

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: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S Parts I-III Date/Time Prepared: 11/28/2011 1:44 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/28/2011	Time: 1:44 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

 Title

 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	75,556	-66,080	0	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 Skilled Nursing Facility	0	0	0	0	0
8.00 Nursing Facility	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	75,556	-66,080	0	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 1:41 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: ONE KISH HOSPITAL DRIVE			PO Box:						1.00		
2.00	City: DEKALB			State: IL		Zip Code: 60115-		County: DEKALB		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		KISHWAUKEE COMMUNITY HOSPITAL		140286	16974	1	12/21/1975	N	P	O	3.00
4.00	Subprovider - IPF								N	N	N	4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF		SWING BEDS-SNF		14U286	16974		02/08/1993	N	P	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								N	N	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
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)						05/01/2010		04/30/2011		20.00	
21.00	Type of Control (see instructions)								2		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	2,412	987	1	0	0	0		24.00			
25.00	If this provider is an IRF then enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00			
							1.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0		35.00	
							Beginning:		Ending:			
							1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.										36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.								0		37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.										38.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 1:41 pm		
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
				V	XIX	
				1.00	2.00	
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00

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			V	XIX	
			1.00	2.00	
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		35,000,000	35,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H134	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: KISHWAUKEE HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 148150	
142.00	Street: ONE KISH HOSPITAL DRIVE	PO Box:			
143.00	City: DEKALB	State: IL		Zip Code: 60115	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part II Date/Time Prepared: 11/28/2011 1:41 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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		11/06/2011	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: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part II Date/Time Prepared: 11/28/2011 1:41 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
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		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.		Y		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		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.		Y		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140286

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

Worksheet S-2
Part II
Date/Time Prepared:
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		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	11/06/2011	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.			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.			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:			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: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/28/2011 1:41 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	82	29,930	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)		82	29,930	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		94	34,310	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						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
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)		94				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140286

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

Worksheet S-3
Part I
Date/Time Prepared:
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Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	10,666	2,204	17,801		1.00
2.00 HMO		394	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	10,666	2,204	17,801		7.00
8.00 INTENSIVE CARE UNIT	0	1,641	5	2,666		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		1,005	1,672		13.00
14.00 Total (see instructions)	0	12,307	3,214	22,139		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		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
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		220	1,659		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			186	378		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/28/2011 1:41 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	2,842	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	693.03	0.00	0	2,842	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	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
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	693.03	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140286

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

Worksheet S-3
Part I
Date/Time Prepared:
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Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	872	6,043		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)	872	6,043		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part II Date/Time Prepared: 11/28/2011 1:41 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 cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	
		1.00	2.00	2.50	3.00	4.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	38,579,662	0	0	38,579,662	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
5.00	Physician-Part B		0	0	0	0	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
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)		512,282	0	0	512,282	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		365,823	0	0	365,823	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		335,094	0	0	335,094	13.00
14.00	Home office salaries & wage-related costs		7,517,924	0	0	7,517,924	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		15,065,268	0	0	15,065,268	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	0	18.00
19.00	Excluded areas		202,737	0	0	202,737	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	0	0	0	0	26.00
27.00	Administrative & General	5.00	6,139,726	0	-231,725	5,908,001	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	0	0	0	0	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0	31.00
32.00	Housekeeping	9.00	688,661	0	0	688,661	32.00
33.00	Housekeeping under contract (see instructions)		7,321	0	0	7,321	33.00
34.00	Dietary	10.00	898,531	0	-614,023	284,508	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	614,023	614,023	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,038,811	0	0	1,038,811	38.00
39.00	Central Services and Supply	14.00	216,980	0	0	216,980	39.00
40.00	Pharmacy	15.00	1,889,879	0	0	1,889,879	40.00
41.00	Medical Records & Medical Records Library	16.00	1,269,832	0	0	1,269,832	41.00
42.00	Social Service	17.00	370,178	0	0	370,178	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part II Date/Time Prepared: 11/28/2011 1:41 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	1,441,502.22	26.76	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
5.00	Physician-Part B	0.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	19,753.47	25.93	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	5,457.06	67.04	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	4,719.00	71.01	13.00
14.00	Home office salaries & wage-related costs	123,667.31	60.79	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FOHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	0.00	0.00	26.00
27.00	Administrative & General	283,646.87	20.83	27.00
28.00	Administrative & General under contract (see inst.)	0.00	0.00	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	0.00	0.00	30.00
31.00	Laundry & Linen Service	0.00	0.00	31.00
32.00	Housekeeping	54,892.10	12.55	32.00
33.00	Housekeeping under contract (see instructions)	532.75	13.74	33.00
34.00	Dietary	23,899.94	11.90	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	51,589.45	11.90	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	36,070.00	28.80	38.00
39.00	Central Services and Supply	12,931.78	16.78	39.00
40.00	Pharmacy	47,248.05	40.00	40.00
41.00	Medical Records & Medical Records Library	57,365.07	22.14	41.00
42.00	Social Service	8,931.25	41.45	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet S-3 Part III Date/Time Prepared: 11/28/2011 1:41 pm	
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)		
	1.00	2.00	2.50	3.00	4.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	38,586,983	0	0	38,586,983	1.00	
2.00	Excluded area salaries (see instructions)	512,282	0	0	512,282	2.00	
3.00	Subtotal salaries (line 1 minus line 2)	38,074,701	0	0	38,074,701	3.00	
4.00	Subtotal other wages & related costs (see inst.)	8,218,841	0	0	8,218,841	4.00	
5.00	Subtotal wage-related costs (see inst.)	15,065,268	0	0	15,065,268	5.00	
6.00	Total (sum of lines 3 thru 5)	61,358,810	0	0	61,358,810	6.00	
7.00	Total overhead cost (see instructions)	12,519,919	0	-231,725	12,288,194	7.00	

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part III Date/Time Prepared: 11/28/2011 1:41 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	1,442,034.97	26.76	1.00
2.00	Excluded area salaries (see instructions)	19,753.47	25.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,422,281.50	26.77	3.00
4.00	Subtotal other wages & related costs (see inst.)	133,843.37	61.41	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	39.57	5.00
6.00	Total (sum of lines 3 thru 5)	1,556,124.87	39.43	6.00
7.00	Total overhead cost (see instructions)	577,107.26	21.29	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2011 1:41 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,175,924	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	404	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	6,965,371	8.00
9.00	Prescription Drug Plan	1,326,080	9.00
10.00	Dental, Hearing and Vision Plan	424,328	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	52,761	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)	258,690	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	632,556	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,050,856	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	55,824	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	122,474	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,065,268	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part V Date/Time Prepared: 11/28/2011 1:41 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00

PART V - Contract Labor and Benefit Cost					
Hospital and Hospital-Based Component Identification:					
1.00	Total facility's contract labor and benefit cost		365,823	0	1.00
2.00	Hospital		365,823	0	2.00
3.00	Subprovider - IPF		0	0	3.00
4.00	Subprovider - IRF		0	0	4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	Hospital-Based SNF				8.00
9.00	Hospital-Based NF				9.00
10.00	Hospital-Based OLTC				10.00
11.00	Hospital-Based HHA		0	0	11.00
12.00	Separately Certified ASC				12.00
13.00	Hospital-Based Hospice				13.00
14.00	Hospital-Based Health Clinic RHC		0	0	14.00
15.00	Hospital-Based Health Clinic FQHC		0	0	15.00
16.00	Hospital-Based-CMHC				16.00
16.10	Hospital-Based-CMHC 10		0	0	16.10
17.00	Renal Dialysis				17.00
18.00	OTHER (SPECIFY)		0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-7 Date/Time Prepared: 11/28/2011 1:41 pm
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		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-7 Date/Time Prepared: 11/28/2011 1:41 pm
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		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
		1.00	2.00

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable). 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet S-10 Date/Time Prepared: 11/28/2011 1:41 pm
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			1.00			
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.347818	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		5,445,480	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?			4.00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00		
6.00	Medicaid charges		40,875,192	6.00		
7.00	Medicaid cost (line 1 times line 6)		14,217,128	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)		8,771,648	8.00		
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0	9.00		
10.00	Stand-alone SCHIP charges		0	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00		
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00		
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		36,456	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)		8,771,648	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		6,675,589	1,070,656	7,746,245	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,321,890	372,393	2,694,283	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		2,321,890	372,393	2,694,283	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)		10,876,441		26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		237,587		27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		10,638,854		28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,700,385		29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		6,394,668		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,166,316		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/28/2011 1:41 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		9,680,122	9,680,122	-567,400	9,112,722	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,159,100	4,159,100	2.00
4.00 EMPLOYEE BENEFITS	0	15,339,395	15,339,395	168,343	15,507,738	4.00
5.00 ADMINISTRATIVE & GENERAL	6,139,726	27,292,396	33,432,122	-80,768	33,351,354	5.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	436,830	436,830	0	436,830	8.00
9.00 HOUSEKEEPING	688,661	445,172	1,133,833	0	1,133,833	9.00
10.00 DIETARY	898,531	1,039,344	1,937,875	-1,324,272	613,603	10.00
11.00 CAFETERIA	0	0	0	1,324,272	1,324,272	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 MAINTENANCE OF PLANT	0	561,794	561,794	0	561,794	12.01
13.00 NURSING ADMINISTRATION	1,038,811	255,079	1,293,890	59,508	1,353,398	13.00
14.00 CENTRAL SERVICES & SUPPLY	216,980	1,102,602	1,319,582	-199,361	1,120,221	14.00
15.00 PHARMACY	1,889,879	3,088,343	4,978,222	-2,756,195	2,222,027	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,269,832	323,151	1,592,983	0	1,592,983	16.00
17.00 SOCIAL SERVICE	370,178	1,803	371,981	0	371,981	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,390,058	1,245,501	8,635,559	-1,599,870	7,035,689	30.00
31.00 INTENSIVE CARE UNIT	2,195,875	284,939	2,480,814	-13,727	2,467,087	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	601,169	601,169	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,276,334	5,446,683	6,723,017	-397,243	6,325,774	50.00
50.01 AMBULATORY SERVICES	793,904	111,830	905,734	94,185	999,919	50.01
50.02 ENDOSCOPY	305,712	227,702	533,414	86,691	620,105	50.02
51.00 RECOVERY ROOM	467,468	25,129	492,597	0	492,597	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	1,012,428	1,012,428	52.00
53.00 ANESTHESIOLOGY	0	327,657	327,657	0	327,657	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,072,406	4,719,196	7,791,602	-1,416,942	6,374,660	54.00
55.00 RADIOLOGY-THERAPEUTIC	846,556	11,108,776	11,955,332	-236,455	11,718,877	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,064,948	3,465,938	5,530,886	0	5,530,886	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,187,375	221,395	1,408,770	0	1,408,770	65.00
66.00 PHYSICAL THERAPY	1,550,607	845,026	2,395,633	0	2,395,633	66.00
67.00 OCCUPATIONAL THERAPY	229,495	7,903	237,398	0	237,398	67.00
68.00 SPEECH PATHOLOGY	0	119,430	119,430	0	119,430	68.00
69.00 ELECTROCARDIOLOGY	351,662	149,265	500,927	0	500,927	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	190,307	190,307	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,882,476	1,882,476	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,756,195	2,756,195	73.00
76.00 SLEEP LAB	0	270,717	270,717	78,314	349,031	76.00
76.97 CARDIAC REHABILITATION	430,787	38,948	469,735	244,254	713,989	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	220,349	20,738	241,087	0	241,087	90.00
91.00 EMERGENCY	2,807,864	5,002,355	7,810,219	22,838	7,833,057	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OUTPATIENT COUNSELING	363,382	293,403	656,785	11,427	668,212	93.00
93.01 OUTSIDE SERVICES	0	327,391	327,391	0	327,391	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
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	3,591,700	3,591,700	-3,591,700	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	38,067,380	97,417,653	135,485,033	507,574	135,992,607	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	91,732	163,411	255,143	0	255,143	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 OTHER NONREIMBURSABLE COST CENTERS	30,864	891,918	922,782	-513,445	409,337	193.00
194.00 HOME OFFICE COSTS	0	0	0	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet A Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)			
	1.00	2.00	3.00	4.00	5.00			
194.01 COMMUNITY WELLNESS	389,686	102,358	492,044	5,871	497,915	194.01		
200.00 TOTAL (SUM OF LINES 118-199)	38,579,662	98,575,340	137,155,002	0	137,155,002	200.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140286

