

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: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet S Parts I-III Date/Time Prepared: 2/23/2012 12:36 pm
--	----------------------	---------------------------------------	--

**PART I - COST REPORT STATUS**

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

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by OAK FOREST HOSPITAL OF COOK COUNTY for the cost reporting period beginning 12/01/2010 and ending 08/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-20,840	2,558	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	19,394	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 Skilled Nursing Facility	0	0	0		0	7.00
8.00 Nursing Facility	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-1,446	2,558	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet S-2 Part I Date/Time Prepared: 2/23/2012 12:36 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60452-		County: COOK			
1.00 Street: 15900 SOUTH CICERO AVENUE		2.00 City: OAK FOREST									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
3.00	Hospital and Hospital-Based Component Identification:										
3.00	Hospital	OAK FOREST HOSPITAL OF COOK COUNTY	140301	16974	1	12/01/2001	P	P	O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF	OAK FOREST HOSPITAL OF COOK COUNTY	14T301	16974	5	12/01/2001	N	P	O	5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF						N	N	N	7.00	
8.00	Swing Beds - NF						N	N	N	8.00	
9.00	Hospital-Based SNF						N	N	N	9.00	
10.00	Hospital-Based NF						N	N	N	10.00	
11.00	Hospital-Based OLTC						N	N	N	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	
17.20	Hospital-Based (OPT) 1						N	N	N	17.20	
17.30	Hospital-Based (OOT) 1						N	N	N	17.30	
17.40	Hospital-Based (OSP) 1						N	N	N	17.40	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						12/01/2010	08/31/2011		20.00	
21.00	Type of Control (see instructions)						9		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	Y		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.	507	927	0	0	0	0		24.00		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	717	387	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 2/23/2012 12:36 pm		
		Beginning: 1.00	Ending: 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	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 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	2.49	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet S-2 Part I Date/Time Prepared: 2/23/2012 12:36 pm		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		67.00
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				Y	N	4	76.00
						1.00		
80.00	Long Term Care Hospital PPS Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					N		80.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 2/23/2012 12:36 pm	
			1.00		
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N		86.00
			V	XIX	
			1.00	2.00	
<b>Title V or XIX Inpatient Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		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.			Y	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
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		Y	B	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		30,000,000	30,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet S-2 Part I Date/Time Prepared: 2/23/2012 12:36 pm	
			1.00		2.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y				140.00
1.00			2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:		Contractor's Name:		Contractor's Number:			141.00
142.00	Street:		PO Box:					142.00
143.00	City:		State:		Zip Code:			143.00
			1.00		2.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y				144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N				145.00
			1.00		2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N				149.00
			Part A		Part B			
			1.00		2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital			N		N		155.00
156.00	Subprovider - IPF			N		N		156.00
157.00	Subprovider - IRF			N		N		157.00
158.00	Subprovider - Other			N		N		158.00
159.00	SNF			N		N		159.00
160.00	HHA			N		N		160.00
161.00	CMHC			N		N		161.00
			1.00		2.00			
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	
			0		1.00		2.00	
			Zip Code		CBSA		FTE/Campus	
			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		166.00
			1.00		2.00			
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)							168.00
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		169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet S-2 Part II Date/Time Prepared: 2/23/2012 12:36 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)			1.00
			Y/N	Date
			1.00	2.00
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.			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)			3.00
			Y	
			Y/N	Date
			1.00	2.00
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.			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.			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?			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			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.			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.			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.			11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			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.			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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)			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)			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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet S-2 Part II Date/Time Prepared: 2/23/2012 12:36 pm
---	--	----------------------	---	---

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet S-2  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
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)			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)			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.			21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

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	92	25,208	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)		92	25,208	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,192	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		100	27,400	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	38	10,412			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	10	2,740			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40					25.40
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		148				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: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	364	1,434	5,226		1.00
2.00 HMO		0	1			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	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	364	1,434	5,226		7.00
8.00 INTENSIVE CARE UNIT	0	77	122	950		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	441	1,556	6,176		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	147	1,104	1,649		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	1,197		19.00
20.00 NURSING FACILITY	0		0	0		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
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0		25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	0		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)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	99	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)	2.33	659.12	0.00	0	99	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	0.94	23.39	0.00	0	22	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			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
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00	0.00	0.00			25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00	0.00	0.00			25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00	0.00	0.00			25.40
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	3.27	682.51	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: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	94	1,024		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)	94	1,024		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	43	97		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY				25.40
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 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: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet S-3 Part II Date/Time Prepared: 2/23/2012 12:36 pm	
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)		
	1.00	2.00	2.50	3.00	4.00		
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	30,883,215	0	0	30,883,215	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		1,961,589	0	0	1,961,589	4.00
4.01	Physicians - Part A - direct teaching		88,352	0	0	88,352	4.01
5.00	Physician-Part B		3,175,092	0	0	3,175,092	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0	7.01
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	44,873	0	0	44,873	9.00
10.00	Excluded area salaries (see instructions)		1,076,325	0	-15,778	1,060,547	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		535,180	0	0	535,180	11.00
12.00	Management and administrative services		4,578	0	0	4,578	12.00
13.00	Contract labor: physician-Part A		34,501	0	0	34,501	13.00
14.00	Home office salaries & wage-related costs		3,719,213	0	0	3,719,213	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		5,153,695	0	0	5,153,695	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		237,739	0	0	237,739	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		517,797	0	0	517,797	22.00
23.00	Physician Part B		838,123	0	0	838,123	23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	367,546	0	0	367,546	26.00
27.00	Administrative & General	5.00	3,072,945	0	-126,615	2,946,330	27.00
28.00	Administrative & General under contract (see inst.)		348,050	0	0	348,050	28.00
29.00	Maintenance & Repairs	6.00	2,382,508	0	0	2,382,508	29.00
30.00	Operation of Plant	7.00	2,796,743	0	0	2,796,743	30.00
31.00	Laundry & Linen Service	8.00	267	0	0	267	31.00
32.00	Housekeeping	9.00	1,423,701	0	0	1,423,701	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	1,061,544	0	0	1,061,544	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	0	0	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,115,068	0	0	1,115,068	38.00
39.00	Central Services and Supply	14.00	318,517	0	0	318,517	39.00
40.00	Pharmacy	15.00	0	0	0	0	40.00
41.00	Medical Records & Medical Records Library	16.00	784,089	0	0	784,089	41.00
42.00	Social Service	17.00	192,248	0	126,615	318,863	42.00
43.00	Other General Service	18.00	197,522	0	-44,412	153,110	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet S-3 Part II Date/Time Prepared: 2/23/2012 12:36 pm
---------------------------------	--	----------------------	---	---

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART II - WAGE DATA</b>				
<b>SALARIES</b>				
1.00	Total salaries (see instructions)	974,143.46	31.70	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	17,815.43	110.11	4.00
4.01	Physicians - Part A - direct teaching	816.41	108.22	4.01
5.00	Physician-Part B	33,110.26	95.89	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	1,314.60	34.13	9.00
10.00	Excluded area salaries (see instructions)	36,517.45	29.04	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>				
11.00	Contract labor (see instructions)	11,518.21	46.46	11.00
12.00	Management and administrative services	218.00	21.00	12.00
13.00	Contract labor: physician-Part A	320.00	107.82	13.00
14.00	Home office salaries & wage-related costs	101,604.00	36.60	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>				
26.00	Employee Benefits	15,684.70	23.43	26.00
27.00	Administrative & General	141,503.05	20.82	27.00
28.00	Administrative & General under contract (see inst.)	6,905.40	50.40	28.00
29.00	Maintenance & Repairs	63,902.80	37.28	29.00
30.00	Operation of Plant	95,994.00	29.13	30.00
31.00	Laundry & Linen Service	17.74	15.05	31.00
32.00	Housekeeping	77,978.50	18.26	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	45,708.30	23.22	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	0.00	0.00	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	33,249.34	33.54	38.00
39.00	Central Services and Supply	17,487.40	18.21	39.00
40.00	Pharmacy	80,875.26	0.00	40.00
41.00	Medical Records & Medical Records Library	27,771.40	28.23	41.00
42.00	Social Service	5,383.90	59.23	42.00
43.00	Other General Service	4,863.40	31.48	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/23/2012 12:36 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 Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	26,006,232	0	0	26,006,232	1.00
2.00	Excluded area salaries (see instructions)	1,121,198	0	-15,778	1,105,420	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24,885,034	0	15,778	24,900,812	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,293,472	0	0	4,293,472	4.00
5.00	Subtotal wage-related costs (see inst.)	5,671,492	0	0	5,671,492	5.00
6.00	Total (sum of lines 3 thru 5)	34,849,998	0	15,778	34,865,776	6.00
7.00	Total overhead cost (see instructions)	14,060,748	0	-44,412	14,016,336	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/23/2012 12:36 pm

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>				
1.00	Net salaries (see instructions)	947,122.19	27.46	1.00
2.00	Excluded area salaries (see instructions)	37,832.05	29.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	909,290.14	27.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	113,660.21	37.77	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	22.78	5.00
6.00	Total (sum of lines 3 thru 5)	1,022,950.35	34.08	6.00
7.00	Total overhead cost (see instructions)	617,325.19	22.70	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 2/23/2012 12:36 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		2,959,497	3.00
4.00	Prior Year Pension Service Cost		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		3,145,689	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		134,145	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		64,485	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		0	17.00
18.00	Medicare Taxes - Employers Portion Only		328,581	18.00
19.00	Unemployment Insurance		67,221	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		47,736	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		6,747,354	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet S-3 Part V Date/Time Prepared: 2/23/2012 12:36 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		0	0 1.00
2.00	Hospital		0	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		0	0 8.00
9.00	Hospital-Based NF		0	0 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
16.20	Hospital-Based-CMHC 20		0	0 16.20
16.30	Hospital-Based-CMHC 30		0	0 16.30
16.40	Hospital-Based-CMHC 40		0	0 16.40
17.00	Renal Dialysis			17.00
18.00			0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet S-10 Date/Time Prepared: 2/23/2012 12:36 pm
---	----------------------	---	---

				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		1.230000		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		2,982,801		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		2,079,957		6.00
7.00	Medicaid cost (line 1 times line 6)		2,558,347		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	15,757,270	0	15,757,270	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	19,381,442	0	19,381,442	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)	19,381,442	0	19,381,442	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)		13,058,512		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		8,597		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		13,049,915		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		16,051,395		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		35,432,837		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		35,432,837		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet A	
Date/Time Prepared: 2/23/2012 12:36 pm							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT		817,472	817,472	0	817,472	1.00	
2.00 NEW CAP REL COSTS-MVBLE EQUIP		1,466,822	1,466,822	0	1,466,822	2.00	
4.00 EMPLOYEE BENEFITS	367,546	6,780,495	7,148,041	0	7,148,041	4.00	
5.00 ADMINISTRATIVE & GENERAL	3,072,945	5,930,438	9,003,383	-126,615	8,876,768	5.00	
6.00 MAINTENANCE & REPAIRS	2,382,508	2,043,740	4,426,248	0	4,426,248	6.00	
7.00 OPERATION OF PLANT	2,796,743	1,614,239	4,410,982	0	4,410,982	7.00	
8.00 LAUNDRY & LINEN SERVICE	267	130,161	130,428	0	130,428	8.00	
9.00 HOUSEKEEPING	1,423,701	154,131	1,577,832	0	1,577,832	9.00	
10.00 DIETARY	1,061,544	223,129	1,284,673	0	1,284,673	10.00	
11.00 CAFETERIA	0	0	0	0	0	11.00	
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00 NURSING ADMINISTRATION	1,115,068	1,326,057	2,441,125	0	2,441,125	13.00	
14.00 CENTRAL SERVICES & SUPPLY	318,517	122,935	441,452	-52,113	389,339	14.00	
15.00 PHARMACY	0	816,551	816,551	-803,852	12,699	15.00	
16.00 MEDICAL RECORDS & LIBRARY	784,089	61,114	845,203	0	845,203	16.00	
17.00 SOCIAL SERVICE	192,248	175	192,423	126,615	319,038	17.00	
18.00 MEDICAL ADMINISTRATION	197,522	212,739	410,261	-44,412	365,849	18.00	
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
20.00 NURSING SCHOOL	0	0	0	0	0	20.00	
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00	
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	239,371	239,371	22.00	
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	4,826,693	100,293	4,926,986	-115,044	4,811,942	30.00	
31.00 INTENSIVE CARE UNIT	1,205,370	48,989	1,254,359	-47,867	1,206,492	31.00	
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00 SUBPROVIDER - IRF	1,035,891	10,506	1,046,397	-72,497	973,900	41.00	
42.00 SUBPROVIDER	0	0	0	0	0	42.00	
44.00 SKILLED NURSING FACILITY	44,873	6,793	51,666	-4,938	46,728	44.00	
45.00 NURSING FACILITY	0	0	0	0	0	45.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	1,785,845	398,024	2,183,869	-88,423	2,095,446	50.00	
50.01 PATHOLOGY	238,050	1,737	239,787	0	239,787	50.01	
50.02 NEUROLOGY & PSYCHIATRY	376,441	2,807	379,248	0	379,248	50.02	
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	300,017	2,300	302,317	0	302,317	50.03	
54.00 RADIOLOGY-DIAGNOSTIC	641,546	958,577	1,600,123	0	1,600,123	54.00	
56.00 RADIOISOTOPE	0	0	0	0	0	56.00	
57.00 CT SCAN	0	0	0	0	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 LABORATORY	932,302	517,203	1,449,505	0	1,449,505	60.00	
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00 RESPIRATORY THERAPY	675,947	144,307	820,254	0	820,254	65.00	
66.00 PHYSICAL THERAPY	1,081,243	201,070	1,282,313	0	1,282,313	66.00	
67.00 OCCUPATIONAL THERAPY	512,246	5,269	517,515	0	517,515	67.00	
68.00 SPEECH PATHOLOGY	207,869	908	208,777	0	208,777	68.00	
69.00 ELECTROCARDIOLOGY	405,664	7,219	412,883	-8,064	404,819	69.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	366,041	366,041	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	814,395	814,395	73.00	
76.00 ACTIVITY THERAPY	0	3,716	3,716	0	3,716	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 CLINIC	2,019,815	90,184	2,109,999	-125,398	1,984,601	90.00	
91.00 EMERGENCY	840,271	90,093	930,364	-57,199	873,165	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0	0	0	0	99.10	
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	30,842,781	24,290,193	55,132,974	0	55,132,974	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0	190.01	
191.01 OPTOMETRY	40,434	219	40,653	0	40,653	191.01	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A

