

RECLASSIFICATIONS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-6  
Date/Time Prepared:  
1/11/2012 8:01 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - GENERAL EXPENSE TO PROPER CC 9880</b>							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	602	9		1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,667,731	9		2.00
	TOTALS		0	2,668,333			
<b>B - CHARGEABLE MEDICAL SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	122,465	0		1.00
	TOTALS		0	122,465			
<b>C - CHARGEABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	7,251,405	0		1.00
	TOTALS		0	7,251,405			
<b>D - SHARED DIETARY COSTS</b>							
1.00	DIETARY	10.00	200,677	110,276	0		1.00
	TOTALS		200,677	110,276			
<b>F - MOVEABLE EQUIPMENT</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,756,450	9		1.00
	TOTALS		0	5,756,450			
<b>G - EMPLOYEE MAMMOGRAM EXPENSE</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	45,791	0		1.00
	TOTALS		0	45,791			
<b>I - HHA SPACE COSTS</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	25,738	0		1.00
	TOTALS		0	25,738			
<b>L - SPACE RENTAL ALLOCATION</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,237,268	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	TOTALS		0	1,237,268			
<b>O - BONUS ALLOCATION</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	772,280	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
	TOTALS		0	772,280			
<b>P - IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	4,169,069	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,959	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	568,324	0		3.00
4.00	ASC (NON-DISTINCT PART)	75.00	0	5,539	0		4.00
5.00	CHRONIC PAIN CLINIC	90.04	0	4,780	0		5.00

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-6  
Date/Time Prepared:  
1/11/2012 8:01 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		0	4,764,671			
500.00	Grand Total: Decreases		200,677	22,754,677			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/11/2012 8:01 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	11,008,693	256,307	0	256,307	2.00
3.00	Buildings and Fixtures	149,011,685	1,069,315	0	1,069,315	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	7,375,562	0	0	0	5.00
6.00	Movable Equipment	85,323,497	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	252,719,437	1,325,622	0	1,325,622	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	252,719,437	1,325,622	0	1,325,622	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	21,370,040	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,370,040	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	98,591,735	0	98,591,735	0.355005	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	179,127,616	0	179,127,616	0.644995	2.00
3.00	Total (sum of lines 1-2)	277,719,351	0	277,719,351	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/11/2012 8:01 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0		1.00	
2.00	Land Improvements	11,265,000	0		2.00	
3.00	Buildings and Fixtures	150,081,000	0		3.00	
4.00	Building Improvements	0	0		4.00	
5.00	Fixed Equipment	7,375,562	0		5.00	
6.00	Movable Equipment	82,705,000	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	251,426,562	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	251,426,562	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	21,370,040		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	21,370,040		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,945,859	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,739,898	0
3.00	Total (sum of lines 1-2)	0	0	0	18,685,757	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-6,283,345	0	0	0	6,662,514	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,739,898	2.00
3.00	Total (sum of lines 1-2)	-6,283,345	0	0	0	12,402,412	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
1/11/2012 8:01 pm

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
		Basis/Code (2)	Amount	Cost Center	Line #	
		1.00	2.00	3.00	4.00	
1.00	Investment income - buildings and fixtures (chapter 2)	B	-118,071	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-119,921	NONPATIENT TELEPHONES	5.01	7.00
8.00	Television and radio service (chapter 21)		0		0.00	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,752,784			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-3,046	RADIOLOGY-DIAGNOSTIC	54.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-31,676			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests	B	-397,809	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	-55,752	PHARMACY	15.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)	B	-42,574	EMERGENCY	91.00	19.00
20.00	Vending machines	B	-8,643	CENTRAL SERVICES & SUPPLY	14.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - buildings and fixtures			NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - movable equipment			NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	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		0*** Cost Center Deleted ***	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00	MISC ACTVTY GL 9880.9105	A	-839,802	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.00
34.00	POOL THERAPY	B	-980	PHYSICAL THERAPY	66.00	34.00
35.00	MISC ACTVTY GL 9880.9106	A	-93,101	OTHER ADMINISTRATIVE AND GENERAL	5.06	35.00
36.00	OB CLASSES	B	-29,098	ADULTS & PEDIATRICS	30.00	36.00
37.00			0		0.00	37.00
38.00	MISC INCOME	B	-169,494	OTHER ADMINISTRATIVE AND GENERAL	5.06	38.00
39.00	ADVERT PRINT & PROMOS	A	-1,974,354	OTHER ADMINISTRATIVE AND GENERAL	5.06	39.00
40.00			0		0.00	40.00
41.00	CAPITALIZE SERIES 2002 INTEREST	B	-6,165,274	NEW CAP REL COSTS-BLDG & FIXT	1.00	41.00
41.02	CARDIAC REHAB MISC INCOME	B	-26,846	CARDIAC REHAB	90.01	41.02
42.00			0		0.00	42.00
42.02	CRNA BENEFITS AJE 5	A	-230,080	EMPLOYEE BENEFITS	4.00	42.02
42.08	LOBBYING PORTION OF AHA DUES	A	-6,306	OTHER ADMINISTRATIVE AND GENERAL	5.06	42.08
42.09	DME DRUGS IN HHA EXP	A	-1,493	HOME HEALTH AGENCY	101.00	42.09

ADJUSTMENTS TO EXPENSES

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
1/11/2012 8:01 pm

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
42.13	COMMUNITY ED	A	-419,314	OTHER ADMINISTRATIVE AND GENERAL	5.06 42.13
42.16	PHYSICIAN FINDERS	A	-29,792	NONPATIENT TELEPHONES	5.01 42.16
42.17	PHYSICIAN FINDERS PR TAXES	A	-2,279	EMPLOYEE BENEFITS	4.00 42.17
42.18	MISC COSTS NRPC	A	-13,574	OTHER ADMINISTRATIVE AND GENERAL	5.06 42.18
42.20	MISC INCOME	B	-77,464	PURCHASING	5.03 42.20
42.22	OTHER REVENUE	B	-207,729	OPERATION OF PLANT	7.00 42.22
42.23	OTHER REVENUE	B	-22,080	OPERATION OF PLANT	7.00 42.23
42.24	OTHER REVENUE	B	-4,545	OPERATION OF PLANT	7.00 42.24
42.25	OTHER REVENUE	B	-215,390	OTHER ADMINISTRATIVE AND GENERAL	5.06 42.25
42.26	OTHER REVENUE	B	-294,451	EMPLOYEE BENEFITS	4.00 42.26
42.27	OTHER REVENUE	B	-31,873	EMPLOYEE BENEFITS	4.00 42.27
42.30	BABY PHOTO	B	-4,582	EMERGENCY	91.00 42.30
42.31	PROVIDER TAX GL 9300.9222	A	-3,334,480	OTHER ADMINISTRATIVE AND GENERAL	5.06 42.31
42.32	CARDIAC STRESS TEST	B	-2,368	ELECTROCARDIOLOGY	69.00 42.32
42.34	ACTIVITY REBATES	B	-83,060	OTHER ADMINISTRATIVE AND GENERAL	5.06 42.34
43.00	HEALTH RIDE	A	-165,345	OTHER ADMINISTRATIVE AND GENERAL	5.06 43.00
44.00	PHYS LOAN FORGIVENESS GL 9883.9769	A	-1,899,230	OTHER ADMINISTRATIVE AND GENERAL	5.06 44.00
45.01	FEDERAL INCOME TAX	A	-61,000	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.01
45.02	STATE INCOME TAX	A	-47,469	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.02
45.03	REVERSE GAIN ON ASSET DISPOSITION	A	-15,950	NEW CAP REL COSTS-MVBLE EQUIP	2.00 45.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,999,079		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
1/11/2012 8:01 pm

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	11	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MISC ACTVTY GL 9880.9105	0	33.00
34.00	POOL THERAPY	0	34.00
35.00	MISC ACTVTY GL 9880.9106	0	35.00
36.00	OB CLASSES	0	36.00
37.00		0	37.00
38.00	MISC INCOME	0	38.00
39.00	ADVERT PRINT & PROMOS	0	39.00
40.00		0	40.00
41.00	CAPITALIZE SERIES 2002 INTEREST	11	41.00
41.02	CARDIAC REHAB MISC INCOME	0	41.02
42.00		0	42.00
42.02	CRNA BENEFITS AJE 5	0	42.02
42.08	LOBBYING PORTION OF AHA DUES	0	42.08
42.09	DME DRUGS IN HHA EXP	0	42.09
42.13	COMMUNITY ED	0	42.13
42.16	PHYSICIAN FINDERS	0	42.16
42.17	PHYSICIAN FINDERS PR TAXES	0	42.17
42.18	MISC COSTS NRPC	0	42.18
42.20	MISC INCOME	0	42.20
42.22	OTHER REVENUE	0	42.22
42.23	OTHER REVENUE	0	42.23
42.24	OTHER REVENUE	0	42.24
42.25	OTHER REVENUE	0	42.25
42.26	OTHER REVENUE	0	42.26
42.27	OTHER REVENUE	0	42.27
42.30	BABY PHOTO	0	42.30
42.31	PROVIDER TAX GL 9300.9222	0	42.31
42.32	CARDIAC STRESS TEST	0	42.32

ADJUSTMENTS TO EXPENSES

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
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		Wkst. A-7 Ref.	
		5.00	
42.34	ACTIVITY REBATES	0	42.34
43.00	HEALTH RIDE	0	43.00
44.00	PHYS LOAN FORGIVENESS GL 9883.9769	0	44.00
45.01	FEDERAL INCOME TAX	0	45.01
45.02	STATE INCOME TAX	0	45.02
45.03	REVERSE GAIN ON ASSET DISPOSITION	9	45.03
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: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-8-1