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

Worksheet A
Date/Time Prepared:
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	282,220	9,394,942	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	937,836	5,096,936	2.00
4.00	EMPLOYEE BENEFITS	0	15,507,738	4.00
5.00	ADMINISTRATIVE & GENERAL	-7,569,256	25,782,098	5.00
7.00	OPERATION OF PLANT	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	436,830	8.00
9.00	HOUSEKEEPING	-24,020	1,109,813	9.00
10.00	DIETARY	-19,877	593,726	10.00
11.00	CAFETERIA	-607,331	716,941	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	MAINTENANCE OF PLANT	0	561,794	12.01
13.00	NURSING ADMINISTRATION	0	1,353,398	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,120,221	14.00
15.00	PHARMACY	-6,255	2,215,772	15.00
16.00	MEDICAL RECORDS & LIBRARY	-19,877	1,573,106	16.00
17.00	SOCIAL SERVICE	0	371,981	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-34,423	7,001,266	30.00
31.00	INTENSIVE CARE UNIT	-44,291	2,422,796	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	601,169	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-70,371	6,255,403	50.00
50.01	AMBULATORY SERVICES	0	999,919	50.01
50.02	ENDOSCOPY	0	620,105	50.02
51.00	RECOVERY ROOM	0	492,597	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,012,428	52.00
53.00	ANESTHESIOLOGY	0	327,657	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-368,824	6,005,836	54.00
55.00	RADIOLOGY-THERAPEUTIC	-2,078,894	9,639,983	55.00
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	-100,530	5,430,356	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	-8,421	1,400,349	65.00
66.00	PHYSICAL THERAPY	-94,407	2,301,226	66.00
67.00	OCCUPATIONAL THERAPY	0	237,398	67.00
68.00	SPEECH PATHOLOGY	0	119,430	68.00
69.00	ELECTROCARDIOLOGY	0	500,927	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-190,307	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,882,476	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,756,195	73.00
76.00	SLEEP LAB	-2,911	346,120	76.00
76.97	CARDIAC REHABILITATION	-96,773	617,216	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	241,087	90.00
91.00	EMERGENCY	-4,710,905	3,122,152	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	OUTPATIENT COUNSELING	-223,689	444,523	93.00
93.01	OUTSIDE SERVICES	0	327,391	93.01
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	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)	-15,051,306	120,941,301	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	255,143	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	OTHER NONREIMBURSABLE COST CENTERS	0	409,337	193.00
194.00	HOME OFFICE COSTS	0	0	194.00
194.01	COMMUNITY WELLNESS	0	497,915	194.01
200.00	TOTAL (SUM OF LINES 118-199)	-15,051,306	122,103,696	200.00

RECLASSIFICATIONS

Provider CCN: 140286

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAFETERIA						
1.00	CAFETERIA	11.00	614,023	710,249	1.00	
	TOTALS		614,023	710,249		
B - SCHEDULING COSTS						
1.00	OPERATING ROOM	50.00	55,470	2,008	1.00	
2.00	AMBULATORY SERVICES	50.01	90,895	3,290	2.00	
3.00	ENDOSCOPY	50.02	85,360	3,090	3.00	
	TOTALS		231,725	8,388		
C - NURSERY DELIVERY AND LABOR						
1.00	NURSERY	43.00	532,799	68,370	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	580,919	431,509	2.00	
	TOTALS		1,113,718	499,879		
D - MEDICAL SUPPLY						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	190,307	1.00	
	TOTALS		0	190,307		
E - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,591,700	1.00	
	TOTALS		0	3,591,700		
F - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,159,100	1.00	
	TOTALS		0	4,159,100		
G - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,756,195	1.00	
	TOTALS		0	2,756,195		
H - ROUTINE OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	12,150	1,577	1.00	
	TOTALS		12,150	1,577		
I - CLASSIFICATION OF ONCOLOGY COSTS						
1.00	EMPLOYEE BENEFITS	4.00	0	168,343	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	79,327	2.00	
	TOTALS		0	247,670		
J - PROFESSIONAL BUILDING COSTS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,215	1.00	
2.00	OUTPATIENT COUNSELING	93.00	0	11,427	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	3,439	3.00	
4.00	COMMUNITY WELLNESS	194.01	0	5,871	4.00	
	TOTALS		0	31,952		
K - MOB COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	52,854	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	56,069	2.00	
3.00	CARDIAC REHABILITATION	76.97	0	244,254	3.00	
4.00	SLEEP LAB	76.00	0	78,314	4.00	
	TOTALS		0	431,491		
L - KISH HEALTHCARE BUILDING COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,164	1.00	
2.00	EMERGENCY	91.00	0	22,838	2.00	
	TOTALS		0	50,002		
M - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,882,476	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	1,882,476		
500.00	Grand Total: Increases		1,971,616	14,560,986	500.00	

RECLASSIFICATIONS

Provider CCN: 140286

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	614,023	710,249	0		1.00
	TOTALS		614,023	710,249			
B - SCHEDULING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	231,725	8,388	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		231,725	8,388			
C - NURSERY DELIVERY AND LABOR							
1.00	ADULTS & PEDIATRICS	30.00	532,799	68,370	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	580,919	431,509	0		2.00
	TOTALS		1,113,718	499,879			
D - MEDICAL SUPPLY							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	190,307	0		1.00
	TOTALS		0	190,307			
E - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	3,591,700	11		1.00
	TOTALS		0	3,591,700			
F - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,159,100	9		1.00
	TOTALS		0	4,159,100			
G - DRUGS							
1.00	PHARMACY	15.00	0	2,756,195	0		1.00
	TOTALS		0	2,756,195			
H - ROUTINE OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	12,150	1,577	0		1.00
	TOTALS		12,150	1,577			
I - CLASSIFICATION OF ONCOLOGY COSTS							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	168,343	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	79,327	0		2.00
	TOTALS		0	247,670			
J - PROFESSIONAL BUILDING COSTS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	193.00	0	11,215	0		1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	193.00	0	11,427	0		2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	193.00	0	3,439	0		3.00
4.00	OTHER NONREIMBURSABLE COST CENTERS	193.00	0	5,871	0		4.00
	TOTALS		0	31,952			
K - MOB COSTS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	193.00	0	52,854	0		1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	193.00	0	56,069	0		2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	193.00	0	244,254	0		3.00
4.00	OTHER NONREIMBURSABLE COST CENTERS	193.00	0	78,314	0		4.00
	TOTALS		0	431,491			
L - KISH HEALTHCARE BUILDING COSTS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	193.00	0	27,164	0		1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	193.00	0	22,838	0		2.00
	TOTALS		0	50,002			
M - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	454,721	0		1.00
2.00	ENDOSCOPY	50.02	0	1,759	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,416,942	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,054	0		4.00
	TOTALS		0	1,882,476			
500.00	Grand Total: Decreases		1,971,616	14,560,986			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140286

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,565,547	435,000	0	435,000	0 1.00
2.00	Land Improvements	8,214,381	1,538,888	0	1,538,888	0 2.00
3.00	Buildings and Fixtures	79,351,125	11,032,016	0	11,032,016	0 3.00
4.00	Building Improvements	239,181	315,501	0	315,501	0 4.00
5.00	Fixed Equipment	591,822	64,927	0	64,927	0 5.00
6.00	Movable Equipment	38,411,800	4,433,668	0	4,433,668	11,995 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	130,373,856	17,820,000	0	17,820,000	11,995 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	130,373,856	17,820,000	0	17,820,000	11,995 10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	9,680,122	0	0	0	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0 2.00
3.00	Total (sum of lines 1-2)	9,680,122	0	0	0	0 3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	90,937,822	0	90,937,822	0.676480	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	43,490,222	0	43,490,222	0.323520	0 2.00
3.00	Total (sum of lines 1-2)	134,428,044	0	134,428,044	1.000000	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140286

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,000,547	0		1.00		
2.00	Land Improvements	9,753,269	0		2.00		
3.00	Buildings and Fixtures	90,383,141	0		3.00		
4.00	Building Improvements	554,682	0		4.00		
5.00	Fixed Equipment	656,749	0		5.00		
6.00	Movable Equipment	42,833,473	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	148,181,861	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	148,181,861	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	9,680,122		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	9,680,122		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,803,242	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,096,936	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,900,178	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140286

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

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	3,591,700	0	0	0	9,394,942	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,096,936	2.00
3.00	Total (sum of lines 1-2)	3,591,700	0	0	0	14,491,878	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140286

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

Worksheet A-8

Date/Time Prepared:
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		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00
3.00	Investment income - other (chapter 2)		0		0.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-190,307	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00
8.00	Television and radio service (chapter 21)		0		0.00
9.00	Parking lot (chapter 21)		0		0.00
10.00	Provider-based physician adjustment	A-8-2	-7,526,943		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00
12.00	Related organization transactions (chapter 10)	A-8-1	-340,297		12.00
13.00	Laundry and linen service		0		0.00
14.00	Cafeteria-employees and guests	B	-607,331	CAFETERIA	11.00
15.00	Rental of quarters to employee and others		0		0.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00
17.00	Sale of drugs to other than patients		0		0.00
18.00	Sale of medical records and abstracts	B	-13,068	MEDICAL RECORDS & LIBRARY	16.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00
20.00	Vending machines		0		0.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00
26.00	Depreciation - buildings and fixtures			NEW CAP REL COSTS-BLDG & FIXT	1.00
27.00	Depreciation - movable equipment			NEW CAP REL COSTS-MVBLE EQUIP	2.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00
29.00	Physicians' assistant			0	0.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00
33.00			0		0.00
33.02	LAMAZE REVENUE	B	-800	ADULTS & PEDIATRICS	30.00
33.05	EMS REVENUE	B	-41,981	EMERGENCY	91.00
33.08	PHYSICIAN RECRUITMENT & AMORTIZATION	A	-3,108,055	ADMINISTRATIVE & GENERAL	5.00
33.10	UR PT MISC INCOME	B	-83,002	PHYSICAL THERAPY	66.00
33.12	TALBOT PROPERTIES	A	-10,246	NEW CAP REL COSTS-BLDG & FIXT	1.00
33.13	IHA DUES	A	-17,607	ADMINISTRATIVE & GENERAL	5.00
33.14	MISC INCOME	B	-39,071	ADMINISTRATIVE & GENERAL	5.00
33.15	AHA DUES	A	-5,017	ADMINISTRATIVE & GENERAL	5.00
33.16	RTE 23 BLDG DEPRECIATION	A	-32,691	NEW CAP REL COSTS-BLDG & FIXT	1.00
33.17			0		0.00
33.18	ACCL DEPRECIATION ADJ	A	-1,790	NEW CAP REL COSTS-BLDG & FIXT	1.00
33.20	ACCL DEPRECIATION ADJ	A	606,902	NEW CAP REL COSTS-MVBLE EQUIP	2.00
33.21	MEDICAL BLDG DEPRECIATION	A	-42,745	NEW CAP REL COSTS-BLDG & FIXT	1.00
33.22	PHYSICIAN BILLING	A	-34,245	ADMINISTRATIVE & GENERAL	5.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140286