Date/Time Prepared:  
2/23/2012 12:36 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	
192.01 DENTAL	0	0	0	0	0	192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	0	0	0	0	0	192.02
194.00 IDLE	0	0	0	0	0	194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	194.03
194.04 MISC. WALLS AND HALLS	0	0	0	0	0	194.04
194.05 ALL TUNNELS	0	0	0	0	0	194.05
194.06 VACANT AND USED FOR STOREAGE	0	0	0	0	0	194.06
194.07 OTHER COUNTY AGENCIES	0	0	0	0	0	194.07
200.00 TOTAL (SUM OF LINES 118-199)	30,883,215	24,290,412	55,173,627	0	55,173,627	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	663,720	1,481,192	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	160,046	1,626,868	2.00
4.00	EMPLOYEE BENEFITS	-5,158,978	1,989,063	4.00
5.00	ADMINISTRATIVE & GENERAL	6,349,623	15,226,391	5.00
6.00	MAINTENANCE & REPAIRS	-362,929	4,063,319	6.00
7.00	OPERATION OF PLANT	0	4,410,982	7.00
8.00	LAUNDRY & LINEN SERVICE	0	130,428	8.00
9.00	HOUSEKEEPING	0	1,577,832	9.00
10.00	DIETARY	0	1,284,673	10.00
11.00	CAFETERIA	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	2,441,125	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	389,339	14.00
15.00	PHARMACY	8,658,013	8,670,712	15.00
16.00	MEDICAL RECORDS & LIBRARY	-19,894	825,309	16.00
17.00	SOCIAL SERVICE	0	319,038	17.00
18.00	MEDICAL ADMINISTRATION	0	365,849	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	239,371	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-2,058,546	2,753,396	30.00
31.00	INTENSIVE CARE UNIT	-145,404	1,061,088	31.00
40.00	SUBPROVIDER - I PF	0	0	40.00
41.00	SUBPROVIDER - I RF	0	973,900	41.00
42.00	SUBPROVIDER	0	0	42.00
44.00	SKILLED NURSING FACILITY	0	46,728	44.00
45.00	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-700,298	1,395,148	50.00
50.01	PATHOLOGY	-75,431	164,356	50.01
50.02	NEUROLOGY & PSYCHIATRY	0	379,248	50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	302,317	50.03
54.00	RADIOLOGY-DIAGNOSTIC	-246,557	1,353,566	54.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	1,449,505	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	820,254	65.00
66.00	PHYSICAL THERAPY	-630,262	652,051	66.00
67.00	OCCUPATIONAL THERAPY	0	517,515	67.00
68.00	SPEECH PATHOLOGY	0	208,777	68.00
69.00	ELECTROCARDIOLOGY	-226,100	178,719	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	366,041	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	814,395	73.00
76.00	ACTIVITY THERAPY	0	3,716	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-717,246	1,267,355	90.00
91.00	EMERGENCY	-327,216	545,949	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,162,541	60,295,515	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.01	COUNTY STORE-NON-ALLOWABLE	0	0	190.01
191.01	OPTOMETRY	0	40,653	191.01
192.01	DENTAL	0	0	192.01
192.02	NON-REIMBURSABLE COMMUNITY CLINICS	0	0	192.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
194.00 IDLE	6.00	7.00		
194.01 IDLE SPACE B-22 OTHER	0	0		194.00
194.02 H REC. 2 - 6 VACANT	0	0		194.01
194.03 PUBLIC AID OFFICES VACANT	0	0		194.02
194.04 MI SC. WALLS AND HALLS	0	0		194.03
194.05 ALL TUNNELS	0	0		194.04
194.06 VACANT AND USED FOR STORAGE	0	0		194.05
194.07 OTHER COUNTY AGENCIES	0	0		194.06
200.00 TOTAL (SUM OF LINES 118-199)	5,162,541	60,336,168		194.07
				200.00

RECLASSIFICATIONS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-6

Date/Time Prepared:  
2/23/2012 12:36 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - MEDICAL SUPPLIES AND DRUGS CHARGED</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	366,041	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	814,395	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	TOTALS		0	1,180,436	
<b>B - RECLASS MEDICAL DIRECTOR</b>					
1.00	ADULTS & PEDIATRICS	30.00	44,412	0	1.00
	TOTALS		44,412	0	
<b>C - RECLASS PODIATRY RESIDENTS SALARY</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	87,051	0	1.00
	COSTS APPRVD				
	TOTALS		87,051	0	
<b>D - REHAB CONTRACT PAYMENTS</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	41,889	1.00
	COSTS APPRVD				
	TOTALS		0	41,889	
<b>E - REHAB RESIDENTS OVERHEAD COSTS</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	4,929	1.00
	COSTS APPRVD				
	TOTALS		0	4,929	
<b>F - RECLASS HBP TEACHING DOLLARS</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	104,130	0	1.00
	COSTS APPRVD				
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		104,130	0	
<b>H - PODIATRY RESIDENTS OVERHEAD COSTS</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	1,372	0	1.00
	COSTS APPRVD				
	TOTALS		1,372	0	
<b>I - NURSING EMP. WORKING IN SOC. SERVICE</b>					
1.00	SOCIAL SERVICE	17.00	126,615	0	1.00
	TOTALS		126,615	0	
500.00	Grand Total: Increases		363,580	1,227,254	500.00

RECLASSIFICATIONS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-6

Date/Time Prepared:  
2/23/2012 12:36 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - MEDICAL SUPPLIES AND DRUGS CHARGED</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	86,057	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	47,368	0	2.00
3.00	SUBPROVIDER - IRF	41.00	0	9,901	0	3.00
4.00	SKILLED NURSING FACILITY	44.00	0	4,938	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	52,113	0	5.00
6.00	PHARMACY	15.00	0	803,852	0	6.00
7.00	CLINIC	90.00	0	121,010	0	7.00
8.00	EMERGENCY	91.00	0	55,197	0	8.00
	TOTALS		0	1,180,436		
<b>B - RECLASS MEDICAL DIRECTOR</b>						
1.00	MEDICAL ADMINISTRATION	18.00	44,412	0	0	1.00
	TOTALS		44,412	0		
<b>C - RECLASS PODIATRY RESIDENTS SALARY</b>						
1.00	OPERATING ROOM	50.00	87,051	0	0	1.00
	TOTALS		87,051	0		
<b>D - REHAB CONTRACT PAYMENTS</b>						
1.00	SUBPROVIDER - IRF	41.00	0	41,889	0	1.00
	TOTALS		0	41,889		
<b>E - REHAB RESIDENTS OVERHEAD COSTS</b>						
1.00	SUBPROVIDER - IRF	41.00	0	4,929	0	1.00
	TOTALS		0	4,929		
<b>F - RECLASS HBP TEACHING DOLLARS</b>						
1.00	ADULTS & PEDIATRICS	30.00	73,399	0	0	1.00
2.00	CLINIC	90.00	4,388	0	0	2.00
3.00	EMERGENCY	91.00	2,002	0	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	499	0	0	4.00
5.00	ELECTROCARDIOLOGY	69.00	8,064	0	0	5.00
6.00	SUBPROVIDER - IRF	41.00	15,778	0	0	6.00
	TOTALS		104,130	0		
<b>H - PODIATRY RESIDENTS OVERHEAD COSTS</b>						
1.00	OPERATING ROOM	50.00	1,372	0	0	1.00
	TOTALS		1,372	0		
<b>I - NURSING EMP. WORKING IN SOC. SERVICE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	126,615	0	0	1.00
	TOTALS		126,615	0		
500.00	Grand Total: Decreases		363,580	1,227,254		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
2/23/2012 12:36 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	2,717,512	0	0	0	2.00
3.00	Buildings and Fixtures	19,904,744	0	0	0	3.00
4.00	Building Improvements	53,204,902	0	0	0	4.00
5.00	Fixed Equipment	8,330,575	0	0	0	5.00
6.00	Movable Equipment	19,512,339	192,359	0	192,359	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	103,670,072	192,359	0	192,359	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	103,670,072	192,359	0	192,359	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	728,381	0	89,091	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	930,578	0	536,244	0	2.00
3.00	Total (sum of lines 1-2)	1,658,959	0	625,335	0	3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	19,904,744	0	19,904,744	0.502525	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	19,704,699	0	19,704,699	0.497475	2.00
3.00	Total (sum of lines 1-2)	39,609,443	0	39,609,443	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
2/23/2012 12:36 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0		1.00		
2.00	Land Improvements	2,717,512	0		2.00		
3.00	Buildings and Fixtures	19,904,744	0		3.00		
4.00	Building Improvements	53,204,902	0		4.00		
5.00	Fixed Equipment	8,330,575	0		5.00		
6.00	Movable Equipment	19,704,698	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	103,862,431	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	103,862,431	0		10.00		
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	817,472		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	1,466,822		2.00		
3.00	Total (sum of lines 1-2)	0	2,284,294		3.00		
<b>ALLOCATION OF OTHER CAPITAL</b>							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	728,381	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	930,578	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,658,959	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
2/23/2012 12:36 pm

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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	752,811	0	0	0	1,481,192	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	696,290	0	0	0	1,626,868	2.00
3.00	Total (sum of lines 1-2)	1,449,101	0	0	0	3,108,060	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-8

Date/Time Prepared:  
2/23/2012 12:36 pm

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)			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)		0		0.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00
7.00	Telephone services (pay stations excluded) (chapter 21)		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	-5,127,060		
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00
12.00	Related organization transactions (chapter 10)	A-8-1	10,672,424		
13.00	Laundry and linen service		0		0.00
14.00	Cafeteria-employees and guests		0		0.00
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		0		0.00
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			NONPHYSICIAN ANESTHETISTS	19.00
29.00	Physicians' assistant				0.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00
32.00	CAH HIT Adjustment for Depreciation and Interest				0.00
33.00	KEY DEPOSIT	B	-20	MAINTENANCE & REPAIRS	6.00
34.00	PARKING LOT PASS	B	-10	MAINTENANCE & REPAIRS	6.00
35.00	LOST I. D.	B	-85	MAINTENANCE & REPAIRS	6.00
36.00	ADMINISTRATIVE COSTS	B	-654	MAINTENANCE & REPAIRS	6.00
37.00	PHYSICIANS MALPRACTICE EXCESS INS.	B	-271,013	MAINTENANCE & REPAIRS	6.00
38.00	X-RAY SCRAP	B	-2,895	MAINTENANCE & REPAIRS	6.00
39.00	MEDICAL RECORDS ALL FEES	B	-19,894	MEDICAL RECORDS & LIBRARY	16.00
40.00	HEARING AIDS, DENTURES	B	-8,820	MAINTENANCE & REPAIRS	6.00
41.00	JURY DUTY	B	-1,517	MAINTENANCE & REPAIRS	6.00
42.00	PHARMACY CO-PAY	B	-127,336	MAINTENANCE & REPAIRS	6.00
43.00	MI SC. AMOUNTS	B	-248	MAINTENANCE & REPAIRS	6.00
44.00	INCOME ON INVESTMENTS	B	-1,028	MAINTENANCE & REPAIRS	6.00
45.00	CASH DISBURSED	B	50,697	MAINTENANCE & REPAIRS	6.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		5,162,541		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-8

Date/Time Prepared:  
2/23/2012 12:36 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	KEY DEPOSIT	0	33.00
34.00	PARKING LOT PASS	0	34.00
35.00	LOST I.D.	0	35.00
36.00	ADMINISTRATIVE COSTS	0	36.00
37.00	PHYSICIANS MALPRACTICE EXCESS INS.	0	37.00
38.00	X-RAY SCRAP	0	38.00
39.00	MEDICAL RECORDS ALL FEES	0	39.00
40.00	HEARING AIDS, DENTURES	0	40.00
41.00	JURY DUTY	0	41.00
42.00	PHARMACY CO-PAY	0	42.00
43.00	MISC. AMOUNTS	0	43.00
44.00	INCOME ON INVESTMENTS	0	44.00
45.00	CASH DISBURSED	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: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-8-1

Date/Time Prepared:  
2/23/2012 12:36 pm

	Line No.	Cost Center	Expense Items	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00		1.00 NEW CAP REL COSTS-BLDG & FIXT	BOND INTEREST EXPENSE	1.00
2.00		5.00 ADMINISTRATIVE & GENERAL	ADMINISTRATIVE AND GENERAL	2.00
3.00		5.00 ADMINISTRATIVE & GENERAL	ADMINISTRATIVE AND GENERAL	3.00
4.00		15.00 PHARMACY	COOK COUNTY COSTS	4.00
4.01		4.00 EMPLOYEE BENEFITS	COOK COUNTY PENSION ADJUSTMENT	4.01
4.02		2.00 NEW CAP REL COSTS-MVBLE EQUIP	BUREAU DEPRECIATION	4.02
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	B	COUNTY OF COOK	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: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-8-1

Date/Time Prepared:  
2/23/2012 12:36 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
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>						
1.00	663,720	0	663,720	11	1.00	
2.00	324,018	0	324,018	0	2.00	
3.00	6,025,605	0	6,025,605	0	3.00	
4.00	8,658,013	0	8,658,013	0	4.00	
4.01	0	5,158,978	-5,158,978	0	4.01	
4.02	160,046	0	160,046	11	4.02	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	15,831,402	5,158,978	10,672,424		5.00