Date/Time Prepared:  
1/11/2012 8:01 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	66.00	PHYSICAL THERAPY	RENTAL SPACE	1.00
2.00	90.01	CARDIAC REHAB	RENTAL SPACE	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	RENTAL SPACE-PR	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	RENTAL SPACE-COMM ED	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	ELBURN OCCUPANCY COS	4.01
4.02	66.00	PHYSICAL THERAPY	RENTAL SPACE	4.02
4.03	90.05	DIABETES EDUCATION	RENTAL SPACE	4.03
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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 140211  
 Period: From 09/01/2010 To 06/30/2011  
 Worksheet A-8-1  
 Date/Time Prepared: 1/11/2012 8:01 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	166,786	155,092	11,694	0	1.00
2.00	67,925	57,441	10,484	0	2.00
3.00	0	0	0	0	3.00
4.00	24,650	63,186	-38,536	0	4.00
4.01	0	0	0	0	4.01
4.02	15,424	22,977	-7,553	0	4.02
4.03	12,339	20,104	-7,765	0	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	287,124	318,800	-31,676	5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:  
1/11/2012 8:01 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	83,330	83,330	1.00
2.00	30.00	ADULTS & PEDIATRICS	745,832	745,832	2.00
3.00	91.00	EMERGENCY	764,600	764,600	3.00
4.00	60.00	LABORATORY	214,464	214,464	4.00
5.00	69.00	ELECTROCARDIOLOGY	1,156,265	1,156,265	5.00
6.00	90.06	WOUND CARE	2,850	0	6.00
7.00	65.00	RESPIRATORY THERAPY	38,042	792	7.00
8.00	66.00	PHYSICAL THERAPY	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	1,291,619	1,291,619	9.00
10.00	30.00	ADULTS & PEDIATRICS	428,104	428,104	10.00
11.00	91.00	EMERGENCY	39,663	0	11.00
12.00	91.00	EMERGENCY	20,833	0	12.00
13.00	90.06	WOUND CARE	0	0	13.00
15.00	90.04	PAIN CLINIC	0	0	15.00
16.00	50.00	SURGERY	21,450	21,450	16.00
200.00		TOTAL (lines 1.00 through 199.00)	4,807,052	4,706,456	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:  
1/11/2012 8:01 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	2,850	177,200	19	1,619	81	6.00
7.00	37,250	177,200	186	15,846	792	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	39,663	177,200	318	27,091	1,355	11.00
12.00	20,833	177,200	114	9,712	486	12.00
13.00	0	0	0	0	0	13.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
200.00	100,596		637	54,268	2,714	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:  
1/11/2012 8:01 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	1,619	6.00
7.00	0	0	0	0	15,846	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	27,091	11.00
12.00	0	0	0	0	9,712	12.00
13.00	0	0	0	0	0	13.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
200.00	0	0	0	0	54,268	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet A-8-2  
Date/Time Prepared:  
1/11/2012 8:01 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	83,330	1.00
2.00	0	745,832	2.00
3.00	0	764,600	3.00
4.00	0	214,464	4.00
5.00	0	1,156,265	5.00
6.00	1,231	1,231	6.00
7.00	21,404	22,196	7.00
8.00	0	0	8.00
9.00	0	1,291,619	9.00
10.00	0	428,104	10.00
11.00	12,572	12,572	11.00
12.00	11,121	11,121	12.00
13.00	0	0	13.00
15.00	0	0	15.00
16.00	0	21,450	16.00
200.00	46,328	4,752,784	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	6,662,514	6,662,514				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	5,739,898		5,739,898			2.00
4.00 EMPLOYEE BENEFITS	20,404,017	33,440	4,169	20,441,626		4.00
5.01 NONPATIENT TELEPHONES	329,969	8,130	95	97,021	435,215	5.01
5.02 IS	2,811,317	154,512	1,301,177	477,785	16,348	5.02
5.03 PURCHASING	1,064,029	105,042	687	258,121	6,978	5.03
5.04 PT REG	2,126,879	42,353	7,459	692,418	16,946	5.04
5.05 PT ACCTS	2,338,872	21,188	62	358,525	13,557	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	17,526,469	336,867	76,948	3,149,800	48,645	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	4,218,960	192,650	158,308	89,627	15,351	7.00
8.00 LAUNDRY & LINEN SERVICE	521,759	43,251	0	4,569	199	8.00
9.00 HOUSEKEEPING	1,099,721	79,478	917	305,072	2,791	9.00
10.00 DIETARY	1,334,595	199,030	9,836	308,221	2,392	10.00
11.00 CAFETERIA	-86,856	0	0	71,550	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,721,174	39,774	86,169	536,770	8,772	13.00
14.00 CENTRAL SERVICES & SUPPLY	-131,108	0	12,268	0	0	14.00
15.00 PHARMACY	1,665,335	59,396	245,670	569,727	4,984	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,091,820	63,057	23,237	404,805	37,281	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	11,548,952	2,400,718	675,089	3,685,791	74,362	30.00
31.00 INTENSIVE CARE UNIT	2,992,381	336,729	79,170	944,881	9,171	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	7,490,488	522,124	681,115	838,947	14,354	50.00
51.00 RECOVERY ROOM	688,615	41,432	120,400	210,709	1,994	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	286,311	24,643	58,596	470,629	2,592	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,361,406	273,257	494,948	807,518	21,731	54.00
54.01 ULTRASOUND	647,424	6,126	107,802	212,006	797	54.01
56.00 RADIOISOTOPE	763,510	19,484	87,895	82,817	1,794	56.00
57.00 CT SCAN	1,049,138	26,900	150,118	206,132	797	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	591,492	41,501	107,872	127,213	1,396	58.00
59.00 CARDIAC CATHETERIZATION	2,417,962	390,620	341,240	499,750	12,161	59.00
60.00 LABORATORY	5,729,000	209,094	223,933	725,062	17,544	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	1,549,143	75,241	171,197	428,318	6,380	64.00
65.00 RESPIRATORY THERAPY	934,090	64,048	42,007	298,916	4,785	65.00
66.00 PHYSICAL THERAPY	3,080,423	33,694	29,209	951,152	15,551	66.00
69.00 ELECTROCARDIOLOGY	838,159	91,915	182,962	224,374	9,171	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	4,764,671	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	7,251,405	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	1,444,742	173,420	164,059	403,215	14,554	75.00
75.01 LI THOTRIPSY	199,559	4,422	0	0	399	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 CARDIAC REHAB	516,810	0	2,735	117,664	5,782	90.01
90.03 GENETIC TESTING	49,643	0	0	16,569	399	90.03
90.04 CHRONIC PAIN CLINIC	273,009	0	26,723	54,950	5,981	90.04
90.05 DIABETES EDUCATION	199,754	0	135	65,592	1,396	90.05
90.06 WOUND CARE	329,823	0	2,127	95,009	1,994	90.06
90.07 SLEEP LAB	522,932	30,032	10,878	0	399	90.07
91.00 EMERGENCY	3,041,797	467,473	44,429	930,533	26,316	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	1,122,806	0	6,159	360,676	6,180	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	135,124,809	6,611,041	5,737,800	20,082,434	432,224	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	239,133	38,507	0	38,605	399	190.00
190.01 HOMEMAKERS	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	1,252,989	12,966	2,098	320,587	2,592	192.00
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)	136,616,931	6,662,514	5,739,898	20,441,626	435,215	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	IS	PURCHASING	PT REG	PT ACCTS	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 IS	4,761,139					5.02
5.03 PURCHASING	33	1,434,890				5.03
5.04 PT REG	0	1,849	2,887,904			5.04
5.05 PT ACCTS	0	568	0	2,732,772		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	0	8,016	0	0	21,146,745	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	0	632	0	0	4,675,528	7.00
8.00 LAUNDRY & LINEN SERVICE	0	5,235	0	0	575,013	8.00
9.00 HOUSEKEEPING	0	10,746	0	0	1,498,725	9.00
10.00 DIETARY	0	6,758	0	0	1,860,832	10.00
11.00 CAFETERIA	0	0	0	0	-15,306	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	7,404	246	0	0	2,400,309	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	-118,840	14.00
15.00 PHARMACY	1,197,394	555,769	0	0	4,298,275	15.00
16.00 MEDICAL RECORDS & LIBRARY	303	809	862	816	2,622,990	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	144,559	76,150	317,962	300,860	19,224,443	30.00
31.00 INTENSIVE CARE UNIT	9,760	19,874	87,912	83,183	4,563,061	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	106,879	317,178	322,165	304,837	10,598,087	50.00
51.00 RECOVERY ROOM	38,796	7,160	30,340	28,708	1,168,154	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	667,317	17,909	41,027	38,820	1,607,844	53.00
54.00 RADIOLOGY-DIAGNOSTIC	106,330	9,469	120,210	113,744	5,308,613	54.00
54.01 ULTRASOUND	17,506	1,110	64,552	61,080	1,118,403	54.01
56.00 RADIOISOTOPE	12,852	22,405	38,587	36,512	1,065,856	56.00
57.00 CT SCAN	633,950	18,130	221,219	209,321	2,515,705	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	47,890	9,443	106,883	101,134	1,134,824	58.00
59.00 CARDIAC CATHETERIZATION	168,888	67,176	105,656	99,973	4,103,426	59.00
60.00 LABORATORY	792,098	182,072	385,430	364,897	8,629,130	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	199,309	23,362	80,583	76,249	2,609,782	64.00
65.00 RESPIRATORY THERAPY	142,521	6,344	80,620	76,283	1,649,614	65.00
66.00 PHYSICAL THERAPY	211,512	2,248	95,078	89,965	4,508,832	66.00
69.00 ELECTROCARDIOLOGY	68,066	3,282	157,977	149,480	1,725,386	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	4,764,671	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	269,885	255,369	7,776,659	73.00
75.00 ASC (NON-DISTINCT PART)	27,793	21,676	64,980	61,485	2,375,924	75.00
75.01 LI THOTRI PSY	478	0	3,934	3,722	212,514	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 CARDIAC REHAB	38,151	295	7,885	7,461	696,783	90.01
90.03 GENETIC TESTING	229	0	173	164	67,177	90.03
90.04 CHRONIC PAIN CLINIC	3,952	2,376	7,113	6,730	380,834	90.04
90.05 DIABETES EDUCATION	8,112	83	2,440	2,308	279,820	90.05
90.06 WOUND CARE	13,351	3,205	6,844	6,476	458,829	90.06
90.07 SLEEP LAB	1,036	315	18,004	17,036	600,632	90.07
91.00 EMERGENCY	94,669	31,499	249,578	236,154	5,122,448	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	1,010	0	0	1,496,831	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	IS	PURCHASING	PT REG	PT ACCTS	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,761,138	1,434,399	2,887,899	2,732,767	134,708,553	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	481	0	0	317,125	190.00
190.01 HOMEMAKERS	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	1	10	5	5	1,591,253	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,761,139	1,434,890	2,887,904	2,732,772	136,616,931	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/11/2012 8:01 pm
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	IS						5.02
5.03	PURCHASING						5.03
5.04	PT REG						5.04
5.05	PT ACCTS						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	21,146,745					5.06
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	855,262	0	5,530,790			7.00
8.00	LAUNDRY & LINEN SERVICE	105,183	0	41,470	721,666		8.00
9.00	HOUSEKEEPING	274,151	0	76,205	0	1,849,081	9.00
10.00	DIETARY	340,389	0	190,833	0	189,057	10.00
11.00	CAFETERIA	0	0	0	0	78,774	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	439,072	0	38,136	0	27,571	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	134,966	14.00
15.00	PHARMACY	786,253	0	56,950	0	38,862	15.00
16.00	MEDICAL RECORDS & LIBRARY	479,805	0	60,461	0	194,571	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	3,516,647	0	2,301,860	293,426	175,403	30.00
31.00	INTENSIVE CARE UNIT	834,689	0	322,862	49,563	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,938,634	0	500,623	87,464	248,136	50.00
51.00	RECOVERY ROOM	213,682	0	39,726	26,753	64,069	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	294,112	0	23,628	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	971,067	0	262,004	27,126	210,326	54.00
54.01	ULTRASOUND	204,582	0	5,874	12,644	9,190	54.01
56.00	RADIOISOTOPE	194,970	0	18,681	2,568	17,068	56.00
57.00	CT SCAN	460,180	0	25,792	14,381	13,392	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	207,585	0	39,792	5,535	0	58.00
59.00	CARDIAC CATHETERIZATION	750,611	0	374,534	9,770	0	59.00
60.00	LABORATORY	1,578,466	0	200,483	0	130,764	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	477,389	0	72,142	0	0	64.00
65.00	RESPIRATORY THERAPY	301,752	0	61,410	51	20,481	65.00
66.00	PHYSICAL THERAPY	824,769	0	32,306	0	56,717	66.00
69.00	ELECTROCARDIOLOGY	315,613	0	88,130	12,611	34,135	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	871,568	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,422,530	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	434,611	0	166,278	36,655	54,879	75.00
75.01	LITHOTRIPSY	38,874	0	4,240	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CARDIAC REHAB	127,458	0	0	0	0	90.01
90.03	GENETIC TESTING	12,288	0	0	0	0	90.03
90.04	CHRONIC PAIN CLINIC	69,663	0	0	0	0	90.04
90.05	DIABETES EDUCATION	51,186	0	0	0	0	90.05
90.06	WOUND CARE	83,930	0	0	0	0	90.06
90.07	SLEEP LAB	109,869	0	28,795	0	0	90.07
91.00	EMERGENCY	937,014	0	448,222	143,119	150,720	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

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Cost Center Description		OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.06	6.00	7.00	8.00	9.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	273,805	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,797,659	0	5,481,437	721,666	1,849,081	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,009	0	36,921	0	0	190.00
190.01	HOMEMAKERS	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	291,077	0	12,432	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	21,146,745	0	5,530,790	721,666	1,849,081	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140211			Period: From 09/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/11/2012 8:01 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG							5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY	2,581,111						10.00
11.00	CAFETERIA	0	63,468					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	2,006	0	2,907,094			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	16,126		14.00
15.00	PHARMACY	0	1,987	0	0	206		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	2,708	0	0	1		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	2,157,153	17,496	0	895,958	5,241		30.00
31.00	INTENSIVE CARE UNIT	423,958	1,742	0	89,246	1,447		31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	6,612	0	338,608	771		50.00
51.00	RECOVERY ROOM	0	791	0	40,547	578		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	824	0	42,189	709		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,605	0	184,627	121		54.00
54.01	ULTRASOUND	0	764	0	39,117	88		54.01
56.00	RADIOISOTOPE	0	275	0	14,051	36		56.00
57.00	CT SCAN	0	794	0	40,643	572		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	432	0	22,107	136		58.00
59.00	CARDIAC CATHETERIZATION	0	1,636	0	83,794	483		59.00
60.00	LABORATORY	0	4,007	0	205,199	375		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0		62.30
64.00	INTRAVENOUS THERAPY	0	1,701	0	87,125	1,470		64.00
65.00	RESPIRATORY THERAPY	0	1,425	0	72,949	325		65.00
66.00	PHYSICAL THERAPY	0	3,908	0	200,166	18		66.00
69.00	ELECTROCARDIOLOGY	0	956	0	48,918	76		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
75.00	ASC (NON-DISTINCT PART)	0	1,809	0	92,612	763		75.00
75.01	LITHOTRIpsy	0	0	0	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00	CLINIC	0	0	0	0	0		90.00
90.01	CARDIAC REHAB	0	540	0	27,666	19		90.01
90.03	GENETIC TESTING	0	74	0	3,817	0		90.03
90.04	CHRONIC PAIN CLINIC	0	231	0	11,866	25		90.04
90.05	DIABETES EDUCATION	0	254	0	13,020	0		90.05
90.06	WOUND CARE	0	409	0	20,956	52		90.06
90.07	SLEEP LAB	0	0	0	0	5		90.07
91.00	EMERGENCY	0	4,078	0	208,807	2,563		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	CORF	0	0	0	0	0		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0		99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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To 06/30/2011