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

Worksheet A-8

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

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
33.23			0		0.00 33.23
33.26			0		0.00 33.26
33.27	PROPERTY TAX	A	-11,925	ADMINISTRATIVE & GENERAL	5.00 33.27
33.28	COMMUNITY RELATIONS	A	-672,932	ADMINISTRATIVE & GENERAL	5.00 33.28
33.30	ADMIN PHYSICIANS	A	-276,284	ADMINISTRATIVE & GENERAL	5.00 33.30
33.31	CONTRIBUTIONS	A	-262,409	ADMINISTRATIVE & GENERAL	5.00 33.31
33.32	CONTRIBUTIONS	A	-2,768	DIETARY	10.00 33.32
33.33	CONTRIBUTIONS	A	-6,824	EMERGENCY	91.00 33.33
33.34	CONTRIBUTIONS	A	-134	SLEEP LAB	76.00 33.34
33.35	MIS INCOME	B	-2,923	RADIOLOGY-THERAPEUTIC	55.00 33.35
33.36	MIS INCOME	B	-5,737	RADIOLOGY-DIAGNOSTIC	54.00 33.36
33.37	MIS INCOME	B	-92,214	CARDIAC REHABILITATION	76.97 33.37
34.00	MIS INCOME	B	-17,109	DIETARY	10.00 34.00
34.01	MIS INCOME	B	-6,809	MEDICAL RECORDS & LIBRARY	16.00 34.01
34.02	MIS INCOME CARELINE	B	-3,510	ADULTS & PEDIATRICS	30.00 34.02
34.03	MIS INCOME	B	-24,020	HOUSEKEEPING	9.00 34.03
34.04	MIS INCOME	B	-6,255	PHARMACY	15.00 34.04
34.05	PROVIDER TAX	A	-2,070,661	ADMINISTRATIVE & GENERAL	5.00 34.05
34.06	MIS INCOME	B	-50,410	ADMINISTRATIVE & GENERAL	5.00 34.06
34.07	EXCLUDE RECOGNIZED GAIN/LOSS ON WS A	A	20,283	NEW CAP REL COSTS-MVBLE EQUIP	2.00 34.07
34.09	TRADE, QUANTITY AND TIME DISCOUNTS	B	-70,371	OPERATING ROOM	50.00 34.09
34.12			0		0.00 34.12
35.00			0		0.00 35.00
36.00			0		0.00 36.00
37.00			0		0.00 37.00
38.00			0		0.00 38.00
39.00			0		0.00 39.00
40.00			0		0.00 40.00
41.00			0		0.00 41.00
42.00			0		0.00 42.00
43.00			0		0.00 43.00
44.00			0		0.00 44.00
45.00			0		0.00 45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,051,306		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140286

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

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

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	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		0	33.00
33.02	LAMAZE REVENUE	0	33.02
33.05	EMS REVENUE	0	33.05
33.08	PHYSICIAN RECRUITMENT & AMORTIZATION	0	33.08
33.10	UR PT MISC INCOME	0	33.10
33.12	TALBOT PROPERTIES	9	33.12
33.13	IHA DUES	0	33.13
33.14	MISC INCOME	0	33.14
33.15	AHA DUES	0	33.15
33.16	RTE 23 BLDG DEPRECIATION	9	33.16
33.17		0	33.17
33.18	ACCL DEPRECIATION ADJ	9	33.18
33.20	ACCL DEPRECIATION ADJ	9	33.20
33.21	MEDICAL BLDG DEPRECIATION	9	33.21
33.22	PHYSICIAN BILLING	0	33.22
33.23		0	33.23
33.26		0	33.26
33.27	PROPERTY TAX	0	33.27
33.28	COMMUNITY RELATIONS	0	33.28
33.30	ADMIN PHYSICIANS	0	33.30
33.31	CONTRIBUTIONS	0	33.31
33.32	CONTRIBUTIONS	0	33.32
33.33	CONTRIBUTIONS	0	33.33
33.34	CONTRIBUTIONS	0	33.34
33.35	MISC INCOME	0	33.35
33.36	MISC INCOME	0	33.36
33.37	MISC INCOME	0	33.37
34.00	MISC INCOME	0	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140286

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

Worksheet A-8

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

		Wkst. A-7 Ref.	
		5.00	
34.01	MISC INCOME	0	34.01
34.02	MISC INCOME CARELINE	0	34.02
34.03	MISC INCOME	0	34.03
34.04	MISC INCOME	0	34.04
34.05	PROVIDER TAX	0	34.05
34.06	MISC INCOME	0	34.06
34.07	EXCLUDE RECOGNIZED GAIN/LOSS ON WS A	9	34.07
34.09	TRADE, QUANTITY AND TIME DISCOUNTS	0	34.09
34.12		0	34.12
35.00		0	35.00
36.00		0	36.00
37.00		0	37.00
38.00		0	38.00
39.00		0	39.00
40.00		0	40.00
41.00		0	41.00
42.00		0	42.00
43.00		0	43.00
44.00		0	44.00
45.00		0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet A-8-1 Date/Time Prepared: 11/28/2011 1:41 pm
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	Line No.	Cost Center	Expense Items		
					1.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE EXPENSE	1.00
2.00		1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE EXPENSE	2.00
3.00		2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE EXPENSE	3.00
4.00		0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

	Symbol (1)	Name	Percentage of Ownership	
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		A	KISHHEALTH SYS	0.00	6.00
7.00				0.00	7.00
8.00				0.00	8.00
9.00				0.00	9.00
10.00				0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 140286
 Period: From 05/01/2010 To 04/30/2011
 Worksheet A-8-1
 Date/Time Prepared: 11/28/2011 1:41 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	4.00	5.00	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	10,115,082	11,135,722	-1,020,640	0	1.00	
2.00	369,692	0	369,692	9	2.00	
3.00	310,651	0	310,651	9	3.00	
4.00	0	0	0	0	4.00	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					5.00
	10,795,425	11,135,722	-340,297			

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

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

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

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

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

6.00		0.00	HEALTH CARE	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: 140286

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

Worksheet A-8-2

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

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDS	387,655	30,113	1.00
2.00	31.00	ICU	75,301	0	2.00
3.00	53.00	ANESTHESIOLOGY	44,720	0	3.00
4.00	54.00	RADIOLOGY DIAGNOSTIC	56,400	0	4.00
5.00	54.00	RADIOLOGY DIAGNOSTIC	331,371	331,371	5.00
6.00	54.00	RADIOLOGY DIAGNOSTIC	1,420	1,420	6.00
7.00	55.00	RADIOLOGY THERAPEUTIC	1,700,875	1,658,000	7.00
8.00	55.00	RADIOLOGY THERAPEUTIC	385,064	385,064	8.00
9.00	60.00	LABORATORY	60,948	0	9.00
10.00	60.00	LABORATORY	100,530	100,530	10.00
11.00	65.00	RESPIRATORY THERAPY	18,900	0	11.00
12.00	66.00	PHYSICAL THERAPY	15,750	0	12.00
13.00	76.97	CARDIAC REHAB	7,200	0	13.00
14.00	76.00	SLEEP LAB	13,000	0	14.00
15.00	91.00	EMERGENCY	4,662,100	4,662,100	15.00
16.00	93.00	OUTPATIENT COUNSELING	223,689	223,689	16.00
200.00		TOTAL (Lines 1.00 through 199.00)	8,084,923	7,392,287	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140286

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

Worksheet A-8-2

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

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	357,542	196,400	4,040	381,469	19,073	1.00
2.00	75,301	177,200	364	31,010	1,551	2.00
3.00	44,720	200,300	2,249	216,574	10,829	3.00
4.00	56,400	225,300	241	26,104	1,305	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	42,875	177,200	117	9,968	498	7.00
8.00	0	0	0	0	0	8.00
9.00	60,948	215,700	1,423	147,568	7,378	9.00
10.00	0	0	0	0	0	10.00
11.00	18,900	177,200	123	10,479	524	11.00
12.00	15,750	177,200	51	4,345	217	12.00
13.00	7,200	177,200	31	2,641	132	13.00
14.00	13,000	177,200	120	10,223	511	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
200.00	692,636		8,759	840,381	42,018	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140286

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

Worksheet A-8-2

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

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	381,469	1.00
2.00	0	0	0	0	31,010	2.00
3.00	0	0	0	0	216,574	3.00
4.00	0	0	0	0	26,104	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	9,968	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	147,568	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	10,479	11.00
12.00	0	0	0	0	4,345	12.00
13.00	0	0	0	0	2,641	13.00
14.00	0	0	0	0	10,223	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
200.00	0	0	0	0	840,381	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140286

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

Worksheet A-8-2

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

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	30,113	1.00
2.00	44,291	44,291	2.00
3.00	0	0	3.00
4.00	30,296	30,296	4.00
5.00	0	331,371	5.00
6.00	0	1,420	6.00
7.00	32,907	1,690,907	7.00
8.00	0	385,064	8.00
9.00	0	0	9.00
10.00	0	100,530	10.00
11.00	8,421	8,421	11.00
12.00	11,405	11,405	12.00
13.00	4,559	4,559	13.00
14.00	2,777	2,777	14.00
15.00	0	4,662,100	15.00
16.00	0	223,689	16.00
200.00	134,656	7,526,943	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

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

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	9,394,942	9,394,942				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	5,096,936		5,096,936			2.00
4.00 EMPLOYEE BENEFITS	15,507,738	0	2,903	15,510,641		4.00
5.00 ADMINISTRATIVE & GENERAL	25,782,098	1,008,183	1,234,597	2,375,265	30,400,143	5.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	436,830	57,805	0	0	494,635	8.00
9.00 HOUSEKEEPING	1,109,813	278,521	3,392	276,871	1,668,597	9.00
10.00 DIETARY	593,726	57,096	31,936	114,384	797,142	10.00
11.00 CAFETERIA	716,941	330,564	68,938	246,863	1,363,306	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 MAINTENANCE OF PLANT	561,794	662,680	33,742	0	1,258,216	12.01
13.00 NURSING ADMINISTRATION	1,353,398	41,581	17,541	417,646	1,830,166	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,120,221	175,411	29,625	87,235	1,412,492	14.00
15.00 PHARMACY	2,215,772	135,116	12,742	759,811	3,123,441	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,573,106	83,162	0	510,526	2,166,794	16.00
17.00 SOCIAL SERVICE	371,981	0	0	148,827	520,808	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,001,266	1,800,968	102,938	2,528,232	11,433,404	30.00
31.00 INTENSIVE CARE UNIT	2,422,796	446,397	200,542	877,949	3,947,684	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	601,169	48,009	42,983	214,208	906,369	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,255,403	753,821	357,223	535,441	7,901,888	50.00
50.01 AMBULATORY SERVICES	999,919	350,512	3,211	355,726	1,709,368	50.01
50.02 ENDOSCOPY	620,105	22,697	25,250	157,227	825,279	50.02
51.00 RECOVERY ROOM	492,597	84,979	38,864	187,942	804,382	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,012,428	124,477	46,857	233,554	1,417,316	52.00
53.00 ANESTHESIOLOGY	327,657	4,123	58,282	0	390,062	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,005,836	700,625	2,358,958	1,235,236	10,300,655	54.00
55.00 RADIOLOGY-THERAPEUTIC	9,639,983	559,791	34,301	340,351	10,574,426	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	5,430,356	339,519	130,027	830,196	6,730,098	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,400,349	15,604	50,964	477,375	1,944,292	65.00
66.00 PHYSICAL THERAPY	2,301,226	28,725	21,639	623,409	2,974,999	66.00
67.00 OCCUPATIONAL THERAPY	237,398	0	0	92,267	329,665	67.00
68.00 SPEECH PATHOLOGY	119,430	0	0	0	119,430	68.00
69.00 ELECTROCARDIOLOGY	500,927	56,121	20,750	141,383	719,181	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	1,882,476	0	0	0	1,882,476	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,756,195	0	0	0	2,756,195	73.00
76.00 SLEEP LAB	346,120	0	0	0	346,120	76.00
76.97 CARDIAC REHABILITATION	617,216	0	20,687	173,194	811,097	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	241,087	54,525	7,378	88,590	391,580	90.00
91.00 EMERGENCY	3,122,152	718,003	125,420	1,128,879	5,094,454	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OUTPATIENT COUNSELING	444,523	84,580	0	146,095	675,198	93.00
93.01 OUTSIDE SERVICES	327,391	0	0	0	327,391	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
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)	120,941,301	9,023,595	5,081,690	15,304,682	120,348,749	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	255,143	39,497	12,470	36,880	343,990	190.00
191.00 RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