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

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

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

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

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

6.00		0.00	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: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:  
2/23/2012 12:36 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	CONSULTANTS INT. MED.	66,756	66,756	1.00
2.00	50.01	CONSULTANTS PATHOLOGY	30,000	15,300	2.00
3.00	54.00	CONSULTANTS RADIOLOGY	134,633	134,633	3.00
4.00	30.00	INTERNAL MEDICINE	2,331,729	1,729,941	4.00
5.00	69.00	CARDIOLOGY	313,194	194,968	5.00
6.00	54.00	RADIOLOGY	246,248	61,561	6.00
7.00	50.01	PATHOLOGY	199,350	19,935	7.00
8.00	31.00	INTENSIVE CARE MEDICINE	146,113	145,404	8.00
9.00	66.00	PHYSIATRY	720,297	609,036	9.00
10.00	90.00	O/P FAMILY PRACTICE	113,195	101,876	10.00
11.00	90.00	O/P INTERNAL MEDICINE	735,521	532,538	11.00
12.00	91.00	E/R FAMILY PRACTICE	51,632	46,469	12.00
13.00	91.00	E/R INTERNAL MEDICINE	335,496	242,909	13.00
14.00	50.00	SURGERY ANESTHESIOLOGY	391,641	145,714	14.00
15.00	50.00	SURGERY GENERAL	454,046	329,014	15.00
16.00	50.00	SURGERY CONSULTANTS	254,596	154,421	16.00
17.00	50.00	PODIATRY	374,288	11,228	17.00
200.00		TOTAL (Lines 1.00 through 199.00)	6,898,735	4,541,703	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:  
2/23/2012 12:36 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	165,600	0	0	0	1.00
2.00	14,700	208,000	196	19,600	980	2.00
3.00	0	225,300	0	0	0	3.00
4.00	601,788	165,600	4,092	325,786	16,289	4.00
5.00	118,226	165,600	1,059	84,313	4,216	5.00
6.00	184,686	225,300	1,200	129,981	6,499	6.00
7.00	179,415	208,000	1,350	135,000	6,750	7.00
8.00	709	165,600	11	876	44	8.00
9.00	111,261	165,600	1,098	87,418	4,371	9.00
10.00	11,319	138,700	126	8,402	420	10.00
11.00	202,983	138,700	1,770	118,028	5,901	11.00
12.00	5,163	138,700	57	3,801	190	12.00
13.00	92,587	138,700	807	53,813	2,691	13.00
14.00	245,927	208,000	2,787	278,700	13,935	14.00
15.00	125,032	208,000	5,108	510,800	25,540	15.00
16.00	100,175	208,000	1,139	113,900	5,695	16.00
17.00	363,060	208,000	2,946	294,600	14,730	17.00
200.00	2,357,031		23,746	2,165,018	108,251	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:  
2/23/2012 12:36 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	1,570	0	0	1.00
2.00	0	0	706	346	19,946	2.00
3.00	0	0	3,166	0	0	3.00
4.00	0	0	54,838	14,153	339,939	4.00
5.00	0	0	7,366	2,781	87,094	5.00
6.00	0	0	5,791	4,343	134,324	6.00
7.00	0	0	4,688	4,219	139,219	7.00
8.00	0	0	3,436	17	893	8.00
9.00	0	0	16,940	2,617	90,035	9.00
10.00	0	0	2,662	266	8,668	10.00
11.00	0	0	17,298	4,774	122,802	11.00
12.00	0	0	1,214	121	3,922	12.00
13.00	0	0	7,890	2,177	55,990	13.00
14.00	0	0	9,211	5,784	284,484	14.00
15.00	0	0	10,678	2,940	513,740	15.00
16.00	0	0	5,988	2,356	116,256	16.00
17.00	0	0	8,803	8,539	303,139	17.00
200.00	0	0	162,245	55,433	2,220,451	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:  
2/23/2012 12:36 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	66,756	1.00
2.00	0	15,300	2.00
3.00	0	134,633	3.00
4.00	261,849	1,991,790	4.00
5.00	31,132	226,100	5.00
6.00	50,362	111,924	6.00
7.00	40,196	60,131	7.00
8.00	0	145,404	8.00
9.00	21,226	630,262	9.00
10.00	2,651	104,527	10.00
11.00	80,181	612,719	11.00
12.00	1,241	47,710	12.00
13.00	36,597	279,506	13.00
14.00	0	145,714	14.00
15.00	0	329,014	15.00
16.00	0	154,421	16.00
17.00	59,921	71,149	17.00
200.00	585,356	5,127,060	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,481,192	1,481,192				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	1,626,868		1,626,868			2.00
4.00 EMPLOYEE BENEFITS	1,989,063	2,143	3,162	1,994,368		4.00
5.00 ADMINISTRATIVE & GENERAL	15,226,391	129,290	90,908	200,835	15,647,424	5.00
6.00 MAINTENANCE & REPAIRS	4,063,319	142,289	456,316	155,711	4,817,635	6.00
7.00 OPERATION OF PLANT	4,410,982	115,811	86,224	182,784	4,795,801	7.00
8.00 LAUNDRY & LINEN SERVICE	130,428	0	49,395	17	179,840	8.00
9.00 HOUSEKEEPING	1,577,832	25,564	2,221	93,047	1,698,664	9.00
10.00 DIETARY	1,284,673	63,113	29,132	69,378	1,446,296	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	2,441,125	8,009	189,575	72,876	2,711,585	13.00
14.00 CENTRAL SERVICES & SUPPLY	389,339	21,412	25,632	20,817	457,200	14.00
15.00 PHARMACY	8,670,712	80,859	115,112	0	8,866,683	15.00
16.00 MEDICAL RECORDS & LIBRARY	825,309	12,083	2,117	51,245	890,754	16.00
17.00 SOCIAL SERVICE	319,038	4,220	0	12,565	335,823	17.00
18.00 MEDICAL ADMINISTRATION	365,849	1,783	269	12,909	380,810	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	239,371	0	0	0	239,371	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	2,753,396	75,836	198,194	315,439	3,342,865	30.00
31.00 INTENSIVE CARE UNIT	1,061,088	2,305	4,724	78,778	1,146,895	31.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	973,900	39,673	3,864	67,702	1,085,139	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	46,728	8,226	12,132	2,933	70,019	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,395,148	13,165	105,992	116,716	1,631,021	50.00
50.01 PATHOLOGY	164,356	4,749	3,902	15,558	188,565	50.01
50.02 NEUROLOGY & PSYCHIATRY	379,248	1,599	0	24,603	405,450	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	302,317	4,659	0	19,608	326,584	50.03
54.00 RADIOLOGY-DIAGNOSTIC	1,353,566	3,831	94,115	41,929	1,493,441	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,449,505	6,315	26,579	60,932	1,543,331	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	820,254	9,446	60,379	44,177	934,256	65.00
66.00 PHYSICAL THERAPY	652,051	12,928	3,948	70,666	739,593	66.00
67.00 OCCUPATIONAL THERAPY	517,515	16,588	3,305	33,478	570,886	67.00
68.00 SPEECH PATHOLOGY	208,777	3,179	688	13,585	226,229	68.00
69.00 ELECTROCARDIOLOGY	178,719	1,181	36,719	26,513	243,132	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	366,041	0	0	0	366,041	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	814,395	0	0	0	814,395	73.00
76.00 ACTIVITY THERAPY	3,716	0	2,513	0	6,229	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,267,355	23,022	12,937	132,007	1,435,321	90.00
91.00 EMERGENCY	545,949	9,173	6,395	54,917	616,434	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	60,295,515	842,451	1,626,449	1,991,725	59,653,712	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 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			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0	190.01
191.01 OPTOMETRY	40,653	955	419	2,643	44,670	191.01
192.01 DENTAL	0	0	0	0	0	192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	0	1,406	0	0	1,406	192.02
194.00 IDLE	0	0	0	0	0	194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	194.03
194.04 MI SC. WALLS AND HALLS	0	136,939	0	0	136,939	194.04
194.05 ALL TUNNELS	0	75,666	0	0	75,666	194.05
194.06 VACANT AND USED FOR STOREAGE	0	356,006	0	0	356,006	194.06
194.07 OTHER COUNTY AGENCIES	0	67,769	0	0	67,769	194.07
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)	60,336,168	1,481,192	1,626,868	1,994,368	60,336,168	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	15,647,424					5.00
6.00	MAINTENANCE & REPAIRS	1,686,856	6,504,491				6.00
7.00	OPERATION OF PLANT	1,679,211	623,859	7,098,871			7.00
8.00	LAUNDRY & LINEN SERVICE	62,970	0	0	242,810		8.00
9.00	HOUSEKEEPING	594,774	137,712	166,241	0	2,597,391	9.00
10.00	DIETARY	506,409	339,981	410,412	0	153,766	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	949,440	43,146	52,084	0	19,514	13.00
14.00	CENTRAL SERVICES & SUPPLY	160,085	115,344	139,238	0	52,167	14.00
15.00	PHARMACY	3,104,615	435,578	525,813	0	197,002	15.00
16.00	MEDICAL RECORDS & LIBRARY	311,890	65,092	78,576	0	29,439	16.00
17.00	SOCIAL SERVICE	117,586	22,732	27,441	0	10,281	17.00
18.00	MEDICAL ADMINISTRATION	133,338	9,603	11,592	0	4,343	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	83,814	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,170,477	408,520	493,150	140,648	184,764	30.00
31.00	INTENSIVE CARE UNIT	401,576	12,416	14,988	25,567	5,615	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	379,953	213,714	257,987	44,380	96,658	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
44.00	SKILLED NURSING FACILITY	24,517	44,315	53,495	32,215	20,042	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	571,089	70,917	85,608	0	32,074	50.00
50.01	PATHOLOGY	66,025	25,585	30,885	0	11,571	50.01
50.02	NEUROLOGY & PSYCHIATRY	141,965	8,612	10,396	0	3,895	50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	114,351	25,096	30,295	0	11,350	50.03
54.00	RADIOLOGY-DIAGNOSTIC	522,916	20,638	24,914	0	9,334	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	540,385	34,019	41,066	0	15,386	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	327,122	50,886	61,427	0	23,015	65.00
66.00	PHYSICAL THERAPY	258,963	69,642	84,069	0	31,497	66.00
67.00	OCCUPATIONAL THERAPY	199,891	89,356	107,867	0	40,414	67.00
68.00	SPEECH PATHOLOGY	79,212	17,125	20,672	0	7,745	68.00
69.00	ELECTROCARDIOLOGY	85,131	6,360	7,677	0	2,876	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,166	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	285,154	0	0	0	0	73.00
76.00	ACTIVITY THERAPY	2,181	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	502,566	124,015	149,706	0	56,089	90.00
91.00	EMERGENCY	215,839	49,413	59,650	0	22,348	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	15,408,467	3,063,676	2,945,249	242,810	1,041,185	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0	190.01
191.01	OPTOMETRY	15,641	5,145	6,211	0	2,327	191.01
192.01	DENTAL	0	0	0	0	0	192.01
192.02	NON-REIMBURSABLE COMMUNITY CLINICS	492	7,575	9,144	0	3,426	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
194.00 IDLE	0	0	0	0	0	194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	194.03
194.04 MISC. WALLS AND HALLS	47,948	737,670	890,487	0	333,631	194.04
194.05 ALL TUNNELS	26,494	407,602	492,042	0	184,349	194.05
194.06 VACANT AND USED FOR STORAGE	124,653	1,917,759	2,315,047	0	867,363	194.06
194.07 OTHER COUNTY AGENCIES	23,729	365,064	440,691	0	165,110	194.07
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)	15,647,424	6,504,491	7,098,871	242,810	2,597,391	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	2,856,864					10.00
11.00 CAFETERIA	0	0				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	0	0	3,775,769		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	924,034	14.00
15.00 PHARMACY	0	0	0	0	5,083	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 MEDICAL ADMINISTRATION	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	1,143,966	0	0	1,860,881	108,867	30.00
31.00 INTENSIVE CARE UNIT	1,143,966	0	0	397,653	61,295	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	207,969	0	0	489,034	12,479	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	360,963	0	0	0	6,166	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	130,804	227,627	50.00
50.01 PATHOLOGY	0	0	0	0	1,609	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	0	0	577	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0	2,875	50.03
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	2,039	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	25,914	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	177,800	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	56,282	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	6,677	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	47	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	4,576	69.00
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 ACTIVITY THERAPY	0	0	0	0	4,478	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	719,422	150,674	90.00
91.00 EMERGENCY	0	0	0	177,975	68,727	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,856,864	0	0	3,775,769	923,792	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0	190.01
191.01 OPTOMETRY	0	0	0	0	242	191.01
192.01 DENTAL	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	0	0	0	0	0	0 192.02
194.00 IDLE	0	0	0	0	0	0 194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	0 194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	0 194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	0 194.03
194.04 MISC. WALLS AND HALLS	0	0	0	0	0	0 194.04
194.05 ALL TUNNELS	0	0	0	0	0	0 194.05
194.06 VACANT AND USED FOR STORAGE	0	0	0	0	0	0 194.06
194.07 OTHER COUNTY AGENCIES	0	0	0	0	0	0 194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	2,856,864	0	0	3,775,769	924,034	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	
				MEDICAL ADMINISTRATION			
	15.00	16.00	17.00	18.00	19.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.00 ADMINISTRATIVE & GENERAL							5.00
6.00 MAINTENANCE & REPAIRS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
12.00 MAINTENANCE OF PERSONNEL							12.00
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY	13,134,774						15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,375,751					16.00
17.00 SOCIAL SERVICE	0	0	513,863				17.00
18.00 MEDICAL ADMINISTRATION	0	0	0	539,686			18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	35,931	398,829	375,546	199,140	0	0	30.00
31.00 INTENSIVE CARE UNIT	3,524	72,262	0	0	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	4,678	125,763	67,338	40,322	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	3,016	45,858	8,518	8,045	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	9,756	0	0	0	0	0	50.00
50.01 PATHOLOGY	0	0	0	0	0	0	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	0	0	0	0	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0	0	0	50.03
54.00 RADIOLOGY-DIAGNOSTIC	1,862	0	0	0	0	0	54.00
56.00 RADIO SOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	589,451	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	508	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	339	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	339	0	0	0	0	0	69.00
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	12,369,636	0	0	0	0	0	73.00
76.00 ACTIVITY THERAPY	385	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	79,048	499,578	62,461	171,385	0	0	90.00
91.00 EMERGENCY	36,039	226,513	0	120,794	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,134,512	1,368,803	513,863	539,686	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	
				MEDICAL ADMINISTRATION			
	15.00	16.00	17.00	18.00	19.00		
191.01 OPTOMETRY	262	0	0	0	0	0	191.01
192.01 DENTAL	0	0	0	0	0	0	192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	0	6,948	0	0	0	0	192.02
194.00 IDLE	0	0	0	0	0	0	194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	0	194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	0	194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	0	194.03
194.04 MISC. WALLS AND HALLS	0	0	0	0	0	0	194.04
194.05 ALL TUNNELS	0	0	0	0	0	0	194.05
194.06 VACANT AND USED FOR STORAGE	0	0	0	0	0	0	194.06
194.07 OTHER COUNTY AGENCIES	0	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	13,134,774	1,375,751	513,863	539,686			202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
20.00	21.00	22.00	23.00	24.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
18.00 MEDICAL ADMINISTRATION						18.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL	0					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	323,185			22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	0	230,282	0	10,093,866	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	3,285,757	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	92,903	0	3,118,317	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	677,169	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	2,758,896	50.00
50.01 PATHOLOGY	0	0	0	0	324,240	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	0	0	570,895	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0	510,551	50.03
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	2,075,144	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	2,789,552	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	1,575,014	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	1,240,385	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	1,015,091	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	351,030	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	350,091	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	494,207	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	13,469,185	73.00
76.00 ACTIVITY THERAPY	0	0	0	0	13,273	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	3,950,265	90.00
91.00 EMERGENCY	0	0	0	0	1,593,732	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	323,185	0	50,256,660	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0	190.01
191.01 OPTOMETRY	0	0	0	0	74,498	191.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
192.01 DENTAL	0	0	0	0	0	192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	0	0	0	0	28,991	192.02
194.00 IDLE	0	0	0	0	0	194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	194.03
194.04 MISC. WALLS AND HALLS	0	0	0	0	2,146,675	194.04
194.05 ALL TUNNELS	0	0	0	0	1,186,153	194.05
194.06 VACANT AND USED FOR STORAGE	0	0	0	0	5,580,828	194.06
194.07 OTHER COUNTY AGENCIES	0	0	0	0	1,062,363	194.07
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	323,185	0	60,336,168	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
12.00 MAINTENANCE OF PERSONNEL			12.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
18.00 MEDICAL ADMINISTRATION			18.00
19.00 NONPHYSICIAN ANESTHETISTS			19.00
20.00 NURSING SCHOOL			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 PARAMED ED PRGM-(SPECIFY)			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	-230,282	9,863,584	30.00
31.00 INTENSIVE CARE UNIT	0	3,285,757	31.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	-92,903	3,025,414	41.00
42.00 SUBPROVIDER	0	0	42.00
44.00 SKILLED NURSING FACILITY	0	677,169	44.00
45.00 NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	2,758,896	50.00
50.01 PATHOLOGY	0	324,240	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	570,895	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	510,551	50.03
54.00 RADIOLOGY-DIAGNOSTIC	0	2,075,144	54.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	2,789,552	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	1,575,014	65.00