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	873	0	44,700	46	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,581,111	61,937	0	2,828,688	16,126	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	322	0	16,492	0	190.00
190.01	HOMEMAKERS	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,209	0	61,914	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,581,111	63,468	0	2,907,094	16,126	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140211		Period: From 09/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/11/2012 8:01 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	IS						5.02
5.03	PURCHASING						5.03
5.04	PT REG						5.04
5.05	PT ACCTS						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	5,182,533					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,360,536				16.00
17.00	SOCIAL SERVICE	0	0	0			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	15,894	91,914	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	2,867	7,990	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	56,036	111,216	0	0	0	50.00
51.00	RECOVERY ROOM	3,517	39,968	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	18,399	680,119	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	106	102,137	0	0	0	54.00
54.01	ULTRASOUND	647	14,733	0	0	0	54.01
56.00	RADIOISOTOPE	0	12,835	0	0	0	56.00
57.00	CT SCAN	4	682,012	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	546	56,963	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	119,169	161,322	0	0	0	59.00
60.00	LABORATORY	3,531	647,075	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	20,204	202,058	0	0	0	64.00
65.00	RESPIRATORY THERAPY	6,952	107,964	0	0	0	65.00
66.00	PHYSICAL THERAPY	22	178,435	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	22	84,538	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	4,922,427	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	2,041	34,598	0	0	0	75.00
75.01	LITHOTRIPSY	0	641	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CARDIAC REHAB	5	38,045	0	0	0	90.01
90.03	GENETIC TESTING	0	251	0	0	0	90.03
90.04	CHRONIC PAIN CLINIC	8	2,826	0	0	0	90.04
90.05	DIABETES EDUCATION	0	7,838	0	0	0	90.05
90.06	WOUND CARE	0	9,727	0	0	0	90.06
90.07	SLEEP LAB	0	660	0	0	0	90.07
91.00	EMERGENCY	10,120	84,528	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	16	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,182,533	3,360,393	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	HOMEMAKERS	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	143	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,182,533	3,360,536	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 NONPATIENT TELEPHONES							5.01
5.02 IS							5.02
5.03 PURCHASING							5.03
5.04 PT REG							5.04
5.05 PT ACCTS							5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 MAINTENANCE & REPAIRS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
12.00 MAINTENANCE OF PERSONNEL							12.00
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY							15.00
16.00 MEDICAL RECORDS & LIBRARY							16.00
17.00 SOCIAL SERVICE							17.00
19.00 NONPHYSICIAN ANESTHETISTS							19.00
20.00 NURSING SCHOOL							20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0					22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	0	0	0	28,695,435	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	6,297,425	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	0	13,886,187	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	1,597,785	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	2,667,824	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	7,069,732	0	0	54.00
54.01 ULTRASOUND	0	0	0	1,406,042	0	0	54.01
56.00 RADIOISOTOPE	0	0	0	1,326,340	0	0	56.00
57.00 CT SCAN	0	0	0	3,753,475	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,467,920	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	5,604,745	0	0	59.00
60.00 LABORATORY	0	0	0	11,399,030	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	0	0	0	3,471,871	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	2,222,923	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	5,805,173	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	2,310,385	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,636,239	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	14,121,616	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	3,200,170	0	0	75.00
75.01 LI THOTRI PSY	0	0	0	256,269	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
90.01 CARDIAC REHAB	0	0	0	890,516	0	0	90.01
90.03 GENETIC TESTING	0	0	0	83,607	0	0	90.03
90.04 CHRONIC PAIN CLINIC	0	0	0	465,453	0	0	90.04
90.05 DIABETES EDUCATION	0	0	0	352,118	0	0	90.05
90.06 WOUND CARE	0	0	0	573,903	0	0	90.06
90.07 SLEEP LAB	0	0	0	739,961	0	0	90.07
91.00 EMERGENCY	0	0	0	7,111,619	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	1,816,271	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	134,230,034	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	428,869	0	190.00
190.01 HOMEMAKERS	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	1,958,028	0	192.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	136,616,931	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/11/2012 8:01 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	NONPATIENT TELEPHONES		5.01
5.02	IS		5.02
5.03	PURCHASING		5.03
5.04	PT REG		5.04
5.05	PT ACCTS		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	28,695,435	30.00
31.00	INTENSIVE CARE UNIT	6,297,425	31.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	13,886,187	50.00
51.00	RECOVERY ROOM	1,597,785	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	2,667,824	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,069,732	54.00
54.01	ULTRASOUND	1,406,042	54.01
56.00	RADIOISOTOPE	1,326,340	56.00
57.00	CT SCAN	3,753,475	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,467,920	58.00
59.00	CARDIAC CATHETERIZATION	5,604,745	59.00
60.00	LABORATORY	11,399,030	60.00
60.01	BLOOD LABORATORY	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	62.30
64.00	INTRAVENOUS THERAPY	3,471,871	64.00
65.00	RESPIRATORY THERAPY	2,222,923	65.00
66.00	PHYSICAL THERAPY	5,805,173	66.00
69.00	ELECTROCARDIOLOGY	2,310,385	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,636,239	72.00
73.00	DRUGS CHARGED TO PATIENTS	14,121,616	73.00
75.00	ASC (NON-DISTINCT PART)	3,200,170	75.00
75.01	LITHOTRIpsy	256,269	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
90.01	CARDIAC REHAB	890,516	90.01
90.03	GENETIC TESTING	83,607	90.03
90.04	CHRONIC PAIN CLINIC	465,453	90.04
90.05	DIABETES EDUCATION	352,118	90.05
90.06	WOUND CARE	573,903	90.06
90.07	SLEEP LAB	739,961	90.07
91.00	EMERGENCY	7,111,619	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	CORF	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	HOME HEALTH AGENCY	1,816,271	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

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Cost Center Description		Total	
		26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	134,230,034	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	428,869	190.00
190.01	HOMEMAKERS	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	1,958,028	192.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	136,616,931	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	33,440	4,169	37,609	37,609
5.01	NONPATIENT TELEPHONES	27,783	8,130	95	36,008	179
5.02	IS	88,516	154,512	1,301,177	1,544,205	879
5.03	PURCHASING	0	105,042	687	105,729	475
5.04	PT REG	0	42,353	7,459	49,812	1,274
5.05	PT ACCTS	821	21,188	62	22,071	660
5.06	OTHER ADMINISTRATIVE AND GENERAL	2,460,341	336,867	76,948	2,874,156	5,795
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	192,650	158,308	350,958	165
8.00	LAUNDRY & LINEN SERVICE	0	43,251	0	43,251	8
9.00	HOUSEKEEPING	0	79,478	917	80,395	561
10.00	DIETARY	896	199,030	9,836	209,762	567
11.00	CAFETERIA	0	0	0	0	132
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	39,774	86,169	125,943	988
14.00	CENTRAL SERVICES & SUPPLY	0	0	12,268	12,268	0
15.00	PHARMACY	0	59,396	245,670	305,066	1,048
16.00	MEDICAL RECORDS & LIBRARY	0	63,057	23,237	86,294	745
17.00	SOCIAL SERVICE	0	0	0	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	27,440	2,400,718	675,089	3,103,247	6,780
31.00	INTENSIVE CARE UNIT	66,350	336,729	79,170	482,249	1,738
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	204,218	522,124	681,115	1,407,457	1,544
51.00	RECOVERY ROOM	0	41,432	120,400	161,832	388
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	0	24,643	58,596	83,239	866
54.00	RADIOLOGY-DIAGNOSTIC	143,900	273,257	494,948	912,105	1,486
54.01	ULTRASOUND	0	6,126	107,802	113,928	390
56.00	RADIOISOTOPE	0	19,484	87,895	107,379	152
57.00	CT SCAN	0	26,900	150,118	177,018	379
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	41,501	107,872	149,373	234
59.00	CARDIAC CATHETERIZATION	0	390,620	341,240	731,860	919
60.00	LABORATORY	0	209,094	223,933	433,027	1,334
60.01	BLOOD LABORATORY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	75,241	171,197	246,438	788
65.00	RESPIRATORY THERAPY	986	64,048	42,007	107,041	550
66.00	PHYSICAL THERAPY	0	33,694	29,209	62,903	1,750
69.00	ELECTROCARDIOLOGY	0	91,915	182,962	274,877	413
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	173,420	164,059	337,479	742
75.01	LITHOTRIpsy	0	4,422	0	4,422	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	0	0	0	0
90.01	CARDIAC REHAB	0	0	2,735	2,735	216
90.03	GENETIC TESTING	0	0	0	0	30
90.04	CHRONIC PAIN CLINIC	0	0	26,723	26,723	101
90.05	DIABETES EDUCATION	0	0	135	135	121
90.06	WOUND CARE	0	0	2,127	2,127	175
90.07	SLEEP LAB	0	30,032	10,878	40,910	0
91.00	EMERGENCY	0	467,473	44,429	511,902	1,712
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	3,544	0	6,159	9,703	664	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,024,795	6,611,041	5,737,800	15,373,636	36,948	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,507	0	38,507	71	190.00
190.01 HOMEMAKERS	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	12,966	2,098	15,064	590	192.00
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,024,795	6,662,514	5,739,898	15,427,207	37,609	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		NONPATIENT TELEPHONES	IS	PURCHASING	PT REG	PT ACCTS	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES	36,187					5.01
5.02	IS	1,359	1,546,443				5.02
5.03	PURCHASING	580	11	106,795			5.03
5.04	PT REG	1,409	0	138	52,633		5.04
5.05	PT ACCTS	1,127	0	42	0	23,900	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	4,045	0	597	0	0	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	1,276	0	47	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	17	0	390	0	0	8.00
9.00	HOUSEKEEPING	232	0	800	0	0	9.00
10.00	DIETARY	199	0	503	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	729	2,405	18	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	414	388,921	41,361	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,100	99	60	16	7	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	6,185	46,954	5,668	5,822	2,608	30.00
31.00	INTENSIVE CARE UNIT	763	3,170	1,479	1,610	721	31.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,194	34,715	23,608	5,899	2,642	50.00
51.00	RECOVERY ROOM	166	12,601	533	556	249	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	215	216,748	1,333	751	336	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,807	34,536	705	2,201	986	54.00
54.01	ULTRASOUND	66	5,686	83	1,182	529	54.01
56.00	RADIOISOTOPE	149	4,174	1,668	707	316	56.00
57.00	CT SCAN	66	205,910	1,349	4,051	1,814	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	116	15,555	703	1,957	877	58.00
59.00	CARDIAC CATHETERIZATION	1,011	54,856	5,000	1,935	867	59.00
60.00	LABORATORY	1,459	257,278	13,552	6,810	3,377	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	530	64,737	1,739	1,475	661	64.00
65.00	RESPIRATORY THERAPY	398	46,291	472	1,476	661	65.00
66.00	PHYSICAL THERAPY	1,293	68,700	167	1,741	780	66.00
69.00	ELECTROCARDIOLOGY	763	22,108	244	2,893	1,296	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	4,942	2,213	73.00
75.00	ASC (NON-DISTINCT PART)	1,210	9,027	1,613	1,190	533	75.00
75.01	LI THOTRI PSY	33	155	0	72	32	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CARDIAC REHAB	481	12,392	22	144	65	90.01
90.03	GENETIC TESTING	33	74	0	3	1	90.03
90.04	CHRONIC PAIN CLINIC	497	1,283	177	130	58	90.04
90.05	DIABETES EDUCATION	116	2,635	6	45	20	90.05
90.06	WOUND CARE	166	4,337	239	125	56	90.06
90.07	SLEEP LAB	33	336	23	330	148	90.07
91.00	EMERGENCY	2,188	30,749	2,344	4,570	2,047	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140211

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Cost Center Description		NONPATIENT TELEPHONES	IS	PURCHASING	PT REG	PT ACCTS	
		5.01	5.02	5.03	5.04	5.05	
101.00	HOME HEALTH AGENCY	514	0	75	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,939	1,546,443	106,758	52,633	23,900	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33	0	36	0	0	190.00
190.01	HOMEMAKERS	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	215	0	1	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	36,187	1,546,443	106,795	52,633	23,900	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140211

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	IS						5.02
5.03	PURCHASING						5.03
5.04	PT REG						5.04
5.05	PT ACCTS						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	2,884,593					5.06
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	116,664	0	469,110			7.00
8.00	LAUNDRY & LINEN SERVICE	14,348	0	3,517	61,531		8.00
9.00	HOUSEKEEPING	37,396	0	6,464	0	125,848	9.00
10.00	DIETARY	46,431	0	16,186	0	12,867	10.00
11.00	CAFETERIA	0	0	0	0	5,361	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	59,893	0	3,235	0	1,876	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	9,186	14.00
15.00	PHARMACY	107,251	0	4,830	0	2,645	15.00
16.00	MEDICAL RECORDS & LIBRARY	65,449	0	5,128	0	13,242	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	479,722	0	195,239	25,019	11,938	30.00
31.00	INTENSIVE CARE UNIT	113,857	0	27,384	4,226	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	264,443	0	42,462	7,457	16,889	50.00
51.00	RECOVERY ROOM	29,148	0	3,369	2,281	4,361	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	40,119	0	2,004	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	132,461	0	22,223	2,313	14,315	54.00
54.01	ULTRASOUND	27,906	0	498	1,078	625	54.01
56.00	RADIOISOTOPE	26,595	0	1,585	219	1,162	56.00
57.00	CT SCAN	62,772	0	2,188	1,226	911	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	28,316	0	3,375	472	0	58.00
59.00	CARDIAC CATHETERIZATION	102,389	0	31,767	833	0	59.00
60.00	LABORATORY	215,314	0	17,005	0	8,900	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	65,119	0	6,119	0	0	64.00
65.00	RESPIRATORY THERAPY	41,161	0	5,209	4	1,394	65.00
66.00	PHYSICAL THERAPY	112,504	0	2,740	0	3,860	66.00
69.00	ELECTROCARDIOLOGY	43,052	0	7,475	1,075	2,323	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	118,888	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	194,043	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	59,284	0	14,103	3,125	3,735	75.00
75.01	LITHOTRIpsy	5,303	0	360	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CARDIAC REHAB	17,386	0	0	0	0	90.01
90.03	GENETIC TESTING	1,676	0	0	0	0	90.03
90.04	CHRONIC PAIN CLINIC	9,503	0	0	0	0	90.04
90.05	DIABETES EDUCATION	6,982	0	0	0	0	90.05
90.06	WOUND CARE	11,449	0	0	0	0	90.06
90.07	SLEEP LAB	14,987	0	2,442	0	0	90.07
91.00	EMERGENCY	127,815	0	38,017	12,203	10,258	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.06	6.00	7.00	8.00	9.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	37,349	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,836,975	0	464,924	61,531	125,848	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,913	0	3,132	0	0	190.00
190.01	HOMEMAKERS	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	39,705	0	1,054	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,884,593	0	469,110	61,531	125,848	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140211