Worksheet B
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 OTHER NONREIMBURSABLE COST CENTERS	409,337	0	0	12,409	421,746	193.00
194.00 HOME OFFICE COSTS	0	288,407	0	0	288,407	194.00
194.01 COMMUNITY WELLNESS	497,915	43,443	2,776	156,670	700,804	194.01
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	122,103,696	9,394,942	5,096,936	15,510,641	122,103,696	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm		
Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL	30,400,143				5.00
7.00	OPERATION OF PLANT	0	0			7.00
8.00	LAUNDRY & LINEN SERVICE	163,974	0	658,609		8.00
9.00	HOUSEKEEPING	553,148	0	0	2,221,745	9.00
10.00	DIETARY	264,257	0	0	14,626	1,076,025
11.00	CAFETERIA	451,943	0	0	84,677	0
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01	MAINTENANCE OF PLANT	417,105	0	0	169,750	0
13.00	NURSING ADMINISTRATION	606,709	0	0	30,920	0
14.00	CENTRAL SERVICES & SUPPLY	468,248	0	0	44,933	0
15.00	PHARMACY	1,035,436	0	0	34,611	0
16.00	MEDICAL RECORDS & LIBRARY	718,303	0	0	21,303	0
17.00	SOCIAL SERVICE	172,650	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,790,186	0	255,048	461,331	938,405
31.00	INTENSIVE CARE UNIT	1,308,677	0	46,336	114,348	137,620
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	300,466	0	10,989	12,298	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,619,515	0	66,195	193,097	0
50.01	AMBULATORY SERVICES	566,664	0	46,336	89,786	0
50.02	ENDOSCOPY	273,584	0	1,652	5,814	0
51.00	RECOVERY ROOM	266,657	0	13,239	21,768	0
52.00	DELIVERY ROOM & LABOR ROOM	469,847	0	11,982	31,886	0
53.00	ANESTHESIOLOGY	129,308	0	0	1,056	0
54.00	RADIOLOGY-DIAGNOSTIC	3,414,719	0	74,993	179,471	0
55.00	RADIOLOGY-THERAPEUTIC	3,505,475	0	3,304	32,306	0
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	2,231,061	0	0	86,970	0
60.01	BLOOD LABORATORY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	644,543	0	0	3,997	0
66.00	PHYSICAL THERAPY	986,227	0	6,619	7,358	0
67.00	OCCUPATIONAL THERAPY	109,286	0	0	0	0
68.00	SPEECH PATHOLOGY	39,592	0	0	0	0
69.00	ELECTROCARDIOLOGY	238,412	0	8,870	14,376	0
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	624,050	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	913,692	0	0	0	0
76.00	SLEEP LAB	114,741	0	3,304	28,309	0
76.97	CARDIAC REHABILITATION	268,883	0	1,652	88,299	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	129,811	0	8,798	13,967	0
91.00	EMERGENCY	1,688,837	0	99,292	145,734	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	OUTPATIENT COUNSELING	223,832	0	0	21,666	0
93.01	OUTSIDE SERVICES	108,532	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0
101.00	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
113.00	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	29,818,370	0	658,609	1,954,657	1,076,025
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	114,034	0	0	16,227	0
191.00	RESEARCH	0	0	0	0	0
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	OTHER NONREIMBURSABLE COST CENTERS	139,811	0	0	14,864	0
194.00	HOME OFFICE COSTS	95,608	0	0	224,869	0
194.01	COMMUNITY WELLNESS	232,320	0	0	11,128	0
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

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Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	30,400,143	0	658,609	2,221,745	1,076,025	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	1,899,926					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0				12.00
12.01	MAINTENANCE OF PLANT	0	0	1,845,071			12.01
13.00	NURSING ADMINISTRATION	57,386	0	4,817	2,529,998		13.00
14.00	CENTRAL SERVICES & SUPPLY	20,092	0	52,362	0	1,998,127	14.00
15.00	PHARMACY	74,410	0	40,334	0	15,507	15.00
16.00	MEDICAL RECORDS & LIBRARY	90,362	0	24,825	0	25	16.00
17.00	SOCIAL SERVICE	14,489	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	339,107	0	537,612	1,082,641	56,155	30.00
31.00	INTENSIVE CARE UNIT	95,002	0	133,255	303,304	19,744	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	25,553	0	14,331	81,580	5,205	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	63,525	0	225,025	202,810	940,694	50.00
50.01	AMBULATORY SERVICES	42,076	0	104,632	134,333	10,974	50.01
50.02	ENDOSCOPY	17,701	0	6,775	56,513	34,250	50.02
51.00	RECOVERY ROOM	16,524	0	25,367	52,753	3,923	51.00
52.00	DELIVERY ROOM & LABOR ROOM	27,837	0	37,158	88,872	5,674	52.00
53.00	ANESTHESIOLOGY	0	0	1,231	0	29,398	53.00
54.00	RADIOLOGY-DIAGNOSTIC	144,644	0	209,145	0	221,250	54.00
55.00	RADIOLOGY-THERAPEUTIC	48,928	0	12,876	0	24,267	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	132,760	0	101,350	0	36,436	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	66,737	0	4,658	0	16,182	65.00
66.00	PHYSICAL THERAPY	76,123	0	8,575	0	5,397	66.00
67.00	OCCUPATIONAL THERAPY	9,707	0	0	0	237	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	12,598	0	16,753	0	1,776	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	185,233	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	361,910	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	SLEEP LAB	0	0	0	0	293	76.00
76.97	CARDIAC REHABILITATION	20,592	0	0	0	1,123	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	11,420	0	16,276	0	1,975	90.00
91.00	EMERGENCY	147,392	0	169,831	470,565	20,172	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OUTPATIENT COUNSELING	17,737	0	0	56,627	196	93.00
93.01	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
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)	1,572,702	0	1,747,188	2,529,998	1,997,996	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,065	0	11,790	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	OTHER NONREIMBURSABLE COST CENTERS	2,962	0	0	0	78	193.00
194.00	HOME OFFICE COSTS	295,533	0	86,093	0	0	194.00
194.01	COMMUNITY WELLNESS	19,664	0	0	0	53	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
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Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	11.00	12.00	12.01	13.00	14.00	
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)	1,899,926	0	1,845,071	2,529,998	1,998,127	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
12.01	MAINTENANCE OF PLANT						12.01
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	4,323,739					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,021,612				16.00
17.00	SOCIAL SERVICE	0	0	707,947			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	235,279	571,557	19,700,725	0	30.00
31.00	INTENSIVE CARE UNIT	0	52,463	83,821	6,242,254	0	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	13,449	52,569	1,422,809	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	287,959	0	12,500,708	0	50.00
50.01	AMBULATORY SERVICES	0	19,674	0	2,723,843	0	50.01
50.02	ENDOSCOPY	0	45,121	0	1,266,689	0	50.02
51.00	RECOVERY ROOM	0	11,796	0	1,216,409	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	12,124	0	2,102,696	0	52.00
53.00	ANESTHESIOLOGY	0	6,086	0	557,141	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	641,588	0	15,186,465	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,251,835	298,857	0	17,752,274	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	389,761	0	9,708,436	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	126,663	0	2,807,072	0	65.00
66.00	PHYSICAL THERAPY	0	39,318	0	4,104,616	0	66.00
67.00	OCCUPATIONAL THERAPY	0	7,495	0	456,390	0	67.00
68.00	SPEECH PATHOLOGY	0	2,205	0	161,227	0	68.00
69.00	ELECTROCARDIOLOGY	0	26,662	0	1,038,628	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,499	0	1,499	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,803	0	233,036	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	73,137	0	2,941,573	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,071,904	486,151	0	5,227,942	0	73.00
76.00	SLEEP LAB	0	10,043	0	502,810	0	76.00
76.97	CARDIAC REHABILITATION	0	6,634	0	1,198,280	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	8,403	0	582,230	0	90.00
91.00	EMERGENCY	0	164,460	0	8,000,737	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OUTPATIENT COUNSELING	0	4,423	0	999,679	0	93.00
93.01	OUTSIDE SERVICES	0	2,559	0	438,482	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
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)	4,323,739	3,021,612	707,947	119,074,650	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	495,106	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	579,461	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	15.00	16.00	17.00	24.00	25.00	
194.00 HOME OFFICE COSTS	0	0	0	990,510	0	194.00
194.01 COMMUNITY WELLNESS	0	0	0	963,969	0	194.01
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,323,739	3,021,612	707,947	122,103,696		202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
12.01	MAINTENANCE OF PLANT		12.01
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	19,700,725	30.00
31.00	INTENSIVE CARE UNIT	6,242,254	31.00
40.00	SUBPROVIDER - I PF	0	40.00
41.00	SUBPROVIDER - I RF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	1,422,809	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	12,500,708	50.00
50.01	AMBULATORY SERVICES	2,723,843	50.01
50.02	ENDOSCOPY	1,266,689	50.02
51.00	RECOVERY ROOM	1,216,409	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,102,696	52.00
53.00	ANESTHESIOLOGY	557,141	53.00
54.00	RADIOLOGY-DIAGNOSTIC	15,186,465	54.00
55.00	RADIOLOGY-THERAPEUTIC	17,752,274	55.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	9,708,436	60.00
60.01	BLOOD LABORATORY	0	60.01
65.00	RESPIRATORY THERAPY	2,807,072	65.00
66.00	PHYSICAL THERAPY	4,104,616	66.00
67.00	OCCUPATIONAL THERAPY	456,390	67.00
68.00	SPEECH PATHOLOGY	161,227	68.00
69.00	ELECTROCARDIOLOGY	1,038,628	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,499	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	233,036	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,941,573	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,227,942	73.00
76.00	SLEEP LAB	502,810	76.00
76.97	CARDIAC REHABILITATION	1,198,280	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	582,230	90.00
91.00	EMERGENCY	8,000,737	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	OUTPATIENT COUNSELING	999,679	93.00
93.01	OUTSIDE SERVICES	438,482	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	0	99.10
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
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)	119,074,650	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	495,106	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	OTHER NONREIMBURSABLE COST CENTERS	579,461	193.00
194.00	HOME OFFICE COSTS	990,510	194.00
194.01	COMMUNITY WELLNESS	963,969	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/28/2011 1:41 pm
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Cost Center Description	Total	
	26.00	
202.00 TOTAL (sum lines 118-201)	122,103,696	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:
From 05/01/2010
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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			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	0	2,903	2,903	4.00
5.00	ADMINISTRATIVE & GENERAL	52,570	1,008,183	1,234,597	2,295,350	5.00
7.00	OPERATION OF PLANT	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	57,805	0	57,805	8.00
9.00	HOUSEKEEPING	0	278,521	3,392	281,913	9.00
10.00	DIETARY	0	57,096	31,936	89,032	10.00
11.00	CAFETERIA	0	330,564	68,938	399,502	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	MAINTENANCE OF PLANT	0	662,680	33,742	696,422	12.01
13.00	NURSING ADMINISTRATION	59,828	41,581	17,541	118,950	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	175,411	29,625	205,036	14.00
15.00	PHARMACY	0	135,116	12,742	147,858	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	83,162	0	83,162	16.00
17.00	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,800,968	102,938	1,903,906	30.00
31.00	INTENSIVE CARE UNIT	0	446,397	200,542	646,939	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	48,009	42,983	90,992	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	753,821	357,223	1,111,044	50.00
50.01	AMBULATORY SERVICES	0	350,512	3,211	353,723	50.01
50.02	ENDOSCOPY	0	22,697	25,250	47,947	50.02
51.00	RECOVERY ROOM	0	84,979	38,864	123,843	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	124,477	46,857	171,334	52.00
53.00	ANESTHESIOLOGY	0	4,123	58,282	62,405	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	700,625	2,358,958	3,059,583	54.00
55.00	RADIOLOGY-THERAPEUTIC	5,750	559,791	34,301	599,842	55.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	16,044	339,519	130,027	485,590	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	15,604	50,964	66,568	65.00
66.00	PHYSICAL THERAPY	627,194	28,725	21,639	677,558	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	56,121	20,750	76,871	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
76.00	SLEEP LAB	77,924	0	0	77,924	76.00
76.97	CARDIAC REHABILITATION	243,003	0	20,687	263,690	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	54,525	7,378	61,903	90.00
91.00	EMERGENCY	0	718,003	125,420	843,423	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	OUTPATIENT COUNSELING	40,134	84,580	0	124,714	93.00
93.01	OUTSIDE SERVICES	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
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)	1,122,447	9,023,595	5,081,690	15,227,732	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,037	39,497	12,470	67,004	190.00
191.00	RESEARCH	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