66.00 PHYSICAL THERAPY	0	1,240,385	66.00
67.00 OCCUPATIONAL THERAPY	0	1,015,091	67.00
68.00 SPEECH PATHOLOGY	0	351,030	68.00
69.00 ELECTROCARDIOLOGY	0	350,091	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	494,207	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	13,469,185	73.00
76.00 ACTIVITY THERAPY	0	13,273	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	3,950,265	90.00
91.00 EMERGENCY	0	1,593,732	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10 CORF	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-323,185	49,933,475	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
191.01	OPTOMETRY	0	74,498	191.01
192.01	DENTAL	0	0	192.01
192.02	NON-REIMBURSABLE COMMUNITY CLINICS	0	28,991	192.02
194.00	IDLE	0	0	194.00
194.01	IDLE SPACE B-22 OTHER	0	0	194.01
194.02	H REC. 2 - 6 VACANT	0	0	194.02
194.03	PUBLIC AID OFFICES VACANT	0	0	194.03
194.04	MISC. WALLS AND HALLS	0	2,146,675	194.04
194.05	ALL TUNNELS	0	1,186,153	194.05
194.06	VACANT AND USED FOR STORAGE	0	5,580,828	194.06
194.07	OTHER COUNTY AGENCIES	0	1,062,363	194.07
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-323,185	60,012,983	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	2,143	3,162	5,305	5,305 4.00
5.00	ADMINISTRATIVE & GENERAL	73,203	129,290	90,908	293,401	535 5.00
6.00	MAINTENANCE & REPAIRS	741	142,289	456,316	599,346	415 6.00
7.00	OPERATION OF PLANT	0	115,811	86,224	202,035	487 7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	49,395	49,395	0 8.00
9.00	HOUSEKEEPING	0	25,564	2,221	27,785	248 9.00
10.00	DIETARY	0	63,113	29,132	92,245	185 10.00
11.00	CAFETERIA	0	0	0	0	0 11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	NURSING ADMINISTRATION	0	8,009	189,575	197,584	194 13.00
14.00	CENTRAL SERVICES & SUPPLY	38,575	21,412	25,632	85,619	55 14.00
15.00	PHARMACY	0	80,859	115,112	195,971	0 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	12,083	2,117	14,200	136 16.00
17.00	SOCIAL SERVICE	0	4,220	0	4,220	33 17.00
18.00	MEDICAL ADMINISTRATION	0	1,783	269	2,052	34 18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	75,836	198,194	274,030	835 30.00
31.00	INTENSIVE CARE UNIT	0	2,305	4,724	7,029	210 31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00	SUBPROVIDER - I RF	0	39,673	3,864	43,537	180 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
44.00	SKILLED NURSING FACILITY	0	8,226	12,132	20,358	8 44.00
45.00	NURSING FACILITY	0	0	0	0	0 45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	13,165	105,992	119,157	311 50.00
50.01	PATHOLOGY	0	4,749	3,902	8,651	41 50.01
50.02	NEUROLOGY & PSYCHIATRY	0	1,599	0	1,599	66 50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	4,659	0	4,659	52 50.03
54.00	RADIOLOGY-DIAGNOSTIC	0	3,831	94,115	97,946	112 54.00
56.00	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	CT SCAN	0	0	0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	LABORATORY	0	6,315	26,579	32,894	162 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	RESPIRATORY THERAPY	0	9,446	60,379	69,825	118 65.00
66.00	PHYSICAL THERAPY	0	12,928	3,948	16,876	188 66.00
67.00	OCCUPATIONAL THERAPY	0	16,588	3,305	19,893	89 67.00
68.00	SPEECH PATHOLOGY	0	3,179	688	3,867	36 68.00
69.00	ELECTROCARDIOLOGY	0	1,181	36,719	37,900	71 69.00
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	ACTIVITY THERAPY	0	0	2,513	2,513	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	CLINIC	0	23,022	12,937	35,959	351 90.00
91.00	EMERGENCY	0	9,173	6,395	15,568	146 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0 99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	112,519	842,451	1,626,449	2,581,419	5,298 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0	190.01
191.01 OPTOMETRY	0	955	419	1,374	7	191.01
192.01 DENTAL	0	0	0	0	0	192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	0	1,406	0	1,406	0	192.02
194.00 IDLE	0	0	0	0	0	194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	194.03
194.04 MISC. WALLS AND HALLS	0	136,939	0	136,939	0	194.04
194.05 ALL TUNNELS	0	75,666	0	75,666	0	194.05
194.06 VACANT AND USED FOR STOREAGE	0	356,006	0	356,006	0	194.06
194.07 OTHER COUNTY AGENCIES	0	67,769	0	67,769	0	194.07
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	112,519	1,481,192	1,626,868	3,220,579	5,305	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet B Part II Date/Time Prepared: 2/23/2012 12:36 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	293,936					5.00
6.00	MAINTENANCE & REPAIRS	31,686	631,447				6.00
7.00	OPERATION OF PLANT	31,542	60,563	294,627			7.00
8.00	LAUNDRY & LINEN SERVICE	1,183	0	0	50,578		8.00
9.00	HOUSEKEEPING	11,172	13,369	6,900	0	59,474	9.00
10.00	DIETARY	9,512	33,005	17,033	0	3,521	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	17,834	4,189	2,162	0	447	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,007	11,197	5,779	0	1,195	14.00
15.00	PHARMACY	58,335	42,285	21,823	0	4,511	15.00
16.00	MEDICAL RECORDS & LIBRARY	5,858	6,319	3,261	0	674	16.00
17.00	SOCIAL SERVICE	2,209	2,207	1,139	0	235	17.00
18.00	MEDICAL ADMINISTRATION	2,505	932	481	0	99	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,574	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	21,986	39,659	20,467	29,298	4,231	30.00
31.00	INTENSIVE CARE UNIT	7,543	1,205	622	5,326	129	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	7,137	20,747	10,707	9,244	2,213	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
44.00	SKILLED NURSING FACILITY	461	4,302	2,220	6,710	459	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	10,727	6,884	3,553	0	734	50.00
50.01	PATHOLOGY	1,240	2,484	1,282	0	265	50.01
50.02	NEUROLOGY & PSYCHIATRY	2,667	836	431	0	89	50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	2,148	2,436	1,257	0	260	50.03
54.00	RADIOLOGY-DIAGNOSTIC	9,822	2,004	1,034	0	214	54.00
56.00	RADIO SOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	10,150	3,302	1,704	0	352	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	6,145	4,940	2,549	0	527	65.00
66.00	PHYSICAL THERAPY	4,864	6,761	3,489	0	721	66.00
67.00	OCCUPATIONAL THERAPY	3,755	8,675	4,477	0	925	67.00
68.00	SPEECH PATHOLOGY	1,488	1,662	858	0	177	68.00
69.00	ELECTROCARDIOLOGY	1,599	617	319	0	66	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,407	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	5,356	0	0	0	0	73.00
76.00	ACTIVITY THERAPY	41	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	9,440	12,039	6,213	0	1,284	90.00
91.00	EMERGENCY	4,054	4,797	2,476	0	512	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	289,447	297,416	122,236	50,578	23,840	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.01	COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0	190.01
191.01	OPTOMETRY	294	499	258	0	53	191.01
192.01	DENTAL	0	0	0	0	0	192.01
192.02	NON-REIMBURSABLE COMMUNITY CLINICS	9	735	380	0	78	192.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
194.00 IDLE	0	0	0	0	0	194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	194.03
194.04 MISC. WALLS AND HALLS	901	71,612	36,958	0	7,639	194.04
194.05 ALL TUNNELS	498	39,569	20,421	0	4,221	194.05
194.06 VACANT AND USED FOR STORAGE	2,341	186,176	96,084	0	19,862	194.06
194.07 OTHER COUNTY AGENCIES	446	35,440	18,290	0	3,781	194.07
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)	293,936	631,447	294,627	50,578	59,474	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140301			Period: From 12/01/2010 To 08/31/2011		Worksheet B Part II Date/Time Prepared: 2/23/2012 12:36 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY	155,501						10.00
11.00	CAFETERIA	0	0					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	0	0	222,410			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	106,852		14.00
15.00	PHARMACY	0	0	0	0	588		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0		17.00
18.00	MEDICAL ADMINISTRATION	0	0	0	0	0		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	62,267	0	0	109,614	12,589		30.00
31.00	INTENSIVE CARE UNIT	62,267	0	0	23,424	7,088		31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00	SUBPROVIDER - IRF	11,320	0	0	28,806	1,443		41.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
44.00	SKILLED NURSING FACILITY	19,647	0	0	0	713		44.00
45.00	NURSING FACILITY	0	0	0	0	0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	0	0	7,705	26,323		50.00
50.01	PATHOLOGY	0	0	0	0	186		50.01
50.02	NEUROLOGY & PSYCHIATRY	0	0	0	0	67		50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0	332		50.03
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	236		54.00
56.00	RADIOISOTOPE	0	0	0	0	0		56.00
57.00	CT SCAN	0	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00	LABORATORY	0	0	0	0	2,997		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
65.00	RESPIRATORY THERAPY	0	0	0	0	20,560		65.00
66.00	PHYSICAL THERAPY	0	0	0	0	6,508		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	772		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	5		68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	529		69.00
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	ACTIVITY THERAPY	0	0	0	0	518		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00	CLINIC	0	0	0	42,377	17,423		90.00
91.00	EMERGENCY	0	0	0	10,484	7,947		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	CORF	0	0	0	0	0		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	155,501	0	0	222,410	106,824		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.01	COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0		190.01
191.01	OPTOMETRY	0	0	0	0	28		191.01
192.01	DENTAL	0	0	0	0	0		192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	0	0	0	0	0	0 192.02
194.00 IDLE	0	0	0	0	0	0 194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	0 194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	0 194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	0 194.03
194.04 MISC. WALLS AND HALLS	0	0	0	0	0	0 194.04
194.05 ALL TUNNELS	0	0	0	0	0	0 194.05
194.06 VACANT AND USED FOR STORAGE	0	0	0	0	0	0 194.06
194.07 OTHER COUNTY AGENCIES	0	0	0	0	0	0 194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	155,501	0	0	222,410	106,852	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	
				MEDICAL ADMINISTRATION			
	15.00	16.00	17.00	18.00	19.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.00 ADMINISTRATIVE & GENERAL							5.00
6.00 MAINTENANCE & REPAIRS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
12.00 MAINTENANCE OF PERSONNEL							12.00
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY	323,513						15.00
16.00 MEDICAL RECORDS & LIBRARY	0	30,448					16.00
17.00 SOCIAL SERVICE	0	0	10,043				17.00
18.00 MEDICAL ADMINISTRATION	0	0	0	6,103			18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	885	8,827	7,340	2,252			30.00
31.00 INTENSIVE CARE UNIT	87	1,599	0	0			31.00
40.00 SUBPROVIDER - IPF	0	0	0	0			40.00
41.00 SUBPROVIDER - IRF	115	2,783	1,316	456			41.00
42.00 SUBPROVIDER	0	0	0	0			42.00
44.00 SKILLED NURSING FACILITY	74	1,015	166	91			44.00
45.00 NURSING FACILITY	0	0	0	0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	240	0	0	0			50.00
50.01 PATHOLOGY	0	0	0	0			50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	0	0			50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0			50.03
54.00 RADIOLOGY-DIAGNOSTIC	46	0	0	0			54.00
56.00 RADIOISOTOPE	0	0	0	0			56.00
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	14,518	0	0	0			60.00
60.01 BLOOD LABORATORY	0	0	0	0			60.01
65.00 RESPIRATORY THERAPY	13	0	0	0			65.00
66.00 PHYSICAL THERAPY	8	0	0	0			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	8	0	0	0			69.00
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	304,669	0	0	0			73.00
76.00 ACTIVITY THERAPY	9	0	0	0			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0			88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0			89.00
90.00 CLINIC	1,947	11,057	1,221	1,938			90.00
91.00 EMERGENCY	888	5,013	0	1,366			91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0	0	0			99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0			99.40
101.00 HOME HEALTH AGENCY	0	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0			110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0			111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	323,507	30,294	10,043	6,103	0		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	0	0			190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	
				MEDICAL ADMINISTRATION			
	15.00	16.00	17.00	18.00	19.00		
191.01 OPTOMETRY	6	0	0	0	0		191.01
192.01 DENTAL	0	0	0	0	0		192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	0	154	0	0	0		192.02
194.00 IDLE	0	0	0	0	0		194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0		194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0		194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0		194.03
194.04 MISC. WALLS AND HALLS	0	0	0	0	0		194.04
194.05 ALL TUNNELS	0	0	0	0	0		194.05
194.06 VACANT AND USED FOR STORAGE	0	0	0	0	0		194.06
194.07 OTHER COUNTY AGENCIES	0	0	0	0	0		194.07
200.00 Cross Foot Adjustments							0 200.00
201.00 Negative Cost Centers	0	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	323,513	30,448	10,043	6,103			0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
20.00	21.00	22.00	23.00	24.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
18.00 MEDICAL ADMINISTRATION						18.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL	0					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD		0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			1,574			22.00
23.00 PARAMED PRGM-(SPECIFY)				0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS					594,280	30.00
31.00 INTENSIVE CARE UNIT					116,529	31.00
40.00 SUBPROVIDER - IPF					0	40.00
41.00 SUBPROVIDER - IRF					140,004	41.00
42.00 SUBPROVIDER					0	42.00
44.00 SKILLED NURSING FACILITY					56,224	44.00
45.00 NURSING FACILITY					0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM					175,634	50.00
50.01 PATHOLOGY					14,149	50.01
50.02 NEUROLOGY & PSYCHIATRY					5,755	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY					11,144	50.03
54.00 RADIOLOGY-DIAGNOSTIC					111,414	54.00
56.00 RADIOISOTOPE					0	56.00
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					66,079	60.00
60.01 BLOOD LABORATORY					0	60.01
65.00 RESPIRATORY THERAPY					104,677	65.00
66.00 PHYSICAL THERAPY					39,415	66.00
67.00 OCCUPATIONAL THERAPY					38,586	67.00
68.00 SPEECH PATHOLOGY					8,093	68.00
69.00 ELECTROCARDIOLOGY					41,109	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS					2,407	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS					0	72.00
73.00 DRUGS CHARGED TO PATIENTS					310,025	73.00
76.00 ACTIVITY THERAPY					3,081	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC					0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00 CLINIC					141,249	90.00
91.00 EMERGENCY					53,251	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF					0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY					0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					0	99.40
101.00 HOME HEALTH AGENCY					0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION					0	109.00
110.00 INTESTINAL ACQUISITION					0	110.00
111.00 ISLET CELL ACQUISITION					0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	2,033,105	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.01 COUNTY STORE-NON-ALLOWABLE					0	190.01
191.01 OPTOMETRY					2,519	191.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
192.01 DENTAL					0	192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS					2,762	192.02
194.00 IDLE					0	194.00
194.01 IDLE SPACE B-22 OTHER					0	194.01
194.02 H REC. 2 - 6 VACANT					0	194.02
194.03 PUBLIC AID OFFICES VACANT					0	194.03
194.04 MISC. WALLS AND HALLS					254,049	194.04
194.05 ALL TUNNELS					140,375	194.05
194.06 VACANT AND USED FOR STORAGE					660,469	194.06
194.07 OTHER COUNTY AGENCIES					125,726	194.07
200.00 Cross Foot Adjustments	0	0	1,574	0	1,574	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	1,574	0	3,220,579	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
12.00 MAINTENANCE OF PERSONNEL			12.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
18.00 MEDICAL ADMINISTRATION			18.00
19.00 NONPHYSICIAN ANESTHETISTS			19.00
20.00 NURSING SCHOOL			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 PARAMED ED PRGM-(SPECIFY)			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	0	594,280	30.00
31.00 INTENSIVE CARE UNIT	0	116,529	31.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	140,004	41.00
42.00 SUBPROVIDER	0	0	42.00
44.00 SKILLED NURSING FACILITY	0	56,224	44.00
45.00 NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	175,634	50.00
50.01 PATHOLOGY	0	14,149	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	5,755	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	11,144	50.03
54.00 RADIOLOGY-DIAGNOSTIC	0	111,414	54.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	66,079	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	104,677	65.00
66.00 PHYSICAL THERAPY	0	39,415	66.00
67.00 OCCUPATIONAL THERAPY	0	38,586	67.00
68.00 SPEECH PATHOLOGY	0	8,093	68.00
69.00 ELECTROCARDIOLOGY	0	41,109	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,407	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	310,025	73.00
76.00 ACTIVITY THERAPY	0	3,081	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	141,249	90.00
91.00 EMERGENCY	0	53,251	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10 CORF	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	2,033,105	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
191.01	OPTOMETRY	0	2,519	191.01
192.01	DENTAL	0	0	192.01
192.02	NON-REIMBURSABLE COMMUNITY CLINICS	0	2,762	192.02
194.00	IDLE	0	0	194.00
194.01	IDLE SPACE B-22 OTHER	0	0	194.01
194.02	H REC. 2 - 6 VACANT	0	0	194.02
194.03	PUBLIC AID OFFICES VACANT	0	0	194.03
194.04	MISC. WALLS AND HALLS	0	254,049	194.04
194.05	ALL TUNNELS	0	140,375	194.05
194.06	VACANT AND USED FOR STORAGE	0	660,469	194.06
194.07	OTHER COUNTY AGENCIES	0	125,726	194.07
200.00	Cross Foot Adjustments	0	1,574	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	3,220,579	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B-1