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 IS						5.02
5.03 PURCHASING						5.03
5.04 PT REG						5.04
5.05 PT ACCTS						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	286,515					10.00
11.00 CAFETERIA	0	2,319				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	73	0	195,160		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	2,350	14.00
15.00 PHARMACY	0	73	0	0	30	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	99	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	239,454	638	0	60,150	764	30.00
31.00 INTENSIVE CARE UNIT	47,061	64	0	5,991	211	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	242	0	22,732	112	50.00
51.00 RECOVERY ROOM	0	29	0	2,722	84	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	30	0	2,832	103	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	132	0	12,394	18	54.00
54.01 ULTRASOUND	0	28	0	2,626	13	54.01
56.00 RADIOISOTOPE	0	10	0	943	5	56.00
57.00 CT SCAN	0	29	0	2,728	83	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	16	0	1,484	20	58.00
59.00 CARDIAC CATHETERIZATION	0	60	0	5,625	70	59.00
60.00 LABORATORY	0	146	0	13,775	55	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	0	62	0	5,849	214	64.00
65.00 RESPIRATORY THERAPY	0	52	0	4,897	47	65.00
66.00 PHYSICAL THERAPY	0	143	0	13,438	3	66.00
69.00 ELECTROCARDIOLOGY	0	35	0	3,284	11	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
75.00 ASC (NON-DISTINCT PART)	0	66	0	6,217	111	75.00
75.01 LI THOTRI PSY	0	0	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 CARDIAC REHAB	0	20	0	1,857	3	90.01
90.03 GENETIC TESTING	0	3	0	256	0	90.03
90.04 CHRONIC PAIN CLINIC	0	8	0	797	4	90.04
90.05 DIABETES EDUCATION	0	9	0	874	0	90.05
90.06 WOUND CARE	0	15	0	1,407	8	90.06
90.07 SLEEP LAB	0	0	0	0	1	90.07
91.00 EMERGENCY	0	149	0	14,018	373	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	32	0	3,001	7	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	286,515	2,263	0	189,897	2,350	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12	0	1,107	0	190.00
190.01	HOMEMAKERS	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	44	0	4,156	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	3,174	0	0	19,104	201.00
202.00	TOTAL (sum lines 118-201)	286,515	5,493	0	195,160	21,454	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140211		Period: From 09/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/11/2012 8:01 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	IS						5.02
5.03	PURCHASING						5.03
5.04	PT REG						5.04
5.05	PT ACCTS						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	851,639					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	174,239				16.00
17.00	SOCIAL SERVICE	0	0	0			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	2,612	4,766	0			30.00
31.00	INTENSIVE CARE UNIT	471	414	0			31.00
41.00	SUBPROVIDER - IRF	0	0	0			41.00
42.00	SUBPROVIDER	0	0	0			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	9,208	5,766	0			50.00
51.00	RECOVERY ROOM	578	2,072	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	3,024	35,263	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	17	5,296	0			54.00
54.01	ULTRASOUND	106	764	0			54.01
56.00	RADIOISOTOPE	0	665	0			56.00
57.00	CT SCAN	1	35,363	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	90	2,953	0			58.00
59.00	CARDIAC CATHETERIZATION	19,583	8,364	0			59.00
60.00	LABORATORY	580	33,550	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0			62.30
64.00	INTRAVENOUS THERAPY	3,320	10,476	0			64.00
65.00	RESPIRATORY THERAPY	1,142	5,598	0			65.00
66.00	PHYSICAL THERAPY	4	9,252	0			66.00
69.00	ELECTROCARDIOLOGY	4	4,383	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	808,896	0	0			73.00
75.00	ASC (NON-DISTINCT PART)	335	1,794	0			75.00
75.01	LITHOTRIPSY	0	33	0			75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0			90.00
90.01	CARDIAC REHAB	1	1,973	0			90.01
90.03	GENETIC TESTING	0	13	0			90.03
90.04	CHRONIC PAIN CLINIC	1	147	0			90.04
90.05	DIABETES EDUCATION	0	406	0			90.05
90.06	WOUND CARE	0	504	0			90.06
90.07	SLEEP LAB	0	34	0			90.07
91.00	EMERGENCY	1,663	4,383	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140211

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	HOME HEALTH AGENCY	3	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE	0	0	0			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	851,639	174,232	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	HOMEMAKERS	0	0	0			190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	7	0			192.00
200.00	Cross Foot Adjustments				0		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118-201)	851,639	174,239	0	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 IS						5.02
5.03 PURCHASING						5.03
5.04 PT REG						5.04
5.05 PT ACCTS						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 PARAMED PRGM-(SPECIFY)			0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS				4,197,566	0	30.00
31.00 INTENSIVE CARE UNIT				691,409	0	31.00
41.00 SUBPROVIDER - IRF				0	0	41.00
42.00 SUBPROVIDER				0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM				1,846,370	0	50.00
51.00 RECOVERY ROOM				220,969	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM				0	0	52.00
53.00 ANESTHESIOLOGY				386,863	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC				1,142,995	0	54.00
54.01 ULTRASOUND				155,508	0	54.01
56.00 RADIOISOTOPE				145,729	0	56.00
57.00 CT SCAN				495,888	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)				205,541	0	58.00
59.00 CARDIAC CATHETERIZATION				965,139	0	59.00
60.00 LABORATORY				1,006,162	0	60.00
60.01 BLOOD LABORATORY				0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS				0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS				0	0	62.30
64.00 INTRAVENOUS THERAPY				407,527	0	64.00
65.00 RESPIRATORY THERAPY				216,393	0	65.00
66.00 PHYSICAL THERAPY				279,278	0	66.00
69.00 ELECTROCARDIOLOGY				364,236	0	69.00
70.00 ELECTROENCEPHALOGRAPHY				0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS				118,888	0	72.00
73.00 DRUGS CHARGED TO PATIENTS				1,010,094	0	73.00
75.00 ASC (NON-DISTINCT PART)				440,564	0	75.00
75.01 LI THOTRI PSY				10,410	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC				0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00 CLINIC				0	0	90.00
90.01 CARDIAC REHAB				37,295	0	90.01
90.03 GENETIC TESTING				2,089	0	90.03
90.04 CHRONIC PAIN CLINIC				39,429	0	90.04
90.05 DIABETES EDUCATION				11,349	0	90.05
90.06 WOUND CARE				20,608	0	90.06
90.07 SLEEP LAB				59,244	0	90.07
91.00 EMERGENCY				764,391	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
24.00	25.00						
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF				0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY				0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY				0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY				0	0	99.40
101.00	HOME HEALTH AGENCY				51,348	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION				0	0	109.00
110.00	INTESTINAL ACQUISITION				0	0	110.00
111.00	ISLET ACQUISITION				0	0	111.00
113.00	INTEREST EXPENSE				0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	15,293,282	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN				50,811	0	190.00
190.01	HOMEMAKERS				0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES				60,836	0	192.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	22,278	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	15,427,207	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/11/2012 8:01 pm
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Cost Center Description	Total	
	26.00	
<b>GENERAL SERVICE COST CENTERS</b>		
1.00 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00 EMPLOYEE BENEFITS		4.00
5.01 NONPATIENT TELEPHONES		5.01
5.02 IS		5.02
5.03 PURCHASING		5.03
5.04 PT REG		5.04
5.05 PT ACCTS		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00 MAINTENANCE & REPAIRS		6.00
7.00 OPERATION OF PLANT		7.00
8.00 LAUNDRY & LINEN SERVICE		8.00
9.00 HOUSEKEEPING		9.00
10.00 DIETARY		10.00
11.00 CAFETERIA		11.00
12.00 MAINTENANCE OF PERSONNEL		12.00
13.00 NURSING ADMINISTRATION		13.00
14.00 CENTRAL SERVICES & SUPPLY		14.00
15.00 PHARMACY		15.00
16.00 MEDICAL RECORDS & LIBRARY		16.00
17.00 SOCIAL SERVICE		17.00
19.00 NONPHYSICIAN ANESTHETISTS		19.00
20.00 NURSING SCHOOL		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00 PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>		
30.00 ADULTS & PEDIATRICS	4,197,566	30.00
31.00 INTENSIVE CARE UNIT	691,409	31.00
41.00 SUBPROVIDER - IRF	0	41.00
42.00 SUBPROVIDER	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>		
50.00 OPERATING ROOM	1,846,370	50.00
51.00 RECOVERY ROOM	220,969	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00 ANESTHESIOLOGY	386,863	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,142,995	54.00
54.01 ULTRASOUND	155,508	54.01
56.00 RADIOISOTOPE	145,729	56.00
57.00 CT SCAN	495,888	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	205,541	58.00
59.00 CARDIAC CATHETERIZATION	965,139	59.00
60.00 LABORATORY	1,006,162	60.00
60.01 BLOOD LABORATORY	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	62.30
64.00 INTRAVENOUS THERAPY	407,527	64.00
65.00 RESPIRATORY THERAPY	216,393	65.00
66.00 PHYSICAL THERAPY	279,278	66.00
69.00 ELECTROCARDIOLOGY	364,236	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	118,888	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,010,094	73.00
75.00 ASC (NON-DISTINCT PART)	440,564	75.00
75.01 LI THOTRI PSY	10,410	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>		
88.00 RURAL HEALTH CLINIC	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00 CLINIC	0	90.00
90.01 CARDIAC REHAB	37,295	90.01
90.03 GENETIC TESTING	2,089	90.03
90.04 CHRONIC PAIN CLINIC	39,429	90.04
90.05 DIABETES EDUCATION	11,349	90.05
90.06 WOUND CARE	20,608	90.06
90.07 SLEEP LAB	59,244	90.07
91.00 EMERGENCY	764,391	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>		
99.10 CORF	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00 HOME HEALTH AGENCY	51,348	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/11/2012 8:01 pm
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Cost Center Description		Total	
		26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	15,293,282	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	50,811	190.00
190.01	HOMEMAKERS	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	60,836	192.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	22,278	201.00
202.00	TOTAL (sum lines 118-201)	15,427,207	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period: From 09/01/2010 To 06/30/2011