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

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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	2.00			
193.00 OTHER NONREIMBURSABLE COST CENTERS	4,117	0	0	4,117	2	193.00
194.00 HOME OFFICE COSTS	0	288,407	0	288,407	0	194.00
194.01 COMMUNITY WELLNESS	0	43,443	2,776	46,219	29	194.01
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,141,601	9,394,942	5,096,936	15,633,479	2,903	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	2,295,793					5.00
7.00	OPERATION OF PLANT	0	0				7.00
8.00	LAUNDRY & LINEN SERVICE	12,383	0	70,188			8.00
9.00	HOUSEKEEPING	41,773	0	0	323,738		9.00
10.00	DIETARY	19,956	0	0	2,131	111,140	10.00
11.00	CAFETERIA	34,130	0	0	12,339	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	MAINTENANCE OF PLANT	31,499	0	0	24,735	0	12.01
13.00	NURSING ADMINISTRATION	45,818	0	0	4,506	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	35,362	0	0	6,547	0	14.00
15.00	PHARMACY	78,195	0	0	5,043	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	54,246	0	0	3,104	0	16.00
17.00	SOCIAL SERVICE	13,038	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	286,231	0	27,181	67,224	96,926	30.00
31.00	INTENSIVE CARE UNIT	98,830	0	4,938	16,662	14,214	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	22,691	0	1,171	1,792	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	197,824	0	7,054	28,137	0	50.00
50.01	AMBULATORY SERVICES	42,794	0	4,938	13,083	0	50.01
50.02	ENDOSCOPY	20,661	0	176	847	0	50.02
51.00	RECOVERY ROOM	20,138	0	1,411	3,172	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	35,483	0	1,277	4,646	0	52.00
53.00	ANESTHESIOLOGY	9,765	0	0	154	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	257,877	0	7,992	26,151	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	264,731	0	352	4,707	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	168,488	0	0	12,673	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	48,675	0	0	582	0	65.00
66.00	PHYSICAL THERAPY	74,479	0	705	1,072	0	66.00
67.00	OCCUPATIONAL THERAPY	8,253	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	2,990	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	18,005	0	945	2,095	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	47,128	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	69,001	0	0	0	0	73.00
76.00	SLEEP LAB	8,665	0	352	4,125	0	76.00
76.97	CARDIAC REHABILITATION	20,306	0	176	12,866	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	9,803	0	938	2,035	0	90.00
91.00	EMERGENCY	127,540	0	10,582	21,235	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OUTPATIENT COUNSELING	16,904	0	0	3,157	0	93.00
93.01	OUTSIDE SERVICES	8,196	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
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)	2,251,858	0	70,188	284,820	111,140	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,612	0	0	2,364	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	OTHER NONREIMBURSABLE COST CENTERS	10,558	0	0	2,166	0	193.00
194.00	HOME OFFICE COSTS	7,220	0	0	32,766	0	194.00
194.01	COMMUNITY WELLNESS	17,545	0	0	1,622	0	194.01
200.00	Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286			Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,295,793	0	70,188	323,738	111,140	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	446,017					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0				12.00
12.01	MAINTENANCE OF PLANT	0	0	752,656			12.01
13.00	NURSING ADMINISTRATION	13,472	0	1,965	184,789		13.00
14.00	CENTRAL SERVICES & SUPPLY	4,717	0	21,360	0	273,038	14.00
15.00	PHARMACY	17,468	0	16,453	0	2,119	15.00
16.00	MEDICAL RECORDS & LIBRARY	21,213	0	10,127	0	3	16.00
17.00	SOCIAL SERVICE	3,401	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	79,607	0	219,306	79,074	7,674	30.00
31.00	INTENSIVE CARE UNIT	22,302	0	54,358	22,153	2,698	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	5,999	0	5,846	5,959	711	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	14,913	0	91,794	14,813	128,541	50.00
50.01	AMBULATORY SERVICES	9,878	0	42,682	9,812	1,500	50.01
50.02	ENDOSCOPY	4,155	0	2,764	4,128	4,680	50.02
51.00	RECOVERY ROOM	3,879	0	10,348	3,853	536	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,535	0	15,158	6,491	775	52.00
53.00	ANESTHESIOLOGY	0	0	502	0	4,017	53.00
54.00	RADIOLOGY-DIAGNOSTIC	33,956	0	85,316	0	30,234	54.00
55.00	RADIOLOGY-THERAPEUTIC	11,486	0	5,252	0	3,316	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	31,166	0	41,344	0	4,979	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	15,667	0	1,900	0	2,211	65.00
66.00	PHYSICAL THERAPY	17,870	0	3,498	0	738	66.00
67.00	OCCUPATIONAL THERAPY	2,279	0	0	0	32	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,957	0	6,834	0	243	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	25,312	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	49,455	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	SLEEP LAB	0	0	0	0	40	76.00
76.97	CARDIAC REHABILITATION	4,834	0	0	0	153	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	2,681	0	6,640	0	270	90.00
91.00	EMERGENCY	34,601	0	69,279	34,370	2,756	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OUTPATIENT COUNSELING	4,164	0	0	4,136	27	93.00
93.01	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
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)	369,200	0	712,726	184,789	273,020	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,128	0	4,810	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	OTHER NONREIMBURSABLE COST CENTERS	695	0	0	0	11	193.00
194.00	HOME OFFICE COSTS	69,378	0	35,120	0	0	194.00
194.01	COMMUNITY WELLNESS	4,616	0	0	0	7	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
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)	446,017	0	752,656	184,789	273,038	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	15.00	16.00	17.00	24.00	25.00		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
12.01	MAINTENANCE OF PLANT						12.01
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	267,278					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	171,950				16.00
17.00	SOCIAL SERVICE	0	0	16,467			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	13,382	13,294	2,794,288	0	30.00
31.00	INTENSIVE CARE UNIT	0	2,984	1,950	888,192	0	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	765	1,223	137,189	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	16,378	0	1,610,598	0	50.00
50.01	AMBULATORY SERVICES	0	1,119	0	479,595	0	50.01
50.02	ENDOSCOPY	0	2,566	0	87,953	0	50.02
51.00	RECOVERY ROOM	0	671	0	167,886	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	690	0	242,433	0	52.00
53.00	ANESTHESIOLOGY	0	346	0	77,189	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	36,583	0	3,537,922	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	201,016	16,998	0	1,107,763	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	22,168	0	766,563	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	7,204	0	142,896	0	65.00
66.00	PHYSICAL THERAPY	0	2,236	0	778,272	0	66.00
67.00	OCCUPATIONAL THERAPY	0	426	0	11,007	0	67.00
68.00	SPEECH PATHOLOGY	0	125	0	3,115	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,516	0	109,492	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	85	0	85	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,719	0	28,031	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	4,160	0	100,743	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	66,262	27,651	0	162,914	0	73.00
76.00	SLEEP LAB	0	571	0	91,677	0	76.00
76.97	CARDIAC REHABILITATION	0	377	0	302,434	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	478	0	84,765	0	90.00
91.00	EMERGENCY	0	9,354	0	1,153,351	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OUTPATIENT COUNSELING	0	252	0	153,381	0	93.00
93.01	OUTSIDE SERVICES	0	146	0	8,342	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
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)	267,278	171,950	16,467	15,028,076	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	84,925	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	17,549	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286			Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		15.00	16.00	17.00	24.00	25.00		
194.00	HOME OFFICE COSTS	0	0	0	432,891	0		194.00
194.01	COMMUNITY WELLNESS	0	0	0	70,038	0		194.01
200.00	Cross Foot Adjustments				0	0		200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	267,278	171,950	16,467	15,633,479	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
12.01	MAINTENANCE OF PLANT		12.01
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	2,794,288	30.00
31.00	INTENSIVE CARE UNIT	888,192	31.00
40.00	SUBPROVIDER - IPF	0	40.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	137,189	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	1,610,598	50.00
50.01	AMBULATORY SERVICES	479,595	50.01
50.02	ENDOSCOPY	87,953	50.02
51.00	RECOVERY ROOM	167,886	51.00
52.00	DELIVERY ROOM & LABOR ROOM	242,433	52.00
53.00	ANESTHESIOLOGY	77,189	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,537,922	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,107,763	55.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	766,563	60.00
60.01	BLOOD LABORATORY	0	60.01
65.00	RESPIRATORY THERAPY	142,896	65.00
66.00	PHYSICAL THERAPY	778,272	66.00
67.00	OCCUPATIONAL THERAPY	11,007	67.00
68.00	SPEECH PATHOLOGY	3,115	68.00
69.00	ELECTROCARDIOLOGY	109,492	69.00
70.00	ELECTROENCEPHALOGRAPHY	85	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,031	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	100,743	72.00
73.00	DRUGS CHARGED TO PATIENTS	162,914	73.00
76.00	SLEEP LAB	91,677	76.00
76.97	CARDIAC REHABILITATION	302,434	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	84,765	90.00
91.00	EMERGENCY	1,153,351	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	OUTPATIENT COUNSELING	153,381	93.00
93.01	OUTSIDE SERVICES	8,342	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	0	99.10
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
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)	15,028,076	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	84,925	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	OTHER NONREIMBURSABLE COST CENTERS	17,549	193.00
194.00	HOME OFFICE COSTS	432,891	194.00
194.01	COMMUNITY WELLNESS	70,038	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/28/2011 1:41 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	15,633,479		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1

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

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	211,935						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		3,691,975					2.00
4.00 EMPLOYEE BENEFITS	0	2,103	38,579,662				4.00
5.00 ADMINISTRATIVE & GENERAL	22,743	894,282	5,908,001	-30,400,143	91,703,553		5.00
7.00 OPERATION OF PLANT	0	0	0	0	0		7.00
8.00 LAUNDRY & LINEN SERVICE	1,304	0	0	0	494,635		8.00
9.00 HOUSEKEEPING	6,283	2,457	688,661	0	1,668,597		9.00
10.00 DIETARY	1,288	23,133	284,508	0	797,142		10.00
11.00 CAFETERIA	7,457	49,935	614,023	0	1,363,306		11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
12.01 MAINTENANCE OF PLANT	14,949	24,441	0	0	1,258,216		12.01
13.00 NURSING ADMINISTRATION	938	12,706	1,038,811	0	1,830,166		13.00
14.00 CENTRAL SERVICES & SUPPLY	3,957	21,459	216,980	0	1,412,492		14.00
15.00 PHARMACY	3,048	9,230	1,889,879	0	3,123,441		15.00
16.00 MEDICAL RECORDS & LIBRARY	1,876	0	1,269,832	0	2,166,794		16.00
17.00 SOCIAL SERVICE	0	0	370,178	0	520,808		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	40,627	74,563	6,288,490	0	11,433,404		30.00
31.00 INTENSIVE CARE UNIT	10,070	145,263	2,183,725	0	3,947,684		31.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0		40.00
41.00 SUBPROVIDER - I/RF	0	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	1,083	31,135	532,799	0	906,369		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	17,005	258,755	1,331,804	0	7,901,888		50.00
50.01 AMBULATORY SERVICES	7,907	2,326	884,799	0	1,709,368		50.01
50.02 ENDOSCOPY	512	18,290	391,072	0	825,279		50.02
51.00 RECOVERY ROOM	1,917	28,151	467,468	0	804,382		51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,808	33,941	580,919	0	1,417,316		52.00
53.00 ANESTHESIOLOGY	93	42,217	0	0	390,062		53.00
54.00 RADIOLOGY-DIAGNOSTIC	15,805	1,708,716	3,072,406	0	10,300,655		54.00
55.00 RADIOLOGY-THERAPEUTIC	12,628	24,846	846,556	0	10,574,426		55.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	7,659	94,185	2,064,948	0	6,730,098		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
65.00 RESPIRATORY THERAPY	352	36,916	1,187,375	0	1,944,292		65.00
66.00 PHYSICAL THERAPY	648	15,674	1,550,607	0	2,974,999		66.00
67.00 OCCUPATIONAL THERAPY	0	0	229,495	0	329,665		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	119,430		68.00
69.00 ELECTROCARDIOLOGY	1,266	15,030	351,662	0	719,181		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	1,882,476		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,756,195		73.00
76.00 SLEEP LAB	0	0	0	0	346,120		76.00
76.97 CARDIAC REHABILITATION	0	14,985	430,787	0	811,097		76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 CLINIC	1,230	5,344	220,349	0	391,580		90.00
91.00 EMERGENCY	16,197	90,848	2,807,864	0	5,094,454		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00 OUTPATIENT COUNSELING	1,908	0	363,382	0	675,198		93.00
93.01 OUTSIDE SERVICES	0	0	0	0	327,391		93.01
OTHER REIMBURSABLE COST CENTERS							
99.10 CORF	0	0	0	0	0		99.10
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)	203,558	3,680,931	38,067,380	-30,400,143	89,948,606		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	891	9,033	91,732	0	343,990		190.00
191.00 RESEARCH	0	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1