Date/Time Prepared:  
2/23/2012 12:36 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				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,208,157					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		1,941,834				2.00
4.00	EMPLOYEE BENEFITS	1,748	3,774	30,515,669			4.00
5.00	ADMINISTRATIVE & GENERAL	105,457	108,508	3,072,945	-15,647,424	44,688,744	5.00
6.00	MAINTENANCE & REPAIRS	116,060	544,661	2,382,508	0	4,817,635	6.00
7.00	OPERATION OF PLANT	94,463	102,917	2,796,743	0	4,795,801	7.00
8.00	LAUNDRY & LINEN SERVICE	0	58,958	266	0	179,840	8.00
9.00	HOUSEKEEPING	20,852	2,651	1,423,701	0	1,698,664	9.00
10.00	DIETARY	51,479	34,772	1,061,544	0	1,446,296	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	6,533	226,277	1,115,068	0	2,711,585	13.00
14.00	CENTRAL SERVICES & SUPPLY	17,465	30,595	318,517	0	457,200	14.00
15.00	PHARMACY	65,954	137,398	0	0	8,866,683	15.00
16.00	MEDICAL RECORDS & LIBRARY	9,856	2,527	784,089	0	890,754	16.00
17.00	SOCIAL SERVICE	3,442	0	192,248	0	335,823	17.00
18.00	MEDICAL ADMINISTRATION	1,454	321	197,522	0	380,810	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	239,371	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	61,857	236,565	4,826,693	0	3,342,865	30.00
31.00	INTENSIVE CARE UNIT	1,880	5,638	1,205,370	0	1,146,895	31.00
40.00	SUBPROVIDER - 1 PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - 1RF	32,360	4,612	1,035,891	0	1,085,139	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
44.00	SKILLED NURSING FACILITY	6,710	14,481	44,873	0	70,019	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	10,738	126,512	1,785,845	0	1,631,021	50.00
50.01	PATHOLOGY	3,874	4,657	238,051	0	188,565	50.01
50.02	NEUROLOGY & PSYCHIATRY	1,304	0	376,441	0	405,450	50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	3,800	0	300,017	0	326,584	50.03
54.00	RADIOLOGY-DIAGNOSTIC	3,125	112,336	641,546	0	1,493,441	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	5,151	31,725	932,302	0	1,543,331	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	7,705	72,069	675,947	0	934,256	65.00
66.00	PHYSICAL THERAPY	10,545	4,712	1,081,243	0	739,593	66.00
67.00	OCCUPATIONAL THERAPY	13,530	3,945	512,246	0	570,886	67.00
68.00	SPEECH PATHOLOGY	2,593	821	207,869	0	226,229	68.00
69.00	ELECTROCARDIOLOGY	963	43,828	405,664	0	243,132	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	366,041	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	814,395	73.00
76.00	ACTIVITY THERAPY	0	2,999	0	0	6,229	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	18,778	15,442	2,019,815	0	1,435,321	90.00
91.00	EMERGENCY	7,482	7,633	840,271	0	616,434	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	687,158	1,941,334	30,475,235	-15,647,424	44,006,288	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B-1

Date/Time Prepared:  
2/23/2012 12:36 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				
<b>NONREIMBURSABLE COST CENTERS</b>						
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0	190.01
191.01 OPTOMETRY	779	500	40,434	0	44,670	191.01
192.01 DENTAL	0	0	0	0	0	192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	1,147	0	0	0	1,406	192.02
194.00 IDLE	0	0	0	0	0	194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	194.03
194.04 MISC. WALLS AND HALLS	111,696	0	0	0	136,939	194.04
194.05 ALL TUNNELS	61,718	0	0	0	75,666	194.05
194.06 VACANT AND USED FOR STORAGE	290,382	0	0	0	356,006	194.06
194.07 OTHER COUNTY AGENCIES	55,277	0	0	0	67,769	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,481,192	1,626,868	1,994,368		15,647,424	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.225993	0.837800	0.065356		0.350142	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			5,305		293,936	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000174		0.006577	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B-1  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	984,892					6.00
7.00 OPERATION OF PLANT	94,463	890,429				7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	200,678			8.00
9.00 HOUSEKEEPING	20,852	20,852	0	869,577		9.00
10.00 DIETARY	51,479	51,479	0	51,479	51,500	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	6,533	6,533	0	6,533	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	17,465	17,465	0	17,465	0	14.00
15.00 PHARMACY	65,954	65,954	0	65,954	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	9,856	9,856	0	9,856	0	16.00
17.00 SOCIAL SERVICE	3,442	3,442	0	3,442	0	17.00
18.00 MEDICAL ADMINISTRATION	1,454	1,454	0	1,454	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	61,857	61,857	116,243	61,857	20,622	30.00
31.00 INTENSIVE CARE UNIT	1,880	1,880	21,131	1,880	20,622	31.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	32,360	32,360	36,679	32,360	3,749	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	6,710	6,710	26,625	6,710	6,507	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	10,738	10,738	0	10,738	0	50.00
50.01 PATHOLOGY	3,874	3,874	0	3,874	0	50.01
50.02 NEUROLOGY & PSYCHIATRY	1,304	1,304	0	1,304	0	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	3,800	3,800	0	3,800	0	50.03
54.00 RADIOLOGY-DIAGNOSTIC	3,125	3,125	0	3,125	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	5,151	5,151	0	5,151	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	7,705	7,705	0	7,705	0	65.00
66.00 PHYSICAL THERAPY	10,545	10,545	0	10,545	0	66.00
67.00 OCCUPATIONAL THERAPY	13,530	13,530	0	13,530	0	67.00
68.00 SPEECH PATHOLOGY	2,593	2,593	0	2,593	0	68.00
69.00 ELECTROCARDIOLOGY	963	963	0	963	0	69.00
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 ACTIVITY THERAPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	18,778	18,778	0	18,778	0	90.00
91.00 EMERGENCY	7,482	7,482	0	7,482	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	463,893	369,430	200,678	348,578	51,500	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0	190.01
191.01 OPTOMETRY	779	779	0	779	0	191.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B-1

Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
192.01 DENTAL	0	0	0	0	0	192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	1,147	1,147	0	1,147	0	192.02
194.00 IDLE	0	0	0	0	0	194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	194.03
194.04 MISC. WALLS AND HALLS	111,696	111,696	0	111,696	0	194.04
194.05 ALL TUNNELS	61,718	61,718	0	61,718	0	194.05
194.06 VACANT AND USED FOR STOREAGE	290,382	290,382	0	290,382	0	194.06
194.07 OTHER COUNTY AGENCIES	55,277	55,277	0	55,277	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,504,491	7,098,871	242,810	2,597,391	2,856,864	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.604268	7.972417	1.209948	2.986959	55.473087	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	631,447	294,627	50,578	59,474	155,501	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.641133	0.330882	0.252036	0.068394	3.019437	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B-1  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	CAFETERIA (F. T. E. 'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NO. EMP. SUPERVISED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	40,049					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	2,183	0	16,569			13.00
14.00 CENTRAL SERVICES & SUPPLY	1,093	0	0	710,617		14.00
15.00 PHARMACY	5,055	0	0	3,909	853,575	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,807	0	0	0	0	16.00
17.00 SOCIAL SERVICE	356	0	0	0	0	17.00
18.00 MEDICAL ADMINISTRATION	319	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	327	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	9,461	0	8,166	83,723	2,335	30.00
31.00 INTENSIVE CARE UNIT	1,908	0	1,745	47,138	229	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	2,339	0	2,146	9,597	304	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	0	0	0	4,742	196	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,465	0	574	175,053	634	50.00
50.01 PATHOLOGY	308	0	0	1,237	0	50.01
50.02 NEUROLOGY & PSYCHIATRY	357	0	0	444	0	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	668	0	0	2,211	0	50.03
54.00 RADIOLOGY-DIAGNOSTIC	1,073	0	0	1,568	121	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,255	0	0	19,929	38,306	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,360	0	0	136,735	33	65.00
66.00 PHYSICAL THERAPY	1,467	0	0	43,283	22	66.00
67.00 OCCUPATIONAL THERAPY	1,192	0	0	5,135	0	67.00
68.00 SPEECH PATHOLOGY	394	0	0	36	0	68.00
69.00 ELECTROCARDIOLOGY	574	0	0	3,519	22	69.00
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	803,852	73.00
76.00 ACTIVITY THERAPY	0	0	0	3,444	25	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	3,269	0	3,157	115,874	5,137	90.00
91.00 EMERGENCY	781	0	781	52,854	2,342	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	40,011	0	16,569	710,431	853,558	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.01 COUNTY STORE-NON-ALLOWABLE	3	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B-1

Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	CAFETERIA (F. T. E. 'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NO. EMP. SUPERVISED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
191.01 OPTOMETRY	35	0	0	186	17	191.01
192.01 DENTAL	0	0	0	0	0	192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	0	0	0	0	0	192.02
194.00 IDLE	0	0	0	0	0	194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	194.03
194.04 MISC. WALLS AND HALLS	0	0	0	0	0	194.04
194.05 ALL TUNNELS	0	0	0	0	0	194.05
194.06 VACANT AND USED FOR STOREAGE	0	0	0	0	0	194.06
194.07 OTHER COUNTY AGENCIES	0	0	0	0	0	194.07
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)			3,775,769	924,034	13,134,774	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	227.881526	1.300326	15.387955	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			222,410	106,852	323,513	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	13.423260	0.150365	0.379009	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B-1  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE ADMINISTRATION (PART B DOLLARS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	1,980					16.00
17.00 SOCIAL SERVICE	0	486,980				17.00
18.00 MEDICAL ADMINISTRATION	0	0	3,809,400			18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	574	355,900	1,405,634		0	30.00
31.00 INTENSIVE CARE UNIT	104	0	0		0	31.00
40.00 SUBPROVIDER - 1PF	0	0	0		0	40.00
41.00 SUBPROVIDER - 1RF	181	63,815	284,618		0	41.00
42.00 SUBPROVIDER	0	0	0		0	42.00
44.00 SKILLED NURSING FACILITY	66	8,072	56,787		0	44.00
45.00 NURSING FACILITY	0	0	0		0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 PATHOLOGY	0	0	0	0	0	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	0	0	0	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0	0	50.03
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
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
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 ACTIVITY THERAPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	719	59,193	1,209,730	0	0	90.00
91.00 EMERGENCY	326	0	852,631	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,970	486,980	3,809,400	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B-1

Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			MEDICAL ADMINISTRATION (PART B DOLLARS)			
	16.00	17.00	18.00	19.00	20.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	0	0	0	190.01
191.01 OPTOMETRY	0	0	0	0	0	191.01
192.01 DENTAL	0	0	0	0	0	192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	10	0	0	0	0	192.02
194.00 IDLE	0	0	0	0	0	194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0	0	0	194.01
194.02 H REC. 2 - 6 VACANT	0	0	0	0	0	194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0	0	0	194.03
194.04 MISC. WALLS AND HALLS	0	0	0	0	0	194.04
194.05 ALL TUNNELS	0	0	0	0	0	194.05
194.06 VACANT AND USED FOR STOREAGE	0	0	0	0	0	194.06
194.07 OTHER COUNTY AGENCIES	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,375,751	513,863	539,686	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	694.823737	1.055203	0.141672	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	30,448	10,043	6,103	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	15.377778	0.020623	0.001602	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B-1  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (RESIDENTS FTE)		
	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.00 ADMINISTRATIVE & GENERAL				5.00
6.00 MAINTENANCE & REPAIRS				6.00
7.00 OPERATION OF PLANT				7.00
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
12.00 MAINTENANCE OF PERSONNEL				12.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
15.00 PHARMACY				15.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
17.00 SOCIAL SERVICE				17.00
18.00 MEDICAL ADMINISTRATION				18.00
19.00 NONPHYSICIAN ANESTHETISTS				19.00
20.00 NURSING SCHOOL				20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		327		22.00
23.00 PARAMED PRGM-(SPECIFY)			0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	0	233	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	94	0	41.00
42.00 SUBPROVIDER	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 PATHOLOGY	0	0	0	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	0	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	50.03
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
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
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 ACTIVITY THERAPY	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10 CORF	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00 PANCREAS ACQUISITION	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	327	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet B-1

Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (RESIDENTS FTE)			
	21.00	22.00	23.00		
<b>NONREIMBURSABLE COST CENTERS</b>					
190.01 COUNTY STORE-NON-ALLOWABLE	0	0	0		190.01
191.01 OPTOMETRY	0	0	0		191.01
192.01 DENTAL	0	0	0		192.01
192.02 NON-REIMBURSABLE COMMUNITY CLINICS	0	0	0		192.02
194.00 IDLE	0	0	0		194.00
194.01 IDLE SPACE B-22 OTHER	0	0	0		194.01
194.02 H REC. 2 - 6 VACANT	0	0	0		194.02
194.03 PUBLIC AID OFFICES VACANT	0	0	0		194.03
194.04 MISC. WALLS AND HALLS	0	0	0		194.04
194.05 ALL TUNNELS	0	0	0		194.05
194.06 VACANT AND USED FOR STORAGE	0	0	0		194.06
194.07 OTHER COUNTY AGENCIES	0	0	0		194.07
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	323,185	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	988.333333	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	1,574	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	4.813456	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet C Part I Date/Time Prepared: 2/23/2012 12:36 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		9,863,584	261,849	10,125,433	30.00	
31.00	INTENSIVE CARE UNIT		3,285,757	0	3,285,757	31.00	
40.00	SUBPROVIDER - 1PF		0	0	0	40.00	
41.00	SUBPROVIDER - 1RF		3,025,414	0	3,025,414	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
44.00	SKILLED NURSING FACILITY		677,169	0	677,169	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		2,758,896	59,921	2,818,817	50.00	
50.01	PATHOLOGY		324,240	40,196	364,436	50.01	
50.02	NEUROLOGY & PSYCHIATRY		570,895	0	570,895	50.02	
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY		510,551	0	510,551	50.03	
54.00	RADIOLOGY-DIAGNOSTIC		2,075,144	50,362	2,125,506	54.00	
56.00	RADIOISOTOPE		0	0	0	56.00	
57.00	CT SCAN		0	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		2,789,552	0	2,789,552	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
65.00	RESPIRATORY THERAPY	0	1,575,014	0	1,575,014	65.00	
66.00	PHYSICAL THERAPY	0	1,240,385	21,226	1,261,611	66.00	
67.00	OCCUPATIONAL THERAPY	0	1,015,091	0	1,015,091	67.00	
68.00	SPEECH PATHOLOGY	0	351,030	0	351,030	68.00	
69.00	ELECTROCARDIOLOGY		350,091	31,132	381,223	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		494,207	0	494,207	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		13,469,185	0	13,469,185	73.00	
76.00	ACTIVITY THERAPY		13,273	0	13,273	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		3,950,265	82,832	4,033,097	90.00	
91.00	EMERGENCY		1,593,732	37,838	1,631,570	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF		0	0	0	99.10	
99.20	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20	
99.30	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30	
99.40	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40	
101.00	HOME HEALTH AGENCY		0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	ISLET CELL ACQUISITION		0	0	0	111.00	
200.00	Subtotal (see instructions)		49,933,475	585,356	50,518,831	200.00	
201.00	Less Observation Beds		0	0	0	201.00	
202.00	Total (see instructions)		49,933,475	585,356	50,518,831	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet C Part I Date/Time Prepared: 2/23/2012 12:36 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	3,405,112		3,405,112			30.00
31.00	INTENSIVE CARE UNIT	1,794,405		1,794,405			31.00
40.00	SUBPROVIDER - IPF	0		0			40.00
41.00	SUBPROVIDER - IRF	1,258,578		1,258,578			41.00
42.00	SUBPROVIDER	0		0			42.00
44.00	SKILLED NURSING FACILITY	409,042		409,042			44.00
45.00	NURSING FACILITY	0		0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	196,548	1,300,623	1,497,171	1.842739	0.000000	50.00
50.01	PATHOLOGY	0	0	0	0.000000	0.000000	50.01
50.02	NEUROLOGY & PSYCHIATRY	0	0	0	0.000000	0.000000	50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0.000000	0.000000	50.03
54.00	RADIOLOGY-DIAGNOSTIC	426,024	4,606,593	5,032,617	0.412339	0.000000	54.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	16,878	5,329,433	5,346,311	0.521771	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	136	171,965	172,101	9.151684	0.000000	65.00
66.00	PHYSICAL THERAPY	0	1,377,676	1,377,676	0.900346	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	354,185	354,185	2.865991	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	114,585	114,585	3.063490	0.000000	68.00
69.00	ELECTROCARDIOLOGY	1,678	199,656	201,334	1.738857	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,972	75,397	84,369	5.857685	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,739,430	3,855,971	7,595,401	1.773334	0.000000	73.00
76.00	ACTIVITY THERAPY	0	0	0	0.000000	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	7,365,388	7,365,388	0.536328	0.000000	90.00
91.00	EMERGENCY	0	4,880,308	4,880,308	0.326564	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET CELL ACQUISITION	0	0	0			111.00
200.00	Subtotal (see instructions)	11,256,803	29,631,780	40,888,583			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	11,256,803	29,631,780	40,888,583			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 2/23/2012 12:36 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	1.882762		50.00
50.01	PATHOLOGY	0.000000		50.01
50.02	NEUROLOGY & PSYCHIATRY	0.000000		50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0.000000		50.03
54.00	RADIOLOGY-DIAGNOSTIC	0.422346		54.00
56.00	RADIOLOGY	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.521771		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	9.151684		65.00
66.00	PHYSICAL THERAPY	0.915753		66.00
67.00	OCCUPATIONAL THERAPY	2.865991		67.00
68.00	SPEECH PATHOLOGY	3.063490		68.00
69.00	ELECTROCARDIOLOGY	1.893485		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5.857685		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	1.773334		73.00
76.00	ACTIVITY THERAPY	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.547574		90.00
91.00	EMERGENCY	0.334317		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET CELL ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet C Part I Date/Time Prepared: 2/23/2012 12:36 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		9,863,584	0	0	30.00	
31.00	INTENSIVE CARE UNIT		3,285,757	0	0	31.00	
40.00	SUBPROVIDER - 1PF		0	0	0	40.00	
41.00	SUBPROVIDER - 1RF		3,025,414	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
44.00	SKILLED NURSING FACILITY		677,169	0	0	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		2,758,896	0	0	50.00	
50.01	PATHOLOGY		324,240	0	0	50.01	
50.02	NEUROLOGY & PSYCHIATRY		570,895	0	0	50.02	
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY		510,551	0	0	50.03	
54.00	RADIOLOGY-DIAGNOSTIC		2,075,144	0	0	54.00	
56.00	RADIOISOTOPE		0	0	0	56.00	
57.00	CT SCAN		0	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		2,789,552	0	0	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
65.00	RESPIRATORY THERAPY	0	1,575,014	0	0	65.00	
66.00	PHYSICAL THERAPY	0	1,240,385	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	1,015,091	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	351,030	0	0	68.00	
69.00	ELECTROCARDIOLOGY		350,091	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		494,207	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		13,469,185	0	0	73.00	
76.00	ACTIVITY THERAPY		13,273	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		3,950,265	0	0	90.00	
91.00	EMERGENCY		1,593,732	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF		0	0	0	99.10	
99.20	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20	
99.30	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30	
99.40	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40	
101.00	HOME HEALTH AGENCY		0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	ISLET CELL ACQUISITION		0	0	0	111.00	
200.00	Subtotal (see instructions)	0	49,933,475	0	0	200.00	
201.00	Less Observation Beds		0	0	0	201.00	
202.00	Total (see instructions)	0	49,933,475	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 2/23/2012 12:36 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	3,405,112		3,405,112		30.00
31.00	INTENSIVE CARE UNIT	1,794,405		1,794,405		31.00
40.00	SUBPROVIDER - IPF	0		0		40.00
41.00	SUBPROVIDER - IRF	1,258,578		1,258,578		41.00
42.00	SUBPROVIDER	0		0		42.00
44.00	SKILLED NURSING FACILITY	409,042		409,042		44.00
45.00	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	196,548	1,300,623	1,497,171	1.842739	50.00
50.01	PATHOLOGY	0	0	0	0.000000	50.01
50.02	NEUROLOGY & PSYCHIATRY	0	0	0	0.000000	50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0.000000	50.03
54.00	RADIOLOGY-DIAGNOSTIC	426,024	4,606,593	5,032,617	0.412339	54.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
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	16,878	5,329,433	5,346,311	0.521771	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	136	171,965	172,101	9.151684	65.00
66.00	PHYSICAL THERAPY	0	1,377,676	1,377,676	0.900346	66.00
67.00	OCCUPATIONAL THERAPY	0	354,185	354,185	2.865991	67.00
68.00	SPEECH PATHOLOGY	0	114,585	114,585	3.063490	68.00
69.00	ELECTROCARDIOLOGY	1,678	199,656	201,334	1.738857	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,972	75,397	84,369	5.857685	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,739,430	3,855,971	7,595,401	1.773334	73.00
76.00	ACTIVITY THERAPY	0	0	0	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	7,365,388	7,365,388	0.536328	90.00
91.00	EMERGENCY	0	4,880,308	4,880,308	0.326564	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET CELL ACQUISITION	0	0	0		111.00
200.00	Subtotal (see instructions)	11,256,803	29,631,780	40,888,583		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	11,256,803	29,631,780	40,888,583		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 2/23/2012 12:36 pm
		Title XIX	Hospital	Cost

Cost Center Description	PPS Inpatient Ratio		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
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
44.00 SKILLED NURSING FACILITY			44.00
45.00 NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0.000000		50.00
50.01 PATHOLOGY	0.000000		50.01
50.02 NEUROLOGY & PSYCHIATRY	0.000000		50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0.000000		50.03
54.00 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00 RADIOISOTOPE	0.000000		56.00
57.00 CT SCAN	0.000000		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00 CARDIAC CATHETERIZATION	0.000000		59.00
60.00 LABORATORY	0.000000		60.00
60.01 BLOOD LABORATORY	0.000000		60.01
65.00 RESPIRATORY THERAPY	0.000000		65.00
66.00 PHYSICAL THERAPY	0.000000		66.00
67.00 OCCUPATIONAL THERAPY	0.000000		67.00
68.00 SPEECH PATHOLOGY	0.000000		68.00
69.00 ELECTROCARDIOLOGY	0.000000		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00 ACTIVITY THERAPY	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0.000000		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00 CLINIC	0.000000		90.00
91.00 EMERGENCY	0.000000		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
101.00 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION			109.00
110.00 INTESTINAL ACQUISITION			110.00
111.00 ISLET CELL ACQUISITION			111.00
200.00 Subtotal (see instructions)			200.00
201.00 Less Observation Beds			201.00
202.00 Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet C  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