Worksheet B-1

Date/Time Prepared: 1/11/2012 8:01 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIENT TE)	IS (DATA PRODUCED)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (NEW MME DE PT)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	289,291					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		5,537,572				2.00
4.00 EMPLOYEE BENEFITS	1,452	4,022	57,333,065			4.00
5.01 NONPATIENT TELEPHONES	353	92	272,117	2,183		5.01
5.02 IS	6,709	1,255,309	1,340,052	82	3,327,838	5.02
5.03 PURCHASING	4,561	663	723,958	35	23	5.03
5.04 PT REG	1,839	7,196	1,942,039	85	0	5.04
5.05 PT ACCTS	920	60	1,005,561	68	0	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	14,627	74,236	8,834,303	244	0	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	8,365	152,728	251,379	77	0	7.00
8.00 LAUNDRY & LINEN SERVICE	1,878	0	12,816	1	0	8.00
9.00 HOUSEKEEPING	3,451	885	855,640	14	0	9.00
10.00 DIETARY	8,642	9,489	864,472	12	0	10.00
11.00 CAFETERIA	0	0	200,677	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,727	83,132	1,505,490	44	5,175	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	11,836	0	0	0	14.00
15.00 PHARMACY	2,579	237,010	1,597,923	25	836,927	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,738	22,418	1,135,363	187	212	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	104,241	651,293	10,337,660	373	101,041	30.00
31.00 INTENSIVE CARE UNIT	14,621	76,379	2,650,126	46	6,822	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	22,671	657,106	2,353,010	72	74,704	50.00
51.00 RECOVERY ROOM	1,799	116,156	590,979	10	27,117	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	1,070	56,531	1,319,981	13	466,427	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,865	477,502	2,264,862	109	74,320	54.00
54.01 ULTRASOUND	266	104,002	594,617	4	12,236	54.01
56.00 RADIOISOTOPE	846	84,797	232,278	9	8,983	56.00
57.00 CT SCAN	1,168	144,826	578,141	4	443,105	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,802	104,070	356,798	7	33,473	58.00
59.00 CARDIAC CATHETERIZATION	16,961	329,212	1,401,658	61	118,046	59.00
60.00 LABORATORY	9,079	216,040	2,033,596	88	553,644	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	3,267	165,162	1,201,312	32	139,309	64.00
65.00 RESPIRATORY THERAPY	2,781	40,526	838,374	24	99,616	65.00
66.00 PHYSICAL THERAPY	1,463	28,179	2,667,713	78	147,838	66.00
69.00 ELECTROCARDIOLOGY	3,991	176,513	629,306	46	47,575	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
75.00 ASC (NON-DISTINCT PART)	7,530	158,276	1,130,906	73	19,426	75.00
75.01 LI THOTRI PSY	192	0	0	2	334	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 CARDIAC REHAB	0	2,639	330,015	29	26,666	90.01
90.03 GENETIC TESTING	0	0	46,472	2	160	90.03
90.04 CHRONIC PAIN CLINIC	0	25,781	154,120	30	2,762	90.04
90.05 DIABETES EDUCATION	0	130	183,968	7	5,670	90.05
90.06 WOUND CARE	0	2,052	266,473	10	9,332	90.06
90.07 SLEEP LAB	1,304	10,495	0	2	724	90.07
91.00 EMERGENCY	20,298	42,863	2,609,882	132	66,170	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIENT TE)	IS (DATA PRODUCED)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (NEW MME DE PT)				
	1.00	2.00				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	5,942	1,011,596	31	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	287,056	5,535,548	56,325,633	2,168	3,327,837	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,672	0	108,277	2	0	190.00
190.01 HOMEMAKERS	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	563	2,024	899,155	13	1	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,662,514	5,739,898	20,441,626	435,215	4,761,139	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.030492	1.036537	0.356542	199.365552	1.430700	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			37,609	36,187	1,546,443	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000656	16.576729	0.464699	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	PURCHASING (PURCHASING)	PT REG (GROSS CHARGES)	PT ACCTS (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 IS						5.02
5.03 PURCHASING	18,889,015					5.03
5.04 PT REG	24,337	550,815,340				5.04
5.05 PT ACCTS	7,480	0	550,815,340			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	105,526	0	0	-21,146,745	115,604,332	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	8,325	0	0	0	4,675,528	7.00
8.00 LAUNDRY & LINEN SERVICE	68,909	0	0	0	575,013	8.00
9.00 HOUSEKEEPING	141,459	0	0	0	1,498,725	9.00
10.00 DIETARY	88,966	0	0	0	1,860,832	10.00
11.00 CAFETERIA	0	0	0	15,306	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	3,234	0	0	0	2,400,309	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	118,840	0	14.00
15.00 PHARMACY	7,316,147	0	0	0	4,298,275	15.00
16.00 MEDICAL RECORDS & LIBRARY	10,648	164,476	164,476	0	2,622,990	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	1,002,449	60,645,026	60,645,026	0	19,224,443	30.00
31.00 INTENSIVE CARE UNIT	261,622	16,767,408	16,767,408	0	4,563,061	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	4,175,369	61,446,609	61,446,609	0	10,598,087	50.00
51.00 RECOVERY ROOM	94,251	5,786,677	5,786,677	0	1,168,154	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	235,750	7,825,062	7,825,062	0	1,607,844	53.00
54.00 RADIOLOGY-DIAGNOSTIC	124,657	22,927,651	22,927,651	0	5,308,613	54.00
54.01 ULTRASOUND	14,615	12,311,998	12,311,998	0	1,118,403	54.01
56.00 RADIOISOTOPE	294,945	7,359,760	7,359,760	0	1,065,856	56.00
57.00 CT SCAN	238,660	42,193,221	42,193,221	0	2,515,705	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	124,306	20,385,859	20,385,859	0	1,134,824	58.00
59.00 CARDIAC CATHETERIZATION	884,315	20,151,774	20,151,774	0	4,103,426	59.00
60.00 LABORATORY	2,396,824	73,517,653	73,517,653	0	8,629,130	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	307,544	15,369,726	15,369,726	0	2,609,782	64.00
65.00 RESPIRATORY THERAPY	83,519	15,376,637	15,376,637	0	1,649,614	65.00
66.00 PHYSICAL THERAPY	29,595	18,134,348	18,134,348	0	4,508,832	66.00
69.00 ELECTROCARDIOLOGY	43,211	30,131,003	30,131,003	0	1,725,386	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	4,764,671	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	51,475,211	51,475,211	0	7,776,659	73.00
75.00 ASC (NON-DISTINCT PART)	285,340	12,393,694	12,393,694	0	2,375,924	75.00
75.01 LI THOTRI PSY	0	750,284	750,284	0	212,514	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 CARDIAC REHAB	3,880	1,503,966	1,503,966	0	696,783	90.01
90.03 GENETIC TESTING	0	32,960	32,960	0	67,177	90.03
90.04 CHRONIC PAIN CLINIC	31,281	1,356,580	1,356,580	0	380,834	90.04
90.05 DIABETES EDUCATION	1,093	465,325	465,325	0	279,820	90.05
90.06 WOUND CARE	42,187	1,305,342	1,305,342	0	458,829	90.06
90.07 SLEEP LAB	4,153	3,433,970	3,433,970	0	600,632	90.07
91.00 EMERGENCY	414,656	47,602,120	47,602,120	0	5,122,448	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	PURCHASING (PURCHASING)	PT REG (GROSS CHARGES)	PT ACCTS (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	13,301	0	0	0	1,496,831	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	18,882,554	550,814,340	550,814,340	-21,012,599	113,695,954	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,335	0	0	0	317,125	190.00
190.01 HOMEMAKERS	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	126	1,000	1,000	0	1,591,253	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,434,890	2,887,904	2,732,772		21,146,745	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.075964	0.005243	0.004961		0.182923	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	106,795	52,633	23,900		2,884,593	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.005654	0.000096	0.000043		0.024952	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	MAINTENANCE & REPAIRS (SQARE FEET)	OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 IS						5.02
5.03 PURCHASING						5.03
5.04 PT REG						5.04
5.05 PT ACCTS						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS	258,830					6.00
7.00 OPERATION OF PLANT	8,365	250,465				7.00
8.00 LAUNDRY & LINEN SERVICE	1,878	1,878	407,973			8.00
9.00 HOUSEKEEPING	3,451	3,451	0	7,042		9.00
10.00 DIETARY	8,642	8,642	0	720	294,422	10.00
11.00 CAFETERIA	0	0	0	300	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,727	1,727	0	105	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	514	0	14.00
15.00 PHARMACY	2,579	2,579	0	148	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,738	2,738	0	741	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	104,241	104,241	165,880	668	246,062	30.00
31.00 INTENSIVE CARE UNIT	14,621	14,621	28,019	0	48,360	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	22,671	22,671	49,445	945	0	50.00
51.00 RECOVERY ROOM	1,799	1,799	15,124	244	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	1,070	1,070	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,865	11,865	15,335	801	0	54.00
54.01 ULTRASOUND	266	266	7,148	35	0	54.01
56.00 RADIOISOTOPE	846	846	1,452	65	0	56.00
57.00 CT SCAN	1,168	1,168	8,130	51	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,802	1,802	3,129	0	0	58.00
59.00 CARDIAC CATHETERIZATION	16,961	16,961	5,523	0	0	59.00
60.00 LABORATORY	9,079	9,079	0	498	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	3,267	3,267	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,781	2,781	29	78	0	65.00
66.00 PHYSICAL THERAPY	1,463	1,463	0	216	0	66.00
69.00 ELECTROCARDIOLOGY	3,991	3,991	7,129	130	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
75.00 ASC (NON-DISTINCT PART)	7,530	7,530	20,722	209	0	75.00
75.01 LI THOTRI PSY	192	192	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 CARDIAC REHAB	0	0	0	0	0	90.01
90.03 GENETIC TESTING	0	0	0	0	0	90.03
90.04 CHRONIC PAIN CLINIC	0	0	0	0	0	90.04
90.05 DIABETES EDUCATION	0	0	0	0	0	90.05
90.06 WOUND CARE	0	0	0	0	0	90.06
90.07 SLEEP LAB	1,304	1,304	0	0	0	90.07
91.00 EMERGENCY	20,298	20,298	80,908	574	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	256,595	248,230	407,973	7,042	294,422	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,672	1,672	0	0	0	190.00
190.01	HOMEMAKERS	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	563	563	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	5,530,790	721,666	1,849,081	2,581,111	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	22.082087	1.768906	262.578955	8.766706	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	469,110	61,531	125,848	286,515	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.872956	0.150821	17.871059	0.973144	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COST)	PHARMACY (PHARMACY STAT)	
	11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 IS						5.02
5.03 PURCHASING						5.03
5.04 PT REG						5.04
5.05 PT ACCTS						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	70,741					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	2,236	0	1,088,298			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	2,011,667		14.00
15.00 PHARMACY	2,215	0	0	25,743	7,616,309	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,018	0	0	108	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	19,501	0	335,411	653,758	23,358	30.00
31.00 INTENSIVE CARE UNIT	1,942	0	33,410	180,522	4,213	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	7,370	0	126,761	96,164	82,351	50.00
51.00 RECOVERY ROOM	882	0	15,179	72,151	5,169	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	918	0	15,794	88,472	27,040	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,018	0	69,117	15,054	156	54.00
54.01 ULTRASOUND	851	0	14,644	10,919	951	54.01
56.00 RADIOISOTOPE	306	0	5,260	4,456	0	56.00
57.00 CT SCAN	885	0	15,215	71,329	6	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	481	0	8,276	16,954	802	58.00
59.00 CARDIAC CATHETERIZATION	1,824	0	31,369	60,214	175,132	59.00
60.00 LABORATORY	4,466	0	76,818	46,827	5,189	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	1,896	0	32,616	183,336	29,692	64.00
65.00 RESPIRATORY THERAPY	1,588	0	27,309	40,584	10,217	65.00
66.00 PHYSICAL THERAPY	4,356	0	74,934	2,277	32	66.00
69.00 ELECTROCARDIOLOGY	1,065	0	18,313	9,532	33	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	7,234,052	73.00
75.00 ASC (NON-DISTINCT PART)	2,016	0	34,670	95,138	3,000	75.00
75.01 LI THOTRI PSY	0	0	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 CARDIAC REHAB	602	0	10,357	2,386	7	90.01
90.03 GENETIC TESTING	83	0	1,429	0	0	90.03
90.04 CHRONIC PAIN CLINIC	258	0	4,442	3,098	12	90.04
90.05 DIABETES EDUCATION	283	0	4,874	19	0	90.05
90.06 WOUND CARE	456	0	7,845	6,545	0	90.06
90.07 SLEEP LAB	0	0	0	592	0	90.07
91.00 EMERGENCY	4,545	0	78,169	319,683	14,873	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COST)	PHARMACY (PHARMACY STAT)	
		11.00	12.00	13.00	14.00	15.00	
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	973	0	16,734	5,789	24	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	69,034	0	1,058,946	2,011,650	7,616,309	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	359	0	6,174	17	0	190.00
190.01	HOMEMAKERS	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	1,348	0	23,178	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	63,468	0	2,907,094	16,126	5,182,533	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.897188	0.000000	2.671230	0.008016	0.680452	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,493	0	195,160	21,454	851,639	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.032782	0.000000	0.179326	0.001168	0.111818	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (DATA PRODUCED)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	NONPATIENT TELEPHONES					5.01
5.02	IS					5.02
5.03	PURCHASING					5.03
5.04	PT REG					5.04
5.05	PT ACCTS					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY	3,065,147				16.00
17.00	SOCIAL SERVICE	0	0			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	NURSING SCHOOL	0	0		0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	83,835	0		0	30.00
31.00	INTENSIVE CARE UNIT	7,288	0		0	31.00
41.00	SUBPROVIDER - IRF	0	0		0	41.00
42.00	SUBPROVIDER	0	0		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	101,440	0	0	0	50.00
51.00	RECOVERY ROOM	36,455	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	620,337	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	93,159	0	0	0	54.00
54.01	ULTRASOUND	13,438	0	0	0	54.01
56.00	RADIOISOTOPE	11,707	0	0	0	56.00
57.00	CT SCAN	622,062	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	51,956	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	147,142	0	0	0	59.00
60.00	LABORATORY	590,198	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	184,297	0	0	0	64.00
65.00	RESPIRATORY THERAPY	98,474	0	0	0	65.00
66.00	PHYSICAL THERAPY	162,751	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	77,107	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	31,557	0	0	0	75.00
75.01	LITHOTRIPSY	585	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	90.00
90.01	CARDIAC REHAB	34,701	0	0	0	90.01
90.03	GENETIC TESTING	229	0	0	0	90.03
90.04	CHRONIC PAIN CLINIC	2,578	0	0	0	90.04
90.05	DIABETES EDUCATION	7,149	0	0	0	90.05
90.06	WOUND CARE	8,872	0	0	0	90.06
90.07	SLEEP LAB	602	0	0	0	90.07
91.00	EMERGENCY	77,098	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (DATA PRODUCED)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0	0		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,065,017	0	0	0		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	HOMEMAKERS	0	0	0	0		190.01
192.00	PHYSICIANS' PRIVATE OFFICES	130	0	0	0		192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,360,536	0	0	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.096370	0.000000	0.000000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	174,239	0	0	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.056845	0.000000	0.000000	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B-1  
Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00			
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 NONPATIENT TELEPHONES					5.01
5.02 IS					5.02
5.03 PURCHASING					5.03
5.04 PT REG					5.04
5.05 PT ACCTS					5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 PARAMED PRGM-(SPECIFY)			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	0	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0		31.00
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 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 ULTRASOUND	0	0	0		54.01
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0		62.30
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
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
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 LI THOTRI PSY	0	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 CARDIAC REHAB	0	0	0		90.01
90.03 GENETIC TESTING	0	0	0		90.03
90.04 CHRONIC PAIN CLINIC	0	0	0		90.04
90.05 DIABETES EDUCATION	0	0	0		90.05
90.06 WOUND CARE	0	0	0		90.06
90.07 SLEEP LAB	0	0	0		90.07
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0		99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00 HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
190.01 HOMEMAKERS	0	0	0		190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/11/2012 8:01 pm
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		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		28,695,435	0	28,695,435	30.00
31.00	INTENSIVE CARE UNIT		6,297,425	0	6,297,425	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		13,886,187	0	13,886,187	50.00
51.00	RECOVERY ROOM		1,597,785	0	1,597,785	51.00
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	ANESTHESIOLOGY		2,667,824	0	2,667,824	53.00
54.00	RADIOLOGY-DIAGNOSTIC		7,069,732	0	7,069,732	54.00
54.01	ULTRASOUND		1,406,042	0	1,406,042	54.01
56.00	RADIOISOTOPE		1,326,340	0	1,326,340	56.00
57.00	CT SCAN		3,753,475	0	3,753,475	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,467,920	0	1,467,920	58.00
59.00	CARDIAC CATHETERIZATION		5,604,745	0	5,604,745	59.00
60.00	LABORATORY		11,399,030	0	11,399,030	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS		0	0	0	62.30
64.00	INTRAVENOUS THERAPY		3,471,871	0	3,471,871	64.00
65.00	RESPIRATORY THERAPY	0	2,222,923	21,404	2,244,327	65.00
66.00	PHYSICAL THERAPY	0	5,805,173	0	5,805,173	66.00
69.00	ELECTROCARDIOLOGY		2,310,385	0	2,310,385	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		5,636,239	0	5,636,239	72.00
73.00	DRUGS CHARGED TO PATIENTS		14,121,616	0	14,121,616	73.00
75.00	ASC (NON-DISTINCT PART)		3,200,170	0	3,200,170	75.00
75.01	LITHOTRIPSY		256,269	0	256,269	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		0	0	0	90.00
90.01	CARDIAC REHAB		890,516	0	890,516	90.01
90.03	GENETIC TESTING		83,607	0	83,607	90.03
90.04	CHRONIC PAIN CLINIC		465,453	0	465,453	90.04
90.05	DIABETES EDUCATION		352,118	0	352,118	90.05
90.06	WOUND CARE		573,903	1,231	575,134	90.06
90.07	SLEEP LAB		739,961	0	739,961	90.07
91.00	EMERGENCY		7,111,619	23,693	7,135,312	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,263,332	0	3,263,332	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF		0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
101.00	HOME HEALTH AGENCY		1,816,271	0	1,816,271	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		137,493,366	46,328	137,539,694	200.00
201.00	Less Observation Beds		3,263,332	0	3,263,332	201.00
202.00	Total (see instructions)		134,230,034	46,328	134,276,362	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/11/2012 8:01 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	54,592,752		54,592,752		30.00
31.00	INTENSIVE CARE UNIT	16,688,613		16,688,613		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	24,236,712	21,451,087	45,687,799	0.303936	50.00
51.00	RECOVERY ROOM	3,073,832	2,712,845	5,786,677	0.276114	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	1,576,825	2,255,485	3,832,310	0.696140	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,069,440	18,784,293	22,853,733	0.309347	54.00
54.01	ULTRASOUND	2,319,400	9,992,598	12,311,998	0.114201	54.01
56.00	RADIOISOTOPE	1,339,554	6,020,206	7,359,760	0.180215	56.00
57.00	CT SCAN	9,005,918	33,187,303	42,193,221	0.088959	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,210,715	17,175,144	20,385,859	0.072007	58.00
59.00	CARDIAC CATHETERIZATION	10,779,770	7,409,632	18,189,402	0.308132	59.00
60.00	LABORATORY	30,673,321	52,367,624	83,040,945	0.137270	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0.000000	62.30
64.00	INTRAVENOUS THERAPY	9,186,605	6,183,121	15,369,726	0.225890	64.00
65.00	RESPIRATORY THERAPY	13,383,611	1,990,929	15,374,540	0.144585	65.00
66.00	PHYSICAL THERAPY	5,770,497	12,363,851	18,134,348	0.320120	66.00
69.00	ELECTROCARDIOLOGY	9,225,892	15,343,037	24,568,929	0.094037	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	14,806,956	3,023,797	17,830,753	0.316097	72.00
73.00	DRUGS CHARGED TO PATIENTS	26,847,528	24,627,683	51,475,211	0.274338	73.00
75.00	ASC (NON-DISTINCT PART)	1,789,318	10,583,063	12,372,381	0.258654	75.00
75.01	LITHOTRIpsy	731,586	18,698	750,284	0.341563	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	CARDIAC REHAB	43,635	1,460,331	1,503,966	0.592112	90.01
90.03	GENETIC TESTING	206	32,754	32,960	2.536620	90.03
90.04	CHRONIC PAIN CLINIC	32,005	1,310,235	1,342,240	0.346773	90.04
90.05	DIABETES EDUCATION	22,665	442,660	465,325	0.756714	90.05
90.06	WOUND CARE	6,134	1,299,208	1,305,342	0.439657	90.06
90.07	SLEEP LAB	0	3,433,970	3,433,970	0.215483	90.07
91.00	EMERGENCY	12,397,455	35,204,665	47,602,120	0.149397	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	579,648	5,551,421	6,131,069	0.532262	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	2,233,139	2,233,139		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	256,390,593	296,458,779	552,849,372		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	256,390,593	296,458,779	552,849,372		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/11/2012 8:01 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.303936		50.00
51.00	RECOVERY ROOM	0.276114		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.696140		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.309347		54.00
54.01	ULTRASOUND	0.114201		54.01
56.00	RADIOISOTOPE	0.180215		56.00
57.00	CT SCAN	0.088959		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.072007		58.00
59.00	CARDIAC CATHETERIZATION	0.308132		59.00
60.00	LABORATORY	0.137270		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0.000000		62.30
64.00	INTRAVENOUS THERAPY	0.225890		64.00
65.00	RESPIRATORY THERAPY	0.145977		65.00
66.00	PHYSICAL THERAPY	0.320120		66.00
69.00	ELECTROCARDIOLOGY	0.094037		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.316097		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.274338		73.00
75.00	ASC (NON-DISTINCT PART)	0.258654		75.00
75.01	LITHOTRIPSY	0.341563		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
90.01	CARDIAC REHAB	0.592112		90.01
90.03	GENETIC TESTING	2.536620		90.03
90.04	CHRONIC PAIN CLINIC	0.346773		90.04
90.05	DIABETES EDUCATION	0.756714		90.05