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

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
193.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	30,864	0	421,746	193.00	
194.00 HOME OFFICE COSTS	6,506	0	0	0	288,407	194.00	
194.01 COMMUNITY WELLNESS	980	2,011	389,686	0	700,804	194.01	
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)	9,394,942	5,096,936	15,510,641		30,400,143	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	44.329356	1.380545	0.402042		0.331505	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			2,903		2,295,793	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000075		0.025035	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

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

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT	0					7.00
8.00 LAUNDRY & LINEN SERVICE	0	55,021				8.00
9.00 HOUSEKEEPING	0	0	195,657			9.00
10.00 DIETARY	0	0	1,288	20,845		10.00
11.00 CAFETERIA	0	0	7,457	0	53,237	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 MAINTENANCE OF PLANT	0	0	14,949	0	0	12.01
13.00 NURSING ADMINISTRATION	0	0	2,723	0	1,608	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	3,957	0	563	14.00
15.00 PHARMACY	0	0	3,048	0	2,085	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	1,876	0	2,532	16.00
17.00 SOCIAL SERVICE	0	0	0	0	406	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	21,307	40,627	18,179	9,502	30.00
31.00 INTENSIVE CARE UNIT	0	3,871	10,070	2,666	2,662	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	918	1,083	0	716	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	5,530	17,005	0	1,780	50.00
50.01 AMBULATORY SERVICES	0	3,871	7,907	0	1,179	50.01
50.02 ENDOSCOPY	0	138	512	0	496	50.02
51.00 RECOVERY ROOM	0	1,106	1,917	0	463	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,001	2,808	0	780	52.00
53.00 ANESTHESIOLOGY	0	0	93	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	6,265	15,805	0	4,053	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	276	2,845	0	1,371	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	7,659	0	3,720	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	352	0	1,870	65.00
66.00 PHYSICAL THERAPY	0	553	648	0	2,133	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	272	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	741	1,266	0	353	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 SLEEP LAB	0	276	2,493	0	0	76.00
76.97 CARDIAC REHABILITATION	0	138	7,776	0	577	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	735	1,230	0	320	90.00
91.00 EMERGENCY	0	8,295	12,834	0	4,130	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OUTPATIENT COUNSELING	0	0	1,908	0	497	93.00
93.01 OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
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)	0	55,021	172,136	20,845	44,068	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,429	0	254	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	1,309	0	83	193.00
194.00 HOME OFFICE COSTS	0	0	19,803	0	8,281	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1

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

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
	7.00	8.00	9.00	10.00	11.00	
194.01 COMMUNITY WELLNESS	0	0	980	0	551	194.01
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	658,609	2,221,745	1,076,025	1,899,926	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	11.970139	11.355305	51.620293	35.688074	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	70,188	323,738	111,140	446,017	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	1.275658	1.654620	5.331734	8.377951	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1

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

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		12.00	12.01	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL	0					12.00
12.01	MAINTENANCE OF PLANT	0	139,431				12.01
13.00	NURSING ADMINISTRATION	0	364	22,205			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	3,957	0	10,393,254		14.00
15.00	PHARMACY	0	3,048	0	80,658	11,117,667	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,876	0	130	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	40,627	9,502	292,092	0	30.00
31.00	INTENSIVE CARE UNIT	0	10,070	2,662	102,697	0	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	1,083	716	27,074	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	17,005	1,780	4,893,010	0	50.00
50.01	AMBULATORY SERVICES	0	7,907	1,179	57,079	0	50.01
50.02	ENDOSCOPY	0	512	496	178,153	0	50.02
51.00	RECOVERY ROOM	0	1,917	463	20,408	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,808	780	29,514	0	52.00
53.00	ANESTHESIOLOGY	0	93	0	152,916	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	15,805	0	1,150,832	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	973	0	126,223	8,361,472	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	7,659	0	189,524	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	352	0	84,170	0	65.00
66.00	PHYSICAL THERAPY	0	648	0	28,073	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	1,233	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,266	0	9,237	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	963,492	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,882,476	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,756,195	73.00
76.00	SLEEP LAB	0	0	0	1,524	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	5,841	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	1,230	0	10,273	0	90.00
91.00	EMERGENCY	0	12,834	4,130	104,924	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OUTPATIENT COUNSELING	0	0	497	1,020	0	93.00
93.01	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
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)	0	132,034	22,205	10,392,573	11,117,667	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	891	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	405	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1

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

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		12.00	12.01	13.00	14.00	15.00	
194.00	HOME OFFICE COSTS	0	6,506	0	0	0	194.00
194.01	COMMUNITY WELLNESS	0	0	0	276	0	194.01
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	1,845,071	2,529,998	1,998,127	4,323,739	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	13.232861	113.938212	0.192252	0.388907	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	752,656	184,789	273,038	267,278	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	5.398054	8.321955	0.026271	0.024041	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

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

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		16.00	17.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
12.01	MAINTENANCE OF PLANT			12.01
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY	347,176,593		16.00
17.00	SOCIAL SERVICE	0	22,517	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	27,034,223	18,179	30.00
31.00	INTENSIVE CARE UNIT	6,028,199	2,666	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	1,545,284	1,672	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	33,087,372	0	50.00
50.01	AMBULATORY SERVICES	2,260,655	0	50.01
50.02	ENDOSCOPY	5,184,508	0	50.02
51.00	RECOVERY ROOM	1,355,391	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,393,086	0	52.00
53.00	ANESTHESIOLOGY	699,286	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	73,704,799	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	34,339,590	0	55.00
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	44,784,710	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	14,553,900	0	65.00
66.00	PHYSICAL THERAPY	4,517,775	0	66.00
67.00	OCCUPATIONAL THERAPY	861,157	0	67.00
68.00	SPEECH PATHOLOGY	253,320	0	68.00
69.00	ELECTROCARDIOLOGY	3,063,596	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	172,284	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,492,703	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	8,403,674	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	55,860,207	0	73.00
76.00	SLEEP LAB	1,153,922	0	76.00
76.97	CARDIAC REHABILITATION	762,228	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	965,481	0	90.00
91.00	EMERGENCY	18,896,986	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	OUTPATIENT COUNSELING	508,224	0	93.00
93.01	OUTSIDE SERVICES	294,033	0	93.01
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	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)	347,176,593	22,517	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