		Title V		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		9,863,584	261,849	10,125,433	30.00
31.00	INTENSIVE CARE UNIT		3,285,757	0	3,285,757	31.00
40.00	SUBPROVIDER - 1PF		0	0	0	40.00
41.00	SUBPROVIDER - 1RF		3,025,414	0	3,025,414	41.00
42.00	SUBPROVIDER		0	0	0	42.00
44.00	SKILLED NURSING FACILITY		677,169	0	677,169	44.00
45.00	NURSING FACILITY		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		2,758,896	59,921	2,818,817	50.00
50.01	PATHOLOGY		324,240	40,196	364,436	50.01
50.02	NEUROLOGY & PSYCHIATRY		570,895	0	570,895	50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY		510,551	0	510,551	50.03
54.00	RADIOLOGY-DIAGNOSTIC		2,075,144	50,362	2,125,506	54.00
56.00	RADIOISOTOPE		0	0	0	56.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		2,789,552	0	2,789,552	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	1,575,014	0	1,575,014	65.00
66.00	PHYSICAL THERAPY	0	1,240,385	21,226	1,261,611	66.00
67.00	OCCUPATIONAL THERAPY	0	1,015,091	0	1,015,091	67.00
68.00	SPEECH PATHOLOGY	0	351,030	0	351,030	68.00
69.00	ELECTROCARDIOLOGY		350,091	31,132	381,223	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		494,207	0	494,207	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		13,469,185	0	13,469,185	73.00
76.00	ACTIVITY THERAPY		13,273	0	13,273	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		3,950,265	82,832	4,033,097	90.00
91.00	EMERGENCY		1,593,732	37,838	1,631,570	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF		0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
101.00	HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET CELL ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	49,933,475	585,356	50,518,831	200.00
201.00	Less Observation Beds		0	0	0	201.00
202.00	Total (see instructions)	0	49,933,475	585,356	50,518,831	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet C  
Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
Title V Hospital PPS						
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	3,405,112		3,405,112			30.00
31.00 INTENSIVE CARE UNIT	1,794,405		1,794,405			31.00
40.00 SUBPROVIDER - IPF	0		0			40.00
41.00 SUBPROVIDER - IRF	1,258,578		1,258,578			41.00
42.00 SUBPROVIDER	0		0			42.00
44.00 SKILLED NURSING FACILITY	409,042		409,042			44.00
45.00 NURSING FACILITY	0		0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	196,548	1,300,623	1,497,171	1.842739	0.000000	50.00
50.01 PATHOLOGY	0	0	0	0.000000	0.000000	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	0	0.000000	0.000000	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0.000000	0.000000	50.03
54.00 RADIOLOGY-DIAGNOSTIC	426,024	4,606,593	5,032,617	0.412339	0.000000	54.00
56.00 RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 LABORATORY	16,878	5,329,433	5,346,311	0.521771	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00 RESPIRATORY THERAPY	136	171,965	172,101	9.151684	0.000000	65.00
66.00 PHYSICAL THERAPY	0	1,377,676	1,377,676	0.900346	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	0	354,185	354,185	2.865991	0.000000	67.00
68.00 SPEECH PATHOLOGY	0	114,585	114,585	3.063490	0.000000	68.00
69.00 ELECTROCARDIOLOGY	1,678	199,656	201,334	1.738857	0.000000	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,972	75,397	84,369	5.857685	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	3,739,430	3,855,971	7,595,401	1.773334	0.000000	73.00
76.00 ACTIVITY THERAPY	0	0	0	0.000000	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00 CLINIC	0	7,365,388	7,365,388	0.536328	0.000000	90.00
91.00 EMERGENCY	0	4,880,308	4,880,308	0.326564	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0			99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00 HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET CELL ACQUISITION	0	0	0			111.00
200.00 Subtotal (see instructions)	11,256,803	29,631,780	40,888,583			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	11,256,803	29,631,780	40,888,583			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 2/23/2012 12:36 pm
		Title V	Hospital	PPS

Cost Center Description	PPS Inpatient Ratio		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	11.00		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
44.00 SKILLED NURSING FACILITY			44.00
45.00 NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	1.882762		50.00
50.01 PATHOLOGY	0.000000		50.01
50.02 NEUROLOGY & PSYCHIATRY	0.000000		50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0.000000		50.03
54.00 RADIOLOGY-DIAGNOSTIC	0.422346		54.00
56.00 RADIOISOTOPE	0.000000		56.00
57.00 CT SCAN	0.000000		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00 CARDIAC CATHETERIZATION	0.000000		59.00
60.00 LABORATORY	0.521771		60.00
60.01 BLOOD LABORATORY	0.000000		60.01
65.00 RESPIRATORY THERAPY	9.151684		65.00
66.00 PHYSICAL THERAPY	0.915753		66.00
67.00 OCCUPATIONAL THERAPY	2.865991		67.00
68.00 SPEECH PATHOLOGY	3.063490		68.00
69.00 ELECTROCARDIOLOGY	1.893485		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5.857685		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00 DRUGS CHARGED TO PATIENTS	1.773334		73.00
76.00 ACTIVITY THERAPY	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0.000000		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00 CLINIC	0.547574		90.00
91.00 EMERGENCY	0.334317		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
101.00 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION			109.00
110.00 INTESTINAL ACQUISITION			110.00
111.00 ISLET CELL ACQUISITION			111.00
200.00 Subtotal (see instructions)			200.00
201.00 Less Observation Beds			201.00
202.00 Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet C  
Part II  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		Title V			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	2,758,896	175,634	2,583,262	0	0	50.00
50.01	PATHOLOGY	324,240	14,149	310,091	0	0	50.01
50.02	NEUROLOGY & PSYCHIATRY	570,895	5,755	565,140	0	0	50.02
50.03	CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	510,551	11,144	499,407	0	0	50.03
54.00	RADIOLOGY-DIAGNOSTIC	2,075,144	111,414	1,963,730	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,789,552	66,079	2,723,473	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	1,575,014	104,677	1,470,337	0	0	65.00
66.00	PHYSICAL THERAPY	1,240,385	39,415	1,200,970	0	0	66.00
67.00	OCCUPATIONAL THERAPY	1,015,091	38,586	976,505	0	0	67.00
68.00	SPEECH PATHOLOGY	351,030	8,093	342,937	0	0	68.00
69.00	ELECTROCARDIOLOGY	350,091	41,109	308,982	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	494,207	2,407	491,800	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	13,469,185	310,025	13,159,160	0	0	73.00
76.00	ACTIVITY THERAPY	13,273	3,081	10,192	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	3,950,265	141,249	3,809,016	0	0	90.00
91.00	EMERGENCY	1,593,732	53,251	1,540,481	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
200.00	Subtotal (sum of lines 50 thru 199)	33,081,551	1,126,068	31,955,483	0	0	200.00
201.00	Less Observation Beds	0	0	0	0	0	201.00
202.00	Total (line 200 minus line 201)	33,081,551	1,126,068	31,955,483	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet C Part II Date/Time Prepared: 2/23/2012 12:36 pm
---	--	----------------------	---------------------------------------	--

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	2,758,896	1,497,171	1.842739	50.00
50.01	PATHOLOGY	324,240	0	0.000000	50.01
50.02	NEUROLOGY & PSYCHIATRY	570,895	0	0.000000	50.02
50.03	CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	510,551	0	0.000000	50.03
54.00	RADIOLOGY-DIAGNOSTIC	2,075,144	5,032,617	0.412339	54.00
56.00	RADIOISOTOPE	0	0	0.000000	56.00
57.00	CT SCAN	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	59.00
60.00	LABORATORY	2,789,552	5,346,311	0.521771	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	1,575,014	172,101	9.151684	65.00
66.00	PHYSICAL THERAPY	1,240,385	1,377,676	0.900346	66.00
67.00	OCCUPATIONAL THERAPY	1,015,091	354,185	2.865991	67.00
68.00	SPEECH PATHOLOGY	351,030	114,585	3.063490	68.00
69.00	ELECTROCARDIOLOGY	350,091	201,334	1.738857	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	494,207	84,369	5.857685	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	13,469,185	7,595,401	1.773334	73.00
76.00	ACTIVITY THERAPY	13,273	0	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	CLINIC	3,950,265	7,365,388	0.536328	90.00
91.00	EMERGENCY	1,593,732	4,880,308	0.326564	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF	0	0	0.000000	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0.000000	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000	99.40
101.00	HOME HEALTH AGENCY	0	0	0.000000	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	ISLET CELL ACQUISITION	0	0	0.000000	111.00
200.00	Subtotal (sum of lines 50 thru 199)	33,081,551	0		200.00
201.00	Less Observation Beds	0	0		201.00
202.00	Total (line 200 minus line 201)	33,081,551	34,021,446		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part I Date/Time Prepared: 2/23/2012 12:36 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	594,280	0	594,280	5,226	113.72 30.00
31.00	INTENSIVE CARE UNIT	116,529		116,529	950	122.66 31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00 40.00
41.00	SUBPROVIDER - IRF	140,004	0	140,004	1,649	84.90 41.00
42.00	SUBPROVIDER	0	0	0	0	0.00 42.00
44.00	SKILLED NURSING FACILITY	56,224		56,224	1,197	46.97 44.00
45.00	NURSING FACILITY	0		0	0	0.00 45.00
200.00	Total (Lines 30-199)	907,037		907,037	9,022	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part I Date/Time Prepared: 2/23/2012 12:36 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	364	41,394		30.00
31.00 INTENSIVE CARE UNIT	77	9,445		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	147	12,480		41.00
42.00 SUBPROVIDER	0	0		42.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (Lines 30-199)	588	63,319		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part II Date/Time Prepared: 2/23/2012 12:36 pm
--	----------------------	---	---

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	175,634	1,497,171	0.117311	0	0	50.00
50.01	PATHOLOGY	14,149	0	0.000000	0	0	50.01
50.02	NEUROLOGY & PSYCHIATRY	5,755	0	0.000000	0	0	50.02
50.03	CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	11,144	0	0.000000	0	0	50.03
54.00	RADIOLOGY-DIAGNOSTIC	111,414	5,032,617	0.022138	0	0	54.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
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	66,079	5,346,311	0.012360	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	104,677	172,101	0.608230	0	0	65.00
66.00	PHYSICAL THERAPY	39,415	1,377,676	0.028610	0	0	66.00
67.00	OCCUPATIONAL THERAPY	38,586	354,185	0.108943	0	0	67.00
68.00	SPEECH PATHOLOGY	8,093	114,585	0.070629	0	0	68.00
69.00	ELECTROCARDIOLOGY	41,109	201,334	0.204183	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,407	84,369	0.028529	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	310,025	7,595,401	0.040817	0	0	73.00
76.00	ACTIVITY THERAPY	3,081	0	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	141,249	7,365,388	0.019177	0	0	90.00
91.00	EMERGENCY	53,251	4,880,308	0.010911	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00	Total (lines 50-199)	1,126,068	34,021,446		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet D Part III Date/Time Prepared: 2/23/2012 12:36 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
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet D Part III Date/Time Prepared: 2/23/2012 12:36 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	5,226	0.00	364	0	0	30.00
31.00	INTENSIVE CARE UNIT	950	0.00	77	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	SUBPROVIDER - IRF	1,649	0.00	147	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
44.00	SKILLED NURSING FACILITY	1,197	0.00	0	0	0	44.00
45.00	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00	Total (Lines 30-199)	9,022		588	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet D  
Part III  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		PSA Adj .	PSA Adj . All	Hospital	PPS
		Allied Health Cost	Other Medical Education Cost		
		12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	PATHOLOGY	0	0	0	0	0	50.01
50.02	NEUROLOGY & PSYCHIATRY	0	0	0	0	0	50.02
50.03	CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	0	0	0	0	0	50.03
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
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
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	ACTIVITY THERAPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	1,497,171	0.000000	0.000000	0	50.00
50.01	PATHOLOGY	0	0	0.000000	0.000000	0	50.01
50.02	NEUROLOGY & PSYCHIATRY	0	0	0.000000	0.000000	0	50.02
50.03	CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	0	0	0.000000	0.000000	0	50.03
54.00	RADIOLOGY-DIAGNOSTIC	0	5,032,617	0.000000	0.000000	0	54.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
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	5,346,311	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	172,101	0.000000	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0	1,377,676	0.000000	0.000000	0	66.00
67.00	OCCUPATIONAL THERAPY	0	354,185	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	114,585	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	201,334	0.000000	0.000000	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	84,369	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	7,595,401	0.000000	0.000000	0	73.00
76.00	ACTIVITY THERAPY	0	0	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	7,365,388	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	4,880,308	0.000000	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	34,021,446			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/23/2012 12:36 pm
--	----------------------	---	---