90.06	WOUND CARE	0.440600		90.06
90.07	SLEEP LAB	0.215483		90.07
91.00	EMERGENCY	0.149895		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.532262		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140211		Period: From 09/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/11/2012 8:01 pm	
		Title XVIII		Hospital		PPS	
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)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,197,566	0	4,197,566	24,164	173.71	30.00
31.00	INTENSIVE CARE UNIT	691,409		691,409	4,209	164.27	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30-199)	4,888,975		4,888,975	28,373		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140211		Period: From 09/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/11/2012 8:01 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,063	1,921,754				30.00
31.00	INTENSIVE CARE UNIT	2,305	378,642				31.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
200.00	Total (lines 30-199)	13,368	2,300,396				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/11/2012 8:01 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,846,370	45,687,799	0.040413	10,459,981	422,719	50.00
51.00	RECOVERY ROOM	220,969	5,786,677	0.038186	1,437,046	54,875	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	386,863	3,832,310	0.100948	633,842	63,985	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,142,995	22,853,733	0.050013	2,552,955	127,681	54.00
54.01	ULTRASOUND	155,508	12,311,998	0.012631	1,378,214	17,408	54.01
56.00	RADIOISOTOPE	145,729	7,359,760	0.019801	913,180	18,082	56.00
57.00	CT SCAN	495,888	42,193,221	0.011753	4,822,151	56,675	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	205,541	20,385,859	0.010083	1,627,619	16,411	58.00
59.00	CARDIAC CATHETERIZATION	965,139	18,189,402	0.053061	5,506,220	292,166	59.00
60.00	LABORATORY	1,006,162	83,040,945	0.012116	16,848,299	204,134	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	407,527	15,369,726	0.026515	4,518,361	119,804	64.00
65.00	RESPIRATORY THERAPY	216,393	15,374,540	0.014075	8,810,037	124,001	65.00
66.00	PHYSICAL THERAPY	279,278	18,134,348	0.015400	4,220,316	64,993	66.00
69.00	ELECTROCARDIOLOGY	364,236	24,568,929	0.014825	6,132,445	90,913	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	118,888	17,830,753	0.006668	8,002,236	53,359	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,010,094	51,475,211	0.019623	13,874,288	272,255	73.00
75.00	ASC (NON-DISTINCT PART)	440,564	12,372,381	0.035609	1,098,723	39,124	75.00
75.01	LITHOTRIPSY	10,410	750,284	0.013875	438,059	6,078	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	CARDIAC REHAB	37,295	1,503,966	0.024798	26,976	669	90.01
90.03	GENETIC TESTING	2,089	32,960	0.063380	201	13	90.03
90.04	CHRONIC PAIN CLINIC	39,429	1,342,240	0.029376	15,538	456	90.04
90.05	DIABETES EDUCATION	11,349	465,325	0.024389	9,788	239	90.05
90.06	WOUND CARE	20,608	1,305,342	0.015787	5,985	94	90.06
90.07	SLEEP LAB	59,244	3,433,970	0.017252	0	0	90.07
91.00	EMERGENCY	764,391	47,602,120	0.016058	7,532,146	120,951	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	477,360	6,131,069	0.077859	0	0	92.00
200.00	Total (lines 50-199)	10,830,319	479,334,868		100,864,606	2,167,085	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140211		Period: From 09/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/11/2012 8:01 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/11/2012 8:01 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XVIII		Hospital		PSA Adj. Nursing School	PPS
			Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
	6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 ADULTS & PEDIATRICS	24,164	0.00	11,063	0	0	0	30.00	
31.00 INTENSIVE CARE UNIT	4,209	0.00	2,305	0	0	0	31.00	
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	0	41.00	
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00	
200.00 Total (lines 30-199)	28,373		13,368	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140211		Period: From 09/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/11/2012 8:01 pm
		Title XVIII		Hospital	PPS
Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost			
	12.00	13.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
200.00	Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 8:01 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
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 ULTRASOUND	0	0	0	0	0	0	0	54.01
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
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
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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
75.01 LI THOTRI PSY	0	0	0	0	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
90.01 CARDIAC REHAB	0	0	0	0	0	0	0	90.01
90.03 GENETIC TESTING	0	0	0	0	0	0	0	90.03
90.04 CHRONIC PAIN CLINIC	0	0	0	0	0	0	0	90.04
90.05 DIABETES EDUCATION	0	0	0	0	0	0	0	90.05
90.06 WOUND CARE	0	0	0	0	0	0	0	90.06
90.07 SLEEP LAB	0	0	0	0	0	0	0	90.07
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
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: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 8:01 pm
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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)	Hospital		Inpatient Program Charges	
				PPS			
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
	6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	45,687,799	0.000000	0.000000		10,459,981	50.00
51.00 RECOVERY ROOM	0	5,786,677	0.000000	0.000000		1,437,046	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000		0	52.00
53.00 ANESTHESIOLOGY	0	3,832,310	0.000000	0.000000		633,842	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	22,853,733	0.000000	0.000000		2,552,955	54.00
54.01 ULTRASOUND	0	12,311,998	0.000000	0.000000		1,378,214	54.01
56.00 RADIOISOTOPE	0	7,359,760	0.000000	0.000000		913,180	56.00
57.00 CT SCAN	0	42,193,221	0.000000	0.000000		4,822,151	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	20,385,859	0.000000	0.000000		1,627,619	58.00
59.00 CARDIAC CATHETERIZATION	0	18,189,402	0.000000	0.000000		5,506,220	59.00
60.00 LABORATORY	0	83,040,945	0.000000	0.000000		16,848,299	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000		0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000		0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0.000000	0.000000		0	62.30
64.00 INTRAVENOUS THERAPY	0	15,369,726	0.000000	0.000000		4,518,361	64.00
65.00 RESPIRATORY THERAPY	0	15,374,540	0.000000	0.000000		8,810,037	65.00
66.00 PHYSICAL THERAPY	0	18,134,348	0.000000	0.000000		4,220,316	66.00
69.00 ELECTROCARDIOLOGY	0	24,568,929	0.000000	0.000000		6,132,445	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000		0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000		0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	17,830,753	0.000000	0.000000		8,002,236	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	51,475,211	0.000000	0.000000		13,874,288	73.00
75.00 ASC (NON-DISTINCT PART)	0	12,372,381	0.000000	0.000000		1,098,723	75.00
75.01 LITHOTRIPSY	0	750,284	0.000000	0.000000		438,059	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000		0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000		0	89.00
90.00 CLINIC	0	0	0.000000	0.000000		0	90.00
90.01 CARDIAC REHAB	0	1,503,966	0.000000	0.000000		26,976	90.01
90.03 GENETIC TESTING	0	32,960	0.000000	0.000000		201	90.03
90.04 CHRONIC PAIN CLINIC	0	1,342,240	0.000000	0.000000		15,538	90.04
90.05 DIABETES EDUCATION	0	465,325	0.000000	0.000000		9,788	90.05
90.06 WOUND CARE	0	1,305,342	0.000000	0.000000		5,985	90.06
90.07 SLEEP LAB	0	3,433,970	0.000000	0.000000		0	90.07
91.00 EMERGENCY	0	47,602,120	0.000000	0.000000		7,532,146	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,131,069	0.000000	0.000000		0	92.00
200.00 Total (lines 50-199)	0	479,334,868				100,864,606	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 8:01 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	3,636,612	0	0	0	50.00
51.00	RECOVERY ROOM	0	462,848	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	402,533	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,181,310	0	0	0	54.00
54.01	ULTRASOUND	0	2,206,559	0	0	0	54.01
56.00	RADIOISOTOPE	0	2,078,136	0	0	0	56.00
57.00	CT SCAN	0	9,045,112	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,827,555	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	3,077,936	0	0	0	59.00
60.00	LABORATORY	0	1,407,637	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	0	2,211,099	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	563,263	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	4,266,754	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	1,157,157	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	8,097,830	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	2,684,917	0	0	0	75.00
75.01	LITHOTRIPSY	0	11,804	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CARDIAC REHAB	0	652,969	0	0	0	90.01
90.03	GENETIC TESTING	0	1,997	0	0	0	90.03
90.04	CHRONIC PAIN CLINIC	0	517,930	0	0	0	90.04
90.05	DIABETES EDUCATION	0	142,570	0	0	0	90.05
90.06	WOUND CARE	0	662,941	0	0	0	90.06
90.07	SLEEP LAB	0	663,442	0	0	0	90.07
91.00	EMERGENCY	0	5,965,641	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,314,604	0	0	0	92.00
200.00	Total (lines 50-199)	0	58,241,156	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 8:01 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 ULTRASOUND	0	0	54.01
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	62.30
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 LI THOTRI PSY	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 CARDIAC REHAB	0	0	90.01
90.03 GENETIC TESTING	0	0	90.03
90.04 CHRONIC PAIN CLINIC	0	0	90.04
90.05 DIABETES EDUCATION	0	0	90.05
90.06 WOUND CARE	0	0	90.06
90.07 SLEEP LAB	0	0	90.07
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/11/2012 8:01 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.303936	3,636,612	0	0		50.00
51.00 RECOVERY ROOM	0.276114	462,848	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.696140	402,533	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.309347	3,181,310	0	0		54.00
54.01 ULTRASOUND	0.114201	2,206,559	0	0		54.01
56.00 RADIOISOTOPE	0.180215	2,078,136	0	0		56.00
57.00 CT SCAN	0.088959	9,045,112	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.072007	3,827,555	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.308132	3,077,936	0	0		59.00
60.00 LABORATORY	0.137270	1,407,637	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0.000000	0	0	0		62.30
64.00 INTRAVENOUS THERAPY	0.225890	2,211,099	0	0		64.00
65.00 RESPIRATORY THERAPY	0.144585	563,263	0	0		65.00
66.00 PHYSICAL THERAPY	0.320120	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	0.094037	4,266,754	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.316097	1,157,157	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.274338	8,097,830	0	1,445		73.00
75.00 ASC (NON-DISTINCT PART)	0.258654	2,684,917	0	0		75.00
75.01 LI THOTRIpsy	0.341563	11,804	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 CLINIC	0.000000	0	0	0		90.00
90.01 CARDIAC REHAB	0.592112	652,969	0	0		90.01
90.03 GENETIC TESTING	2.536620	1,997	0	0		90.03
90.04 CHRONIC PAIN CLINIC	0.346773	517,930	0	0		90.04
90.05 DIABETES EDUCATION	0.756714	142,570	0	0		90.05
90.06 WOUND CARE	0.439657	662,941	0	0		90.06
90.07 SLEEP LAB	0.215483	663,442	0	0		90.07
91.00 EMERGENCY	0.149397	5,965,641	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.532262	1,314,604	0	0		92.00
200.00 Subtotal (see instructions)		58,241,156	0	1,445		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		58,241,156	0	1,445		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/11/2012 8:01 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	1,105,297	0	0		50.00
51.00 RECOVERY ROOM	127,799	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	280,219	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	984,129	0	0		54.00
54.01 ULTRASOUND	251,991	0	0		54.01
56.00 RADIOISOTOPE	374,511	0	0		56.00
57.00 CT SCAN	804,644	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	275,611	0	0		58.00
59.00 CARDIAC CATHETERIZATION	948,411	0	0		59.00
60.00 LABORATORY	193,226	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0		62.30
64.00 INTRAVENOUS THERAPY	499,465	0	0		64.00
65.00 RESPIRATORY THERAPY	81,439	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	401,233	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	365,774	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,221,542	0	396		73.00
75.00 ASC (NON-DISTINCT PART)	694,465	0	0		75.00
75.01 LI THOTRI PSY	4,032	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 CARDIAC REHAB	386,631	0	0		90.01
90.03 GENETIC TESTING	5,066	0	0		90.03
90.04 CHRONIC PAIN CLINIC	179,604	0	0		90.04
90.05 DIABETES EDUCATION	107,885	0	0		90.05
90.06 WOUND CARE	291,467	0	0		90.06
90.07 SLEEP LAB	142,960	0	0		90.07
91.00 EMERGENCY	891,249	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	699,714	0	0		92.00
200.00 Subtotal (see instructions)	12,318,364	0	396		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	12,318,364	0	396		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/11/2012 8:01 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,164	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,164	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)		24,164	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)		11,063	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,695,435	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)		28,695,435	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		60,645,026	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		60,645,026	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.473170	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)		2,509.73	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)		28,695,435	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,187.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,137,644	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)		13,137,644	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/11/2012 8:01 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	6,297,425	4,209	1,496.18	2,305	3,448,695	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)					21,849,379	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,435,718	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)					2,300,396	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,167,085	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,467,481	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,968,237	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,748	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,187.53	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,263,332	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140211		Period: From 09/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/11/2012 8:01 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,197,566	28,695,435	0.146280	3,263,332	477,360	90.00
91.00	Nursing School cost	0	28,695,435	0.000000	3,263,332	0	91.00
92.00	Allied health cost	0	28,695,435	0.000000	3,263,332	0	92.00
93.00	All other Medical Education	0	28,695,435	0.000000	3,263,332	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/11/2012 8:01 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		19,669,719		30.00
31.00	INTENSIVE CARE UNIT		9,867,319		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.303936	10,459,981	3,179,165	50.00
51.00	RECOVERY ROOM	0.276114	1,437,046	396,789	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.696140	633,842	441,243	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.309347	2,552,955	789,749	54.00
54.01	ULTRASOUND	0.114201	1,378,214	157,393	54.01
56.00	RADIOISOTOPE	0.180215	913,180	164,569	56.00
57.00	CT SCAN	0.088959	4,822,151	428,974	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.072007	1,627,619	117,200	58.00
59.00	CARDIAC CATHETERIZATION	0.308132	5,506,220	1,696,643	59.00
60.00	LABORATORY	0.137270	16,848,299	2,312,766	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	0.225890	4,518,361	1,020,653	64.00
65.00	RESPIRATORY THERAPY	0.145977	8,810,037	1,286,063	65.00
66.00	PHYSICAL THERAPY	0.320120	4,220,316	1,351,008	66.00
69.00	ELECTROCARDIOLOGY	0.094037	6,132,445	576,677	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.316097	8,002,236	2,529,483	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.274338	13,874,288	3,806,244	73.00
75.00	ASC (NON-DISTINCT PART)	0.258654	1,098,723	284,189	75.00
75.01	LITHOTRIPSY	0.341563	438,059	149,625	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	CARDIAC REHAB	0.592112	26,976	15,973	90.01
90.03	GENETIC TESTING	2.536620	201	510	90.03
90.04	CHRONIC PAIN CLINIC	0.346773	15,538	5,388	90.04
90.05	DIABETES EDUCATION	0.756714	9,788	7,407	90.05
90.06	WOUND CARE	0.440600	5,985	2,637	90.06
90.07	SLEEP LAB	0.215483	0	0	90.07
91.00	EMERGENCY	0.149895	7,532,146	1,129,031	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.532262	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		100,864,606	21,849,379	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)		100,864,606		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/11/2012 8:01 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		22,631,799	1.00
2.00	Outlier payments for discharges. (see instructions)		1,110,333	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)		149.93	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		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
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		335.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		23,742,132	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		23,742,132	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/11/2012 8:01 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1.00	1.01	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		2,017,032		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)		25,759,164		59.00
60.00	Primary payer payments		7,477		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,751,687		61.00
62.00	Deductibles billed to program beneficiaries		2,617,980		62.00
63.00	Coinsurance billed to program beneficiaries		36,996		63.00
64.00	Allowable bad debts (see instructions)		57,063		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		39,944		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		7,536		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,136,655		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)		23,136,655		71.00
72.00	Interim payments		23,100,173		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)		36,482		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/11/2012 8:01 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			396 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			12,318,364 2.00
3.00	PPS payments			9,126,358 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.765 5.00
6.00	Line 2 times line 5			9,423,548 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			96.85 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)			396 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			1,445 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			1,445 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			1,445 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			1,049 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)			396 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			9,126,358 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,182,366 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)			6,944,388 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)			6,944,388 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			6,944,388 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			40,288 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			28,202 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,910 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			6,972,590 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			6,972,590 40.00
41.00	Interim payments			6,944,124 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)			28,466 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/11/2012 8:01 pm	
		Title XVIII	Hospital	PPS
			Overrides	
WORKSHEET OVERRIDE VALUES			1.00	
112.00	Override of Ancillary service charges (line 12)			0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140211		Period: From 09/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/11/2012 8:01 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		23,100,173		6,944,124	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)		23,100,173		6,944,124	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		36,482		28,466	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		23,136,655		6,972,590	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)      Provider CCN: 140211      Period: From 09/01/2010 To 06/30/2011      Worksheet G  
 Date/Time Prepared: 1/11/2012 8:01 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	9,315,000	0	0	0	1.00
2.00	Temporary investments	100,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	23,936,000	0	0	0	4.00
5.00	Other receivable	1,204,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,931,000	0	0	0	7.00
8.00	Prepaid expenses	1,415,000	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)	38,901,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	11,265,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	150,081,000	0	0	0	15.00
16.00	Accumulated depreciation	0	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	82,705,000	0	0	0	23.00
24.00	Accumulated depreciation	-120,533,000	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)	123,518,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	170,478,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	28,815,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	199,293,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	361,712,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	7,241,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,794,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	19,810,000	0	0	0	43.00
44.00	Other current liabilities	2,765,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	40,610,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	126,681,000	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	12,969,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	139,650,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	180,260,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	181,452,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	181,452,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	361,712,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet G-1