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

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		16.00	17.00	
194.00	HOME OFFICE COSTS	0	0	194.00
194.01	COMMUNITY WELLNESS	0	0	194.01
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)	3,021,612	707,947	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.008703	31.440556	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	171,950	16,467	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000495	0.731314	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		19,700,725	0	19,700,725	30.00
31.00	INTENSIVE CARE UNIT		6,242,254	44,291	6,286,545	31.00
40.00	SUBPROVIDER - IPF		0	0	0	40.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		1,422,809	0	1,422,809	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		12,500,708	0	12,500,708	50.00
50.01	AMBULATORY SERVICES		2,723,843	0	2,723,843	50.01
50.02	ENDOSCOPY		1,266,689	0	1,266,689	50.02
51.00	RECOVERY ROOM		1,216,409	0	1,216,409	51.00
52.00	DELIVERY ROOM & LABOR ROOM		2,102,696	0	2,102,696	52.00
53.00	ANESTHESIOLOGY		557,141	0	557,141	53.00
54.00	RADIOLOGY-DIAGNOSTIC		15,186,465	30,296	15,216,761	54.00
55.00	RADIOLOGY-THERAPEUTIC		17,752,274	32,907	17,785,181	55.00
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		9,708,436	0	9,708,436	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	2,807,072	8,421	2,815,493	65.00
66.00	PHYSICAL THERAPY	0	4,104,616	11,405	4,116,021	66.00
67.00	OCCUPATIONAL THERAPY	0	456,390	0	456,390	67.00
68.00	SPEECH PATHOLOGY	0	161,227	0	161,227	68.00
69.00	ELECTROCARDIOLOGY		1,038,628	0	1,038,628	69.00
70.00	ELECTROENCEPHALOGRAPHY		1,499	0	1,499	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		233,036	0	233,036	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		2,941,573	0	2,941,573	72.00
73.00	DRUGS CHARGED TO PATIENTS		5,227,942	0	5,227,942	73.00
76.00	SLEEP LAB		502,810	2,777	505,587	76.00
76.97	CARDIAC REHABILITATION		1,198,280	4,559	1,202,839	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		582,230	0	582,230	90.00
91.00	EMERGENCY		8,000,737	0	8,000,737	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,679,522	0	1,679,522	92.00
93.00	OUTPATIENT COUNSELING		999,679	0	999,679	93.00
93.01	OUTSIDE SERVICES		438,482	0	438,482	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF		0	0	0	99.10
101.00	HOME HEALTH AGENCY		0	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					113.00
200.00	Subtotal (see instructions)		120,754,172	134,656	120,888,828	200.00
201.00	Less Observation Beds		1,679,522		1,679,522	201.00
202.00	Total (see instructions)		119,074,650	134,656	119,209,306	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	24,959,347		24,959,347		30.00
31.00	INTENSIVE CARE UNIT	6,028,199		6,028,199		31.00
40.00	SUBPROVIDER - IPF	0		0		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	1,545,284		1,545,284		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	17,062,141	16,025,231	33,087,372	0.377809	50.00
50.01	AMBULATORY SERVICES	20,205	2,240,450	2,260,655	1.204891	50.01
50.02	ENDOSCOPY	1,268,567	3,915,941	5,184,508	0.244322	50.02
51.00	RECOVERY ROOM	555,197	800,194	1,355,391	0.897460	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,355,923	37,163	1,393,086	1.509380	52.00
53.00	ANESTHESIOLOGY	267,088	432,198	699,286	0.796728	53.00
54.00	RADIOLOGY-DIAGNOSTIC	24,753,867	48,950,932	73,704,799	0.206044	54.00
55.00	RADIOLOGY-THERAPEUTIC	35,307	34,304,283	34,339,590	0.516962	55.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	17,511,767	27,272,943	44,784,710	0.216780	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	12,873,698	1,680,202	14,553,900	0.192874	65.00
66.00	PHYSICAL THERAPY	744,301	3,773,474	4,517,775	0.908548	66.00
67.00	OCCUPATIONAL THERAPY	156,883	704,274	861,157	0.529973	67.00
68.00	SPEECH PATHOLOGY	77,642	175,678	253,320	0.636456	68.00
69.00	ELECTROCARDIOLOGY	1,250,851	1,812,745	3,063,596	0.339023	69.00
70.00	ELECTROENCEPHALOGRAPHY	104,263	68,021	172,284	0.008701	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,401,126	2,091,577	5,492,703	0.042426	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,563,001	2,840,673	8,403,674	0.350034	72.00
73.00	DRUGS CHARGED TO PATIENTS	39,364,371	16,495,836	55,860,207	0.093590	73.00
76.00	SLEEP LAB	0	1,153,922	1,153,922	0.435740	76.00
76.97	CARDIAC REHABILITATION	2,294	759,934	762,228	1.572076	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	6,568	958,913	965,481	0.603047	90.00
91.00	EMERGENCY	4,508,646	14,388,340	18,896,986	0.423387	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	282,653	1,792,223	2,074,876	0.809457	92.00
93.00	OUTPATIENT COUNSELING	110	508,114	508,224	1.967005	93.00
93.01	OUTSIDE SERVICES	254,883	39,150	294,033	1.491268	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	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					113.00
200.00	Subtotal (see instructions)	163,954,182	183,222,411	347,176,593		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	163,954,182	183,222,411	347,176,593		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 1:41 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.377809		50.00
50.01	AMBULATORY SERVICES	1.204891		50.01
50.02	ENDOSCOPY	0.244322		50.02
51.00	RECOVERY ROOM	0.897460		51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.509380		52.00
53.00	ANESTHESIOLOGY	0.796728		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.206455		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.517921		55.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.216780		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.193453		65.00
66.00	PHYSICAL THERAPY	0.911073		66.00
67.00	OCCUPATIONAL THERAPY	0.529973		67.00
68.00	SPEECH PATHOLOGY	0.636456		68.00
69.00	ELECTROCARDIOLOGY	0.339023		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.008701		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.042426		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.350034		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.093590		73.00
76.00	SLEEP LAB	0.438147		76.00
76.97	CARDIAC REHABILITATION	1.578057		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.603047		90.00
91.00	EMERGENCY	0.423387		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.809457		92.00
93.00	OUTPATIENT COUNSELING	1.967005		93.00
93.01	OUTSIDE SERVICES	1.491268		93.01
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
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: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part I Date/Time Prepared: 11/28/2011 1:41 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,794,288	0	2,794,288	19,460	143.59	30.00
31.00 INTENSIVE CARE UNIT	888,192		888,192	2,666	333.16	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	137,189		137,189	1,672	82.05	43.00
200.00 Total (lines 30-199)	3,819,669		3,819,669	23,798		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part I Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	10,666	1,531,531		30.00
31.00 INTENSIVE CARE UNIT	1,641	546,716		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	12,307	2,078,247		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part II Date/Time Prepared: 11/28/2011 1:41 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	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,610,598	33,087,372	0.048677	7,874,110	383,288	50.00
50.01	AMBULATORY SERVICES	479,595	2,260,655	0.212149	14,886	3,158	50.01
50.02	ENDOSCOPY	87,953	5,184,508	0.016965	793,298	13,458	50.02
51.00	RECOVERY ROOM	167,886	1,355,391	0.123865	244,816	30,324	51.00
52.00	DELIVERY ROOM & LABOR ROOM	242,433	1,393,086	0.174026	2,532	441	52.00
53.00	ANESTHESIOLOGY	77,189	699,286	0.110383	99,663	11,001	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,537,922	73,704,799	0.048001	15,639,293	750,702	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,107,763	34,339,590	0.032259	0	0	55.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	766,563	44,784,710	0.017117	10,814,252	185,108	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	142,896	14,553,900	0.009818	9,356,506	91,862	65.00
66.00	PHYSICAL THERAPY	778,272	4,517,775	0.172269	574,791	99,019	66.00
67.00	OCCUPATIONAL THERAPY	11,007	861,157	0.012782	116,691	1,492	67.00
68.00	SPEECH PATHOLOGY	3,115	253,320	0.012297	71,831	883	68.00
69.00	ELECTROCARDIOLOGY	109,492	3,063,596	0.035740	839,442	30,002	69.00
70.00	ELECTROENCEPHALOGRAPHY	85	172,284	0.000493	66,636	33	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,031	5,492,703	0.005103	1,768,244	9,023	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	100,743	8,403,674	0.011988	3,783,925	45,362	72.00
73.00	DRUGS CHARGED TO PATIENTS	162,914	55,860,207	0.002916	22,995,953	67,056	73.00
76.00	SLEEP LAB	91,677	1,153,922	0.079448	0	0	76.00
76.97	CARDIAC REHABILITATION	302,434	762,228	0.396776	1,615	641	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	84,765	965,481	0.087796	6,510	572	90.00
91.00	EMERGENCY	1,153,351	18,896,986	0.061034	2,555,116	155,949	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	238,218	2,074,876	0.114811	0	0	92.00
93.00	OUTPATIENT COUNSELING	153,381	508,224	0.301798	109	33	93.00
93.01	OUTSIDE SERVICES	8,342	294,033	0.028371	208,887	5,926	93.01
200.00	Total (lines 50-199)	11,446,625	314,643,763		77,829,106	1,885,333	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet D Part III Date/Time Prepared: 11/28/2011 1:41 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
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part III Date/Time Prepared: 11/28/2011 1:41 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	Hospital PPS	
					6.00	7.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,460	0.00	10,666	0		30.00
31.00 INTENSIVE CARE UNIT	2,666	0.00	1,641	0		31.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00 SUBPROVIDER	0	0.00	0	0		42.00
43.00 NURSERY	1,672	0.00	0	0		43.00
200.00 Total (lines 30-199)	23,798		12,307	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 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			
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00	
50.01 AMBULATORY SERVICES	0	0	0	0	0	0	50.01	
50.02 ENDOSCOPY	0	0	0	0	0	0	50.02	
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
57.00 CT SCAN	0	0	0	0	0	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 LABORATORY	0	0	0	0	0	0	60.00	
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01	
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
76.00 SLEEP LAB	0	0	0	0	0	0	76.00	
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00 CLINIC	0	0	0	0	0	0	90.00	
91.00 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
93.00 OUTPATIENT COUNSELING	0	0	0	0	0	0	93.00	
93.01 OUTSIDE SERVICES	0	0	0	0	0	0	93.01	
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	33,087,372	0.000000	0.000000	7,874,110	50.00
50.01 AMBULATORY SERVICES	0	2,260,655	0.000000	0.000000	14,886	50.01
50.02 ENDOSCOPY	0	5,184,508	0.000000	0.000000	793,298	50.02
51.00 RECOVERY ROOM	0	1,355,391	0.000000	0.000000	244,816	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,393,086	0.000000	0.000000	2,532	52.00
53.00 ANESTHESIOLOGY	0	699,286	0.000000	0.000000	99,663	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	73,704,799	0.000000	0.000000	15,639,293	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	34,339,590	0.000000	0.000000	0	55.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	44,784,710	0.000000	0.000000	10,814,252	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	14,553,900	0.000000	0.000000	9,356,506	65.00
66.00 PHYSICAL THERAPY	0	4,517,775	0.000000	0.000000	574,791	66.00
67.00 OCCUPATIONAL THERAPY	0	861,157	0.000000	0.000000	116,691	67.00
68.00 SPEECH PATHOLOGY	0	253,320	0.000000	0.000000	71,831	68.00
69.00 ELECTROCARDIOLOGY	0	3,063,596	0.000000	0.000000	839,442	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	172,284	0.000000	0.000000	66,636	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,492,703	0.000000	0.000000	1,768,244	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	8,403,674	0.000000	0.000000	3,783,925	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	55,860,207	0.000000	0.000000	22,995,953	73.00
76.00 SLEEP LAB	0	1,153,922	0.000000	0.000000	0	76.00
76.97 CARDIAC REHABILITATION	0	762,228	0.000000	0.000000	1,615	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	965,481	0.000000	0.000000	6,510	90.00
91.00 EMERGENCY	0	18,896,986	0.000000	0.000000	2,555,116	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,074,876	0.000000	0.000000	0	92.00
93.00 OUTPATIENT COUNSELING	0	508,224	0.000000	0.000000	109	93.00
93.01 OUTSIDE SERVICES	0	294,033	0.000000	0.000000	208,887	93.01
200.00 Total (lines 50-199)	0	314,643,763			77,829,106	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	2,144,001	0	50.00
50.01	AMBULATORY SERVICES	0	801,125	0	50.01
50.02	ENDOSCOPY	0	1,382,108	0	50.02
51.00	RECOVERY ROOM	0	97,690	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	4,155	0	52.00
53.00	ANESTHESIOLOGY	0	44,381	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,330,081	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	18,259,143	0	55.00
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	2,403,552	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	507,511	0	65.00
66.00	PHYSICAL THERAPY	0	29,672	0	66.00
67.00	OCCUPATIONAL THERAPY	0	4,525	0	67.00
68.00	SPEECH PATHOLOGY	0	12,728	0	68.00
69.00	ELECTROCARDIOLOGY	0	526,046	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	21,299	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	369,801	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,560,984	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,513,591	0	73.00
76.00	SLEEP LAB	0	302,962	0	76.00
76.97	CARDIAC REHABILITATION	0	385,394	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	528,202	0	90.00
91.00	EMERGENCY	0	1,851,016	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	353,676	0	92.00
93.00	OUTPATIENT COUNSELING	0	45,027	0	93.00
93.01	OUTSIDE SERVICES	0	39,150	0	93.01
200.00	Total (Lines 50-199)	0	46,517,820	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 1:41 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.377809	2,144,001	0	0	50.00
50.01 AMBULATORY SERVICES	1.204891	801,125	0	0	50.01
50.02 ENDOSCOPY	0.244322	1,382,108	0	0	50.02
51.00 RECOVERY ROOM	0.897460	97,690	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1.509380	4,155	0	0	52.00
53.00 ANESTHESIOLOGY	0.796728	44,381	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.206044	12,330,081	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.516962	18,259,143	0	0	55.00
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 LABORATORY	0.216780	2,403,552	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0.192874	507,511	0	0	65.00
66.00 PHYSICAL THERAPY	0.908548	29,672	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.529973	4,525	0	0	67.00
68.00 SPEECH PATHOLOGY	0.636456	12,728	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.339023	526,046	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.008701	21,299	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.042426	369,801	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.350034	1,560,984	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.093590	2,513,591	0	0	73.00
76.00 SLEEP LAB	0.435740	302,962	0	0	76.00
76.97 CARDIAC REHABILITATION	1.572076	385,394	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	0.603047	528,202	0	0	90.00
91.00 EMERGENCY	0.423387	1,851,016	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.809457	353,676	0	0	92.00
93.00 OUTPATIENT COUNSELING	1.967005	45,027	0	0	93.00
93.01 OUTSIDE SERVICES	1.491268	39,150	0	0	93.01
200.00 Subtotal (see instructions)		46,517,820	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		46,517,820	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 1:41 pm
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Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	810,023	0	0		50.00
50.01 AMBULATORY SERVICES	965,268	0	0		50.01
50.02 ENDOSCOPY	337,679	0	0		50.02
51.00 RECOVERY ROOM	87,673	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,271	0	0		52.00
53.00 ANESTHESIOLOGY	35,360	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,540,539	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	9,439,283	0	0		55.00
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	521,042	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	97,886	0	0		65.00
66.00 PHYSICAL THERAPY	26,958	0	0		66.00
67.00 OCCUPATIONAL THERAPY	2,398	0	0		67.00
68.00 SPEECH PATHOLOGY	8,101	0	0		68.00
69.00 ELECTROCARDIOLOGY	178,342	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	185	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,689	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	546,397	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	235,247	0	0		73.00
76.00 SLEEP LAB	132,013	0	0		76.00
76.97 CARDIAC REHABILITATION	605,869	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	318,531	0	0		90.00
91.00 EMERGENCY	783,696	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	286,286	0	0		92.00
93.00 OUTPATIENT COUNSELING	88,568	0	0		93.00
93.01 OUTSIDE SERVICES	58,383	0	0		93.01
200.00 Subtotal (see instructions)	18,127,687	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	18,127,687	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part II Date/Time Prepared: 11/28/2011 1:41 pm
		Component CCN:	Title XVIII	Subprovider - IPF

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,610,598	33,087,372	0.048677	0	0	50.00
50.01 AMBULATORY SERVICES	479,595	2,260,655	0.212149	0	0	50.01
50.02 ENDOSCOPY	87,953	5,184,508	0.016965	0	0	50.02
51.00 RECOVERY ROOM	167,886	1,355,391	0.123865	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	242,433	1,393,086	0.174026	0	0	52.00
53.00 ANESTHESIOLOGY	77,189	699,286	0.110383	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,537,922	73,704,799	0.048001	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	1,107,763	34,339,590	0.032259	0	0	55.00
57.00 CT SCAN	0	0	0.000000	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00 LABORATORY	766,563	44,784,710	0.017117	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00 RESPIRATORY THERAPY	142,896	14,553,900	0.009818	0	0	65.00
66.00 PHYSICAL THERAPY	778,272	4,517,775	0.172269	0	0	66.00
67.00 OCCUPATIONAL THERAPY	11,007	861,157	0.012782	0	0	67.00
68.00 SPEECH PATHOLOGY	3,115	253,320	0.012297	0	0	68.00
69.00 ELECTROCARDIOLOGY	109,492	3,063,596	0.035740	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	85	172,284	0.000493	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,031	5,492,703	0.005103	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	100,743	8,403,674	0.011988	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	162,914	55,860,207	0.002916	0	0	73.00
76.00 SLEEP LAB	91,677	1,153,922	0.079448	0	0	76.00
76.97 CARDIAC REHABILITATION	302,434	762,228	0.396776	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 CLINIC	84,765	965,481	0.087796	0	0	90.00
91.00 EMERGENCY	1,153,351	18,896,986	0.061034	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	238,218	2,074,876	0.114811	0	0	92.00
93.00 OUTPATIENT COUNSELING	153,381	508,224	0.301798	0	0	93.00
93.01 OUTSIDE SERVICES	8,342	294,033	0.028371	0	0	93.01
200.00 Total (Lines 50-199)	11,446,625	314,643,763		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286 Component CCN:	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
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Title XVIII		Subprovider - IPF
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Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 AMBULATORY SERVICES	0	0	0	0	0	50.01
50.02 ENDOSCOPY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OUTPATIENT COUNSELING	0	0	0	0	0	93.00
93.01 OUTSIDE SERVICES	0	0	0	0	0	93.01
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
	Component CCN:	Title XVIII	Subprovider - IPF