Date/Time Prepared:  
1/11/2012 8:01 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		152,924,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		8,545,000			2.00
3.00	Total (sum of line 1 and line 2)		161,469,000		0	3.00
4.00	NET ASSETS RELEASED FROM RESTRICTION	469,000		0		4.00
5.00	NON OPERATING GAINS AND LOSSES	24,584,000		0		5.00
6.00	INCREASE IN TEMPORARILY RESTRICTED A	16,000		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)		25,069,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		186,538,000		0	11.00
12.00	TRANSFER FROM AFFILIATE	5,086,000		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)		5,086,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		181,452,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet G-1

Date/Time Prepared:  
1/11/2012 8:01 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140211

Period:  
From 09/01/2010  
To 06/30/2011

Worksheet G-2 Parts  
Date/Time Prepared:  
1/11/2012 8:01 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	60,645,026		60,645,026	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	60,645,026		60,645,026	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,767,408		16,767,408	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)	16,767,408		16,767,408	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	77,412,434		77,412,434	17.00
18.00	Ancillary services	183,317,320	254,717,481	438,034,801	18.00
19.00	Outpatient services	0	35,204,665	35,204,665	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		2,233,139	2,233,139	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	260,729,754	292,155,285	552,885,039	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		158,616,010		29.00
30.00	GAAP BAD DEBTS	9,415,473			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)		9,415,473		36.00
37.00	NONOPERATING ACTIVITY	3,667,899			37.00
38.00	OTHER	358,210			38.00
39.00	RECONCILING	61,374			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		4,087,483		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		163,944,000		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/11/2012 8:01 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	552,885,039	1.00
2.00	Less contractual allowances and discounts on patients' accounts	384,086,039	2.00
3.00	Net patient revenues (line 1 minus line 2)	168,799,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	163,944,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,855,000	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	136,241	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	107,667	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	31,735	10.00
11.00	Rebates and refunds of expenses	45,729	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	406,452	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	55,752	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	72,788	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	2,833,636	24.00
25.00	Total other income (sum of lines 6-24)	3,690,000	25.00
26.00	Total (line 5 plus line 25)	8,545,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	8,545,000	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS	Provider CCN: 140211	Period: From 09/01/2010	Worksheet H
	HHA CCN: 147093	To 06/30/2011	
		Home Health Agency I	PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00	
2.00	Capital Related - Movable Equipment		0		0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0	3.00	
4.00	Transportation	0	0	0	0	4.00	
5.00	Administrative and General	431,156	0	0	41,029	5.00	
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	264,192	0	13,875	0	6.00	
7.00	Physical Therapy	253,662	0	14,157	0	7.00	
8.00	Occupational Therapy	32,734	0	1,707	0	8.00	
9.00	Speech Pathology	10,789	0	642	0	9.00	
10.00	Medical Social Services	0	0	79	0	10.00	
11.00	Home Health Aide	14,267	0	1,910	0	11.00	
12.00	Supplies (see instructions)	0	0	0	12,049	12.00	
13.00	Drugs	0	0	0	24	13.00	
14.00	DME	0	0	0	1,493	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	22.00	
23.00	All Others	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,006,800	0	32,370	0	54,595	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet H
		HHA CCN: 147093		Date/Time Prepared: 1/11/2012 8:01 pm
			Home Health Agency I	PPS

		Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	472,185	30,534	502,719	0	502,719	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	278,067	0	278,067	0	278,067	6.00
7.00	Physical Therapy	267,819	0	267,819	0	267,819	7.00
8.00	Occupational Therapy	34,441	0	34,441	0	34,441	8.00
9.00	Speech Pathology	11,431	0	11,431	0	11,431	9.00
10.00	Medical Social Services	79	0	79	0	79	10.00
11.00	Home Health Aide	16,177	0	16,177	0	16,177	11.00
12.00	Supplies (see instructions)	12,049	0	12,049	0	12,049	12.00
13.00	Drugs	24	0	24	0	24	13.00
14.00	DME	1,493	0	1,493	-1,493	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,093,765	30,534	1,124,299	-1,493	1,122,806	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 140211	Period: From 09/01/2010	Worksheet H-1 Part I Date/Time Prepared: 1/11/2012 8:01 pm
	HHA CCN: 147093	To 06/30/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	502,719	0	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	278,067	0	0	0	6.00
7.00	Physical Therapy	267,819	0	0	0	7.00
8.00	Occupational Therapy	34,441	0	0	0	8.00
9.00	Speech Pathology	11,431	0	0	0	9.00
10.00	Medical Social Services	79	0	0	0	10.00
11.00	Home Health Aide	16,177	0	0	0	11.00
12.00	Supplies (see instructions)	12,049	0	0	0	12.00
13.00	Drugs	24	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,122,806	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140211	Period: From 09/01/2010	Worksheet H-1
		HHA CCN: 147093	To 06/30/2011	Part I
			Home Health Agency I	Date/Time Prepared: 1/11/2012 8:01 pm
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	502,719	502,719	5.00
<b>HHA REIMBURSABLE SERVICES</b>				
6.00	Skilled Nursing Care	278,067	225,437	503,504
7.00	Physical Therapy	267,819	217,127	484,946
8.00	Occupational Therapy	34,441	27,922	62,363
9.00	Speech Pathology	11,431	9,267	20,698
10.00	Medical Social Services	79	64	143
11.00	Home Health Aide	16,177	13,115	29,292
12.00	Supplies (see instructions)	12,049	9,768	21,817
13.00	Drugs	24	19	43
14.00	DME	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others	0	0	0
24.00	Total (sum of lines 1-23)	620,087		1,122,806