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	33,087,372	0.000000	0.000000	0	50.00
50.01 AMBULATORY SERVICES	0	2,260,655	0.000000	0.000000	0	50.01
50.02 ENDOSCOPY	0	5,184,508	0.000000	0.000000	0	50.02
51.00 RECOVERY ROOM	0	1,355,391	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,393,086	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	699,286	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	73,704,799	0.000000	0.000000	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	34,339,590	0.000000	0.000000	0	55.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	44,784,710	0.000000	0.000000	0	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	14,553,900	0.000000	0.000000	0	65.00
66.00 PHYSICAL THERAPY	0	4,517,775	0.000000	0.000000	0	66.00
67.00 OCCUPATIONAL THERAPY	0	861,157	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	253,320	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	3,063,596	0.000000	0.000000	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	172,284	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,492,703	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	8,403,674	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	55,860,207	0.000000	0.000000	0	73.00
76.00 SLEEP LAB	0	1,153,922	0.000000	0.000000	0	76.00
76.97 CARDIAC REHABILITATION	0	762,228	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	965,481	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	18,896,986	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,074,876	0.000000	0.000000	0	92.00
93.00 OUTPATIENT COUNSELING	0	508,224	0.000000	0.000000	0	93.00
93.01 OUTSIDE SERVICES	0	294,033	0.000000	0.000000	0	93.01
200.00 Total (Lines 50-199)	0	314,643,763			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286 Component CCN:	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 1:41 pm
Title XVIII		Subprovider - IPF	

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 AMBULATORY SERVICES	0	0	0	50.01
50.02 ENDOSCOPY	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 SLEEP LAB	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 OUTPATIENT COUNSELING	0	0	0	93.00
93.01 OUTSIDE SERVICES	0	0	0	93.01
200.00 Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1 Date/Time Prepared: 11/28/2011 1:41 pm		
Cost Center Description		Title XVIII	Hospital	PPS		
				1.00		
PART I - ALL PROVIDER COMPONENTS						
INPATIENT DAYS						
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			19,460	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			19,460	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)			19,460	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)			10,666	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00	
15.00	Total nursery days (title V or XIX only)			0	15.00	
16.00	Nursery days (title V or XIX only)			0	16.00	
SWING BED ADJUSTMENT						
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00	
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00	
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00	
21.00	Total general inpatient routine service cost (see instructions)			19,700,725	21.00	
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00	
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00	
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00	
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00	
26.00	Total swing-bed cost (see instructions)			0	26.00	
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			19,700,725	27.00	
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT						
28.00	General inpatient routine service charges (excluding swing-bed charges)			24,959,347	28.00	
29.00	Private room charges (excluding swing-bed charges)			24,959,347	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.789313	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			19,700,725	37.00	
PART II - HOSPITAL AND SUBPROVIDERS ONLY						
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,012.37	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)			10,797,938	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			10,797,938	41.00	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,286,545	2,666	2,358.04	1,641	3,869,544
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1	
Title XVIII			Hospital		PPS			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						16,740,891	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						31,408,373	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)						2,078,247	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,885,333	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						3,963,580	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						27,444,793	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						1,659	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,012.37	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,679,522	89.00
Cost Center Description			Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
			1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost		2,794,288	19,700,725	0.141837	1,679,522	238,218	90.00
91.00	Nursing School cost		0	19,700,725	0.000000	1,679,522	0	91.00
92.00	Allied health cost		0	19,700,725	0.000000	1,679,522	0	92.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1 Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
93.00	All other Medical Education	0	19,700,725	0.000000	1,679,522	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3	
		Title XVIII	Hospital	Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		14,634,057		30.00
31.00	INTENSIVE CARE UNIT		3,632,298		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.377809	7,874,110	2,974,910	50.00
50.01	AMBULATORY SERVICES	1.204891	14,886	17,936	50.01
50.02	ENDOSCOPY	0.244322	793,298	193,820	50.02
51.00	RECOVERY ROOM	0.897460	244,816	219,713	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.509380	2,532	3,822	52.00
53.00	ANESTHESIOLOGY	0.796728	99,663	79,404	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.206455	15,639,293	3,228,810	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.517921	0	0	55.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.216780	10,814,252	2,344,314	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.193453	9,356,506	1,810,044	65.00
66.00	PHYSICAL THERAPY	0.911073	574,791	523,677	66.00
67.00	OCCUPATIONAL THERAPY	0.529973	116,691	61,843	67.00
68.00	SPEECH PATHOLOGY	0.636456	71,831	45,717	68.00
69.00	ELECTROCARDIOLOGY	0.339023	839,442	284,590	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.008701	66,636	580	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.042426	1,768,244	75,020	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.350034	3,783,925	1,324,502	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.093590	22,995,953	2,152,191	73.00
76.00	SLEEP LAB	0.438147	0	0	76.00
76.97	CARDIAC REHABILITATION	1.578057	1,615	2,549	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.603047	6,510	3,926	90.00
91.00	EMERGENCY	0.423387	2,555,116	1,081,803	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.809457	0	0	92.00
93.00	OUTPATIENT COUNSELING	1.967005	109	214	93.00
93.01	OUTSIDE SERVICES	1.491268	208,887	311,506	93.01
200.00	Total (sum of lines 50-94 and 96-98)		77,829,106	16,740,891	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		77,829,106		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3 Date/Time Prepared: 11/28/2011 1:41 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,460,072		30.00
31.00	INTENSIVE CARE UNIT		270,464		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000	1,394,082	0	50.00
50.01	AMBULATORY SERVICES	0.000000	1,476	0	50.01
50.02	ENDOSCOPY	0.000000	62,035	0	50.02
51.00	RECOVERY ROOM	0.000000	45,194	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	713,739	0	52.00
53.00	ANESTHESIOLOGY	0.000000	21,485	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	1,539,493	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.000000	1,470,796	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.000000	623,045	0	65.00
66.00	PHYSICAL THERAPY	0.000000	20,072	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	4,205	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	936	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	55,893	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	7,514	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	416,892	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	3,935,934	0	73.00
76.00	SLEEP LAB	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.000000	382,135	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
93.00	OUTPATIENT COUNSELING	0.000000	0	0	93.00
93.01	OUTSIDE SERVICES	0.000000	13,290	0	93.01
200.00	Total (sum of lines 50-94 and 96-98)		10,708,216	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		10,708,216		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part A Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		18,890,196	1.00
2.00	Outlier payments for discharges. (see instructions)		824,240	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)		89.45	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.58	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.10	31.00
32.00	Sum of lines 30 and 31		16.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.59	33.00
34.00	Disproportionate share adjustment (see instructions)		678,158	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		20,392,594	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)		20,392,594	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part A Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,808,194		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,200,788		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,200,788		61.00
62.00	Deductibles billed to program beneficiaries		2,139,176		62.00
63.00	Coinsurance billed to program beneficiaries		64,101		63.00
64.00	Allowable bad debts (see instructions)		189,836		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		132,885		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		137,186		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,130,396		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)		20,130,396		71.00
72.00	Interim payments		20,054,840		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)		75,556		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		20,414		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part B Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,127,687	2.00
3.00	PPS payments		9,765,921	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		9,765,921	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,073,002	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		7,692,919	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,692,919	30.00
31.00	Primary payer payments		250	31.00
32.00	Subtotal (line 30 minus line 31)		7,692,669	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		149,574	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		104,702	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		124,848	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,797,371	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		7,797,371	40.00
41.00	Interim payments		7,863,451	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)		-66,080	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140286		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		20,013,619		7,785,075	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	11/19/2010	41,221	11/19/2010	78,376	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)		41,221		78,376	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)		20,054,840		7,863,451	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		75,556		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		66,080	6.02	
7.00	Total Medicare program liability (see instructions)		20,130,396		7,797,371	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140286 Component CCN: 14U286		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/28/2011 1:41 pm	
		Title XVIII		Swing Beds - SNF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		0		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		0		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		0		0	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet E-2
		Component CCN: 14U286		Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVIII	Swing Beds - SNF	PPS
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	0	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	0	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	0	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	0	0	19.00
20.00	Interim payments	0	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	23.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140286 Period: From 05/01/2010 To 04/30/2011 Worksheet G
 Date/Time Prepared: 11/28/2011 1:41 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	14,142,424	0	0	0	1.00
2.00	Temporary investments	61,386,467	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	52,300,444	0	0	0	4.00
5.00	Other receivable	411,218	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-27,464,281	0	0	0	6.00
7.00	Inventory	3,529,110	0	0	0	7.00
8.00	Prepaid expenses	2,117,295	0	0	0	8.00
9.00	Other current assets	3,415,293	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)	109,837,970	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,193,671	0	0	0	12.00
13.00	Land improvements	10,670,283	0	0	0	13.00
14.00	Accumulated depreciation	-2,459,661	0	0	0	14.00
15.00	Buildings	93,562,231	0	0	0	15.00
16.00	Accumulated depreciation	-19,472,293	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	664,000	0	0	0	19.00
20.00	Accumulated depreciation	-380,502	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	44,596,856	0	0	0	23.00
24.00	Accumulated depreciation	-31,611,125	0	0	0	24.00
25.00	Minor equipment depreciable	859,701	0	0	0	25.00
26.00	Accumulated depreciation	-734,827	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)	98,888,334	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	63,409,532	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	5,933,046	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	69,342,578	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	278,068,882	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	23,580,043	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,327,767	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,185,616	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,093,426	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	68,370,208	0	0	0	46.00
47.00	Notes payable	60,325	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	705,341	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	69,135,874	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	101,229,300	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	176,839,582				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)	176,839,582	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	278,068,882	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140286

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

Worksheet G-1

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

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		155,564,302		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		23,117,362			2.00
3.00	Total (sum of line 1 and line 2)		178,681,664		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		178,681,664		0	11.00
12.00	Deductions HAUSER ROSS	1,842,082		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)		1,842,082		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		176,839,582		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140286

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

Worksheet G-1

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

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00		0			0	3.00
4.00	0			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00		0			0	10.00
11.00		0			0	11.00
12.00	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00		0			0	18.00
19.00		0			0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140286

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

Worksheet G-2 Parts
Date/Time Prepared:
11/28/2011 1:41 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	24,959,347		24,959,347	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	24,959,347		24,959,347	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,028,199		6,028,199	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)	6,028,199		6,028,199	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	30,987,546		30,987,546	17.00
18.00	Ancillary services	131,421,353	165,535,673	296,957,026	18.00
19.00	Outpatient services	-5	17,686,740	17,686,735	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY / LAB GROSS UP / NON REIMB	3,562,240	7,926,412	11,488,652	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	165,971,134	191,148,825	357,119,959	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		137,155,002		29.00
30.00	BAD DEBTS	11,201,566			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)		11,201,566		36.00
37.00	ROUNDING	1			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		1		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		148,356,567		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet G-3 Date/Time Prepared: 11/28/2011 1:41 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	357,119,959	1.00
2.00	Less contractual allowances and discounts on patients' accounts	198,068,155	2.00
3.00	Net patient revenues (line 1 minus line 2)	159,051,804	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	148,356,567	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,695,237	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,481,078	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	1,890,197	24.00
24.01	UNREALIZED GAINS/LOSSES	7,085,798	24.01
25.00	Total other income (sum of lines 6-24)	12,457,073	25.00
26.00	Total (line 5 plus line 25)	23,152,310	26.00
27.00	OTHER GAINS/LOSSES	34,948	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	34,948	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,117,362	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140286	Period: From 05/01/2010 To 04/30/2011	Worksheet L Parts I-III Date/Time Prepared: 11/28/2011 1:41 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,543,870	1.00
2.00	Capital DRG outlier payments		264,324	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		56.07	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,808,194	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00