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140211	Period: From 09/01/2010	Worksheet H-1 Part II Date/Time Prepared: 1/11/2012 8:01 pm
	HHA CCN: 147093	To 06/30/2011	
		Home Health Agency I	PPS

	Capital Related Costs				Transportation (MILEAGE)	Reconciliation	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)				
	1.00	2.00	3.00	4.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-502,719	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-502,719	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140211	Period:	Worksheet H-1
	HHA CCN: 147093	From 09/01/2010 To 06/30/2011	Part II Date/Time Prepared: 1/11/2012 8:01 pm
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	620,087	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	278,067	6.00
7.00	Physical Therapy	267,819	7.00
8.00	Occupational Therapy	34,441	8.00
9.00	Speech Pathology	11,431	9.00
10.00	Medical Social Services	79	10.00
11.00	Home Health Aide	16,177	11.00
12.00	Supplies (see instructions)	12,049	12.00
13.00	Drugs	24	13.00
14.00	DME	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others	0	23.00
24.00	Total (sum of lines 1-23)	620,087	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	502,719	25.00
26.00	Unit Cost Multiplier	0.810723	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 140211 HHA CCN: 147093	Period: From 09/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/11/2012 8:01 pm PPS
		Home Health Agency I	

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
1.00 Administrative and General	0	0	6,159	155,434	6,180	1.00
2.00 Skilled Nursing Care	503,504	0	0	94,196	0	2.00
3.00 Physical Therapy	484,946	0	0	90,441	0	3.00
4.00 Occupational Therapy	62,363	0	0	11,671	0	4.00
5.00 Speech Pathology	20,698	0	0	3,847	0	5.00
6.00 Medical Social Services	143	0	0	0	0	6.00
7.00 Home Health Aide	29,292	0	0	5,087	0	7.00
8.00 Supplies (see instructions)	21,817	0	0	0	0	8.00
9.00 Drugs	43	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,122,806	0	6,159	360,676	6,180	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 140211	Period: From 09/01/2010	Worksheet H-2 Part I Date/Time Prepared: 1/11/2012 8:01 pm
	HHA CCN: 147093	To 06/30/2011	
		Home Health Agency I	PPS

		IS	PURCHASING	PT REG	PT ACCTS	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	1,010	0	0	168,783	1.00
2.00	Skilled Nursing Care	0	0	0	0	597,700	2.00
3.00	Physical Therapy	0	0	0	0	575,387	3.00
4.00	Occupational Therapy	0	0	0	0	74,034	4.00
5.00	Speech Pathology	0	0	0	0	24,545	5.00
6.00	Medical Social Services	0	0	0	0	143	6.00
7.00	Home Health Aide	0	0	0	0	34,379	7.00
8.00	Supplies (see instructions)	0	0	0	0	21,817	8.00
9.00	Drugs	0	0	0	0	43	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	1,010	0	0	1,496,831	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140211	Period: From 09/01/2010	Worksheet H-2
		HHA CCN: 147093	To 06/30/2011	Part I
				Date/Time Prepared: 1/11/2012 8:01 pm
			Home Health Agency I	PPS

		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
1.00	Administrative and General	30,874	0	0	0	0	1.00
2.00	Skilled Nursing Care	109,332	0	0	0	0	2.00
3.00	Physical Therapy	105,252	0	0	0	0	3.00
4.00	Occupational Therapy	13,543	0	0	0	0	4.00
5.00	Speech Pathology	4,490	0	0	0	0	5.00
6.00	Medical Social Services	26	0	0	0	0	6.00
7.00	Home Health Aide	6,289	0	0	0	0	7.00
8.00	Supplies (see instructions)	3,991	0	0	0	0	8.00
9.00	Drugs	8	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	273,805	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 140211	Period: From 09/01/2010	Worksheet H-2 Part I Date/Time Prepared: 1/11/2012 8:01 pm
	HHA CCN: 147093	To 06/30/2011	
		Home Health Agency I	PPS

	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
1.00 Administrative and General	0	873	0	44,700	46	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	873	0	44,700	46	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140211 HHA CCN: 147093		Period: From 09/01/2010 To 06/30/2011		Worksheet H-2 Part I Date/Time Prepared: 1/11/2012 8:01 pm PPS	
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	16	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	16	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140211 HHA CCN: 147093	Period: From 09/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/11/2012 8:01 pm PPS
			Home Health Agency I	

		INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00				
1.00	Administrative and General	0	0	0	245,292	0	1.00
2.00	Skilled Nursing Care	0	0	0	707,032	0	2.00
3.00	Physical Therapy	0	0	0	680,639	0	3.00
4.00	Occupational Therapy	0	0	0	87,577	0	4.00
5.00	Speech Pathology	0	0	0	29,035	0	5.00
6.00	Medical Social Services	0	0	0	169	0	6.00
7.00	Home Health Aide	0	0	0	40,668	0	7.00
8.00	Supplies (see instructions)	0	0	0	25,808	0	8.00
9.00	Drugs	0	0	0	51	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	1,816,271	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140211	Period: From 09/01/2010	Worksheet H-2
		HHA CCN: 147093	To 06/30/2011	Part I
			Home Health Agency I	Date/Time Prepared: 1/11/2012 8:01 pm
				PPS

	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	26.00	27.00	28.00	
1.00 Administrative and General	245,292			1.00
2.00 Skilled Nursing Care	707,032	110,395	817,427	2.00
3.00 Physical Therapy	680,639	106,275	786,914	3.00
4.00 Occupational Therapy	87,577	13,674	101,251	4.00
5.00 Speech Pathology	29,035	4,534	33,569	5.00
6.00 Medical Social Services	169	26	195	6.00
7.00 Home Health Aide	40,668	6,350	47,018	7.00
8.00 Supplies (see instructions)	25,808	4,030	29,838	8.00
9.00 Drugs	51	8	59	9.00
10.00 DME	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	13.00
14.00 Clinic	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	15.00
16.00 Day Care Program	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	17.00
18.00 Homemaker Service	0	0	0	18.00
19.00 All Others	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,816,271	245,292	1,816,271	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.156140		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/11/2012 8:01 pm
	HHA CCN: 147093	Home Health Agency I	PPS

	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIENT TE)	IS (DATA PRODUCED)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (NEW MME DE PT)						
	1.00	2.00	4.00	5.01				
1.00	Administrative and General	0	5,942	435,952	31	0	1.00	
2.00	Skilled Nursing Care	0	0	264,192	0	0	2.00	
3.00	Physical Therapy	0	0	253,662	0	0	3.00	
4.00	Occupational Therapy	0	0	32,734	0	0	4.00	
5.00	Speech Pathology	0	0	10,789	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	14,267	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	18.00	
19.00	All Others	0	0	0	0	0	19.00	
20.00	Total (sum of lines 1-19)	0	5,942	1,011,596	31	0	20.00	
21.00	Total cost to be allocated	0	6,159	360,676	6,180	0	21.00	
22.00	Unit cost multiplier	0.000000	1.036520	0.356542	199.354839	0.000000	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140211 HHA CCN: 147093		Period: From 09/01/2010 To 06/30/2011		Worksheet H-2 Part II Date/Time Prepared: 1/11/2012 8:01 pm	
				Home Health Agency I		PPS	
		PURCHASING (PURCHASING)	PT REG (GROSS CHARGES)	PT ACCTS (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
1.00	Administrative and General	13,301	0	0	0	168,783	1.00
2.00	Skilled Nursing Care	0	0	0	0	597,700	2.00
3.00	Physical Therapy	0	0	0	0	575,387	3.00
4.00	Occupational Therapy	0	0	0	0	74,034	4.00
5.00	Speech Pathology	0	0	0	0	24,545	5.00
6.00	Medical Social Services	0	0	0	0	143	6.00
7.00	Home Health Aide	0	0	0	0	34,379	7.00
8.00	Supplies (see instructions)	0	0	0	0	21,817	8.00
9.00	Drugs	0	0	0	0	43	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	13,301	0	0		1,496,831	20.00
21.00	Total cost to be allocated	1,010	0	0		273,805	21.00
22.00	Unit cost multiplier	0.075934	0.000000	0.000000		0.182923	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140211	Period: From 09/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/11/2012 8:01 pm
	HHA CCN: 147093	To 06/30/2011	
		Home Health Agency I	PPS

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140211 HHA CCN: 147093		Period: From 09/01/2010 To 06/30/2011		Worksheet H-2 Part II Date/Time Prepared: 1/11/2012 8:01 pm PPS	
		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COST)	PHARMACY (PHARMACY STAT)	
		11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	973	0	16,734	5,789	24	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	973	0	16,734	5,789	24	20.00
21.00	Total cost to be allocated	873	0	44,700	46	16	21.00
22.00	Unit cost multiplier	0.897225	0.000000	2.671208	0.007946	0.666667	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140211 HHA CCN: 147093	Period: From 09/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/11/2012 8:01 pm PPS
		Home Health Agency I	

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140211	Period: From 09/01/2010	Worksheet H-2
	HHA CCN: 147093	To 06/30/2011	Part II Date/Time Prepared: 1/11/2012 8:01 pm
		Home Health Agency I	PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 140211 HHA CCN: 147093	Period: From 09/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/11/2012 8:01 pm	
			Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	2.00	817,427		817,427	4,039 1.00
2.00	Physical Therapy	3.00	786,914	0	786,914	4,121 2.00
3.00	Occupational Therapy	4.00	101,251	0	101,251	497 3.00
4.00	Speech Pathology	5.00	33,569	0	33,569	187 4.00
5.00	Medical Social Services	6.00	195		195	23 5.00
6.00	Home Health Aide	7.00	47,018		47,018	556 6.00
7.00	Total (sum of lines 1-6)		1,786,374	0	1,786,374	9,423 7.00
Program Visits						
Part B						
Not Subject to Deductibles & Coinsurance						
Subject to Deductibles						
Cost Center Description						
Cost Limits		CBSA No. (1)	Part A			
0		1.00	2.00	3.00		4.00
Limitation Cost Computation						
8.00	Skilled Nursing Care		16974	0	0	8.00
9.00	Physical Therapy		16974	0	0	9.00
10.00	Occupational Therapy		16974	0	0	10.00
11.00	Speech Pathology		16974	0	0	11.00
12.00	Medical Social Services		16974	0	0	12.00
13.00	Home Health Aide		16974	0	0	13.00
14.00	Total (sum of lines 8-13)		16974	0	0	14.00
Cost Center Description						
From Wkst. H-2 Part I, col. 28, line		Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
0		1.00	2.00	3.00		4.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	29,838	0	29,838	0 15.00
16.00	Cost of Drugs	9.00	59	0	59	0 16.00
Cost Center Description						
		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		66.00	0.320120	0	0 1.00
2.00	Occupational Therapy					2.00
3.00	Speech Pathology					3.00
4.00	Cost of Medical Supplies		71.00	0.000000	0	0 4.00
5.00	Cost of Drugs		73.00	0.274338	0	0 5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140211 HHA CCN: 147093	Period: From 09/01/2010 To 06/30/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 1/11/2012 8:01 pm PPS	
		Title XVIII	Home Health Agency I		
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	5.00	6.00	7.00	8.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	202.38	2,303	1,145	1.00
2.00	Physical Therapy	190.95	2,407	1,324	2.00
3.00	Occupational Therapy	203.72	344	126	3.00
4.00	Speech Pathology	179.51	118	48	4.00
5.00	Medical Social Services	8.48	12	8	5.00
6.00	Home Health Aide	84.56	269	288	6.00
7.00	Total (sum of lines 1-6)		5,453	2,939	7.00
Cost Center Description					
		5.00	6.00	7.00	8.00
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
Program Covered Charges					
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	5.00	6.00	7.00	8.00	
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0.000000	0	0	15.00
16.00	Cost of Drugs	0.000000	0	0	16.00
Cost Center Description					
		Transfer to Part I as Indicated			
		4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy	col. 2, line 2.00			1.00
2.00	Occupational Therapy				2.00
3.00	Speech Pathology				3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00			4.00
5.00	Cost of Drugs	col. 2, line 16.00			5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 140211	Period: From 09/01/2010	Worksheet H-3 Parts I-III Date/Time Prepared: 1/11/2012 8:01 pm
	HHA CCN: 147093	To 06/30/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	466,081	231,725		697,806	1.00
2.00	Physical Therapy	459,617	252,818		712,435	2.00
3.00	Occupational Therapy	70,080	25,669		95,749	3.00
4.00	Speech Pathology	21,182	8,616		29,798	4.00
5.00	Medical Social Services	102	68		170	5.00
6.00	Home Health Aide	22,747	24,353		47,100	6.00
7.00	Total (sum of lines 1-6)	1,039,809	543,249		1,583,058	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140211 HHA CCN: 147093	Period: From 09/01/2010 To 06/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 1/11/2012 8:01 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	930,877	494,903	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	930,877	494,903	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	930,877	494,903	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,191,627	632,606
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		16,681	21,332
14.00	Total PPS Reimbursement - PEP Episodes		9,843	6,482
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,218,151	660,420
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,218,151	660,420
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,218,151	660,420
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,218,151	660,420
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,218,151	660,420
32.00	Interim payments (see instructions)		1,218,151	660,420
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140211	Period: From 09/01/2010	Worksheet H-5
	HHA CCN: 147093	To 06/30/2011	Date/Time Prepared: 1/11/2012 8:01 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,218,151		660,420	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,218,151		660,420	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,218,151		660,420	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140211	Period: From 09/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/11/2012 8:01 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,842,377	1.00
2.00	Capital DRG outlier payments		150,151	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		84.57	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)		6.54	8.00
9.00	Sum of lines 7 and 8		6.54	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.33	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		24,504	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,017,032	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00