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
Title XVIII Hospital PPS							
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	29,122	0	0	0	50.00
50.01	PATHOLOGY	0	0	0	0	0	50.01
50.02	NEUROLOGY & PSYCHIATRY	0	0	0	0	0	50.02
50.03	CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	0	141,405	0	0	0	50.03
54.00	RADIOLOGY-DIAGNOSTIC	0	199,029	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	2,523	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	48,842	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,826	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	48,131	0	0	0	73.00
76.00	ACTIVITY THERAPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	913,717	0	0	0	90.00
91.00	EMERGENCY	0	223,011	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	1,611,606	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		Title XVIII		Hospital	PPS
		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0	0		50.00
50.01	PATHOLOGY	0	0		50.01
50.02	NEUROLOGY & PSYCHIATRY	0	0		50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0		50.03
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	ACTIVITY THERAPY	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 2/23/2012 12:36 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges			
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1.842739	29,122	0	0		50.00
50.01 PATHOLOGY	0.000000	0	0	0		50.01
50.02 NEUROLOGY & PSYCHIATRY	0.000000	0	0	0		50.02
50.03 CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	0.000000	141,405	0	0		50.03
54.00 RADIOLOGY-DIAGNOSTIC	0.412339	199,029	0	0		54.00
56.00 RADIOISOTOPE	0.000000	0	0	0		56.00
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	0.521771	2,523	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
65.00 RESPIRATORY THERAPY	9.151684	0	0	0		65.00
66.00 PHYSICAL THERAPY	0.900346	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	2.865991	0	0	0		67.00
68.00 SPEECH PATHOLOGY	3.063490	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	1.738857	48,842	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5.857685	5,826	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1.773334	48,131	0	0		73.00
76.00 ACTIVITY THERAPY	0.000000	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 CLINIC	0.536328	913,717	0	0		90.00
91.00 EMERGENCY	0.326564	223,011	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0		92.00
200.00 Subtotal (see instructions)		1,611,606	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)		1,611,606	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 2/23/2012 12:36 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	53,664	0	0		50.00
50.01 PATHOLOGY	0	0	0		50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	0		50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0		50.03
54.00 RADIOLOGY-DIAGNOSTIC	82,067	0	0		54.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	1,316	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	84,929	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	34,127	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	85,352	0	0		73.00
76.00 ACTIVITY THERAPY	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	490,052	0	0		90.00
91.00 EMERGENCY	72,827	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	904,334	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	904,334	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part II Date/Time Prepared: 2/23/2012 12:36 pm
		Component CCN: 14T301	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	175,634	1,497,171	0.117311	0	0	50.00
50.01 PATHOLOGY	14,149	0	0.000000	0	0	50.01
50.02 NEUROLOGY & PSYCHIATRY	5,755	0	0.000000	0	0	50.02
50.03 CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	11,144	0	0.000000	0	0	50.03
54.00 RADIOLOGY-DIAGNOSTIC	111,414	5,032,617	0.022138	0	0	54.00
56.00 RADIOISOTOPE	0	0	0.000000	0	0	56.00
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	66,079	5,346,311	0.012360	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00 RESPIRATORY THERAPY	104,677	172,101	0.608230	0	0	65.00
66.00 PHYSICAL THERAPY	39,415	1,377,676	0.028610	0	0	66.00
67.00 OCCUPATIONAL THERAPY	38,586	354,185	0.108943	0	0	67.00
68.00 SPEECH PATHOLOGY	8,093	114,585	0.070629	0	0	68.00
69.00 ELECTROCARDIOLOGY	41,109	201,334	0.204183	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,407	84,369	0.028529	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	310,025	7,595,401	0.040817	0	0	73.00
76.00 ACTIVITY THERAPY	3,081	0	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 CLINIC	141,249	7,365,388	0.019177	0	0	90.00
91.00 EMERGENCY	53,251	4,880,308	0.010911	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00 Total (lines 50-199)	1,126,068	34,021,446		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/23/2012 12:36 pm
	Component CCN: 14T301	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 PATHOLOGY	0	0	0	0	0	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	0	0	0	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0	0	50.03
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
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
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 ACTIVITY THERAPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140301 Component CCN: 14T301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/23/2012 12:36 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	1,497,171	0.000000	0.000000	0	50.00
50.01 PATHOLOGY	0	0	0.000000	0.000000	0	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	0.000000	0.000000	0	50.02
50.03 CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	0	0	0.000000	0.000000	0	50.03
54.00 RADIOLOGY-DIAGNOSTIC	0	5,032,617	0.000000	0.000000	0	54.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
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	5,346,311	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	172,101	0.000000	0.000000	0	65.00
66.00 PHYSICAL THERAPY	0	1,377,676	0.000000	0.000000	0	66.00
67.00 OCCUPATIONAL THERAPY	0	354,185	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	114,585	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	201,334	0.000000	0.000000	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	84,369	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	7,595,401	0.000000	0.000000	0	73.00
76.00 ACTIVITY THERAPY	0	0	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	7,365,388	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	4,880,308	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	34,021,446			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/23/2012 12:36 pm
	Component CCN: 14T301	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 PATHOLOGY	0	0	0	0	0	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	0	0	0	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0	0	50.03
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
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
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 ACTIVITY THERAPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140301 Component CCN: 14T301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/23/2012 12:36 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	0	50.00
50.01 PATHOLOGY	0	0	50.01
50.02 NEUROLOGY & PSYCHIATRY	0	0	50.02
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	50.03
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 ACTIVITY THERAPY	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part I Date/Time Prepared: 2/23/2012 12:36 pm
		Title V	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	594,280	0	594,280	5,226	113.72 30.00
31.00	INTENSIVE CARE UNIT	116,529		116,529	950	122.66 31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00 40.00
41.00	SUBPROVIDER - IRF	140,004	0	140,004	1,649	84.90 41.00
42.00	SUBPROVIDER	0	0	0	0	0.00 42.00
44.00	SKILLED NURSING FACILITY	56,224		56,224	1,197	46.97 44.00
45.00	NURSING FACILITY	0		0	0	0.00 45.00
200.00	Total (Lines 30-199)	907,037		907,037	9,022	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part I Date/Time Prepared: 2/23/2012 12:36 pm
		Title V	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		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
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part II Date/Time Prepared: 2/23/2012 12:36 pm
--	--	----------------------	---	---

Cost Center Description		Title V			Hospital	PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	175,634	1,497,171	0.117311	0	0 50.00
50.01	PATHOLOGY	14,149	0	0.000000	0	0 50.01
50.02	NEUROLOGY & PSYCHIATRY	5,755	0	0.000000	0	0 50.02
50.03	CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	11,144	0	0.000000	0	0 50.03
54.00	RADIOLOGY-DIAGNOSTIC	111,414	5,032,617	0.022138	0	0 54.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0 56.00
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	66,079	5,346,311	0.012360	0	0 60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
65.00	RESPIRATORY THERAPY	104,677	172,101	0.608230	0	0 65.00
66.00	PHYSICAL THERAPY	39,415	1,377,676	0.028610	0	0 66.00
67.00	OCCUPATIONAL THERAPY	38,586	354,185	0.108943	0	0 67.00
68.00	SPEECH PATHOLOGY	8,093	114,585	0.070629	0	0 68.00
69.00	ELECTROCARDIOLOGY	41,109	201,334	0.204183	0	0 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,407	84,369	0.028529	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	310,025	7,595,401	0.040817	0	0 73.00
76.00	ACTIVITY THERAPY	3,081	0	0.000000	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	CLINIC	141,249	7,365,388	0.019177	0	0 90.00
91.00	EMERGENCY	53,251	4,880,308	0.010911	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0 92.00
200.00	Total (lines 50-199)	1,126,068	34,021,446		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet D Part III Date/Time Prepared: 2/23/2012 12:36 pm	
Cost Center Description		Title V		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
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part III Date/Time Prepared: 2/23/2012 12:36 pm
---	----------------------	---	--

Cost Center Description	Title V					Hospital		PPS
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
	6.00	7.00	8.00	9.00	11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 ADULTS & PEDIATRICS	5,226	0.00	0	0	0	0	30.00	
31.00 INTENSIVE CARE UNIT	950	0.00	0	0	0	0	31.00	
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00	
41.00 SUBPROVIDER - IRF	1,649	0.00	0	0	0	0	41.00	
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00	
44.00 SKILLED NURSING FACILITY	1,197	0.00	0	0	0	0	44.00	
45.00 NURSING FACILITY	0	0.00	0	0	0	0	45.00	
200.00 Total (Lines 30-199)	9,022		0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D Part III Date/Time Prepared: 2/23/2012 12:36 pm
	Title V	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		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
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description	Title V				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00	
50.01 PATHOLOGY	0	0	0	0	0	0	50.01	
50.02 NEUROLOGY & PSYCHIATRY	0	0	0	0	0	0	50.02	
50.03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0	0	0	0	0	50.03	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00 CT SCAN	0	0	0	0	0	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 LABORATORY	0	0	0	0	0	0	60.00	
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01	
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	
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 ACTIVITY THERAPY	0	0	0	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00 CLINIC	0	0	0	0	0	0	90.00	
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	
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: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		Title V			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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	1,497,171	0.000000	0.000000	0	50.00
50.01	PATHOLOGY	0	0	0.000000	0.000000	0	50.01
50.02	NEUROLOGY & PSYCHIATRY	0	0	0.000000	0.000000	0	50.02
50.03	CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	0	0	0.000000	0.000000	0	50.03
54.00	RADIOLOGY-DIAGNOSTIC	0	5,032,617	0.000000	0.000000	0	54.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
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	5,346,311	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	172,101	0.000000	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0	1,377,676	0.000000	0.000000	0	66.00
67.00	OCCUPATIONAL THERAPY	0	354,185	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	114,585	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	201,334	0.000000	0.000000	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	84,369	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	7,595,401	0.000000	0.000000	0	73.00
76.00	ACTIVITY THERAPY	0	0	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	7,365,388	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	4,880,308	0.000000	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	34,021,446			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		Title V			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	PATHOLOGY	0	0	0	0	0	50.01
50.02	NEUROLOGY & PSYCHIATRY	0	0	0	0	0	50.02
50.03	CLINICAL PSYCHOLOGY & PSYCHOTHERAPY	0	0	0	0	0	50.03
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
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
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	ACTIVITY THERAPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title V	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0			50.00
50.01	PATHOLOGY	0	0			50.01
50.02	NEUROLOGY & PSYCHIATRY	0	0			50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0	0			50.03
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
56.00	RADIOISOTOPE	0	0			56.00
57.00	CT SCAN	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
60.01	BLOOD LABORATORY	0	0			60.01
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00	ACTIVITY THERAPY	0	0			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	0			90.00
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/23/2012 12:36 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,226	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,226	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)		5,226	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)		364	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,125,433	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,125,433	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,125,433	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,937.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		705,254	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)		705,254	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D-1 Date/Time Prepared: 2/23/2012 12:36 pm			
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)	
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units						42.00	
43.00	INTENSIVE CARE UNIT	3,285,757	950	3,458.69	77	266,319	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						971,573	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50,839	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						50,839	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						920,734	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet D-1

Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	594,280	10,125,433	0.058692	0	0	90.00
91.00	Nursing School cost	0	10,125,433	0.000000	0	0	91.00
92.00	Allied health cost	0	10,125,433	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,125,433	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D-1
		Component CCN: 14T301		Date/Time Prepared: 2/23/2012 12:36 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,649	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,649	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)		1,649	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)		147	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,025,414	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,025,414	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,025,414	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,834.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		269,701	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)		269,701	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D-1			
		Component CCN: 14T301		Date/Time Prepared: 2/23/2012 12:36 pm			
		Title XVIII	Subprovider - IRF	PPS			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)					42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0	43.00	
44.00	INTENSIVE CARE UNIT					44.00	
45.00	CORONARY CARE UNIT					45.00	
46.00	BURN INTENSIVE CARE UNIT					46.00	
47.00	SURGICAL INTENSIVE CARE UNIT					47.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					269,701	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)					12,480	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,480	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					257,221	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140301 Component CCN: 14T301		Period: From 12/01/2010 To 08/31/2011		Worksheet D-1 Date/Time Prepared: 2/23/2012 12:36 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	140,004	3,025,414	0.046276	0	0	90.00
91.00	Nursing School cost	0	3,025,414	0.000000	0	0	91.00
92.00	Allied health cost	0	3,025,414	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,025,414	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D-1
		Title V	Hospital	Date/Time Prepared: 2/23/2012 12:36 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,226	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,226	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)		5,226	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,125,433	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,125,433	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,125,433	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,937.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D-1 Date/Time Prepared: 2/23/2012 12:36 pm
Cost Center Description			Title V	Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	3,285,757	950	3,458.69	0	0
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				0
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0
52.00	Total Program excludable cost (sum of lines 50 and 51)				0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00
72.00	Program routine service cost (line 9 x line 71)				72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00
77.00	Program capital-related costs (line 9 x line 76)				77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00
81.00	Inpatient routine service cost per diem limitation				81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00
83.00	Reasonable inpatient routine service costs (see instructions)				83.00
84.00	Program inpatient ancillary services (see instructions)				84.00
85.00	Utilization review - physician compensation (see instructions)				85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet D-1 Date/Time Prepared: 2/23/2012 12:36 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	594,280	10,125,433	0.058692	0	0	90.00
91.00	Nursing School cost	0	10,125,433	0.000000	0	0	91.00
92.00	Allied health cost	0	10,125,433	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,125,433	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D-3 Date/Time Prepared: 2/23/2012 12:36 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		676,335		30.00
31.00	INTENSIVE CARE UNIT		260,555		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	1.882762	0	0	50.00
50.01	PATHOLOGY	0.000000	0	0	50.01
50.02	NEUROLOGY & PSYCHIATRY	0.000000	0	0	50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0.000000	0	0	50.03
54.00	RADIOLOGY-DIAGNOSTIC	0.422346	0	0	54.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
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	0.521771	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	9.151684	0	0	65.00
66.00	PHYSICAL THERAPY	0.915753	0	0	66.00
67.00	OCCUPATIONAL THERAPY	2.865991	0	0	67.00
68.00	SPEECH PATHOLOGY	3.063490	0	0	68.00
69.00	ELECTROCARDIOLOGY	1.893485	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5.857685	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1.773334	0	0	73.00
76.00	ACTIVITY THERAPY	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.547574	0	0	90.00
91.00	EMERGENCY	0.334317	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		0	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		0	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet D-3
		Component CCN: 14T301		Date/Time Prepared: 2/23/2012 12:36 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		279,451	41.00
42.00	SUBPROVIDER		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	1.882762	0	50.00
50.01	PATHOLOGY	0.000000	0	50.01
50.02	NEUROLOGY & PSYCHIATRY	0.000000	0	50.02
50.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	0.000000	0	50.03
54.00	RADIOLOGY-DIAGNOSTIC	0.422346	0	54.00
56.00	RADIOISOTOPE	0.000000	0	56.00
57.00	CT SCAN	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.521771	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	9.151684	0	65.00
66.00	PHYSICAL THERAPY	0.915753	0	66.00
67.00	OCCUPATIONAL THERAPY	2.865991	0	67.00
68.00	SPEECH PATHOLOGY	3.063490	0	68.00
69.00	ELECTROCARDIOLOGY	1.893485	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5.857685	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1.773334	0	73.00
76.00	ACTIVITY THERAPY	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.547574	0	90.00
91.00	EMERGENCY	0.334317	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet E Part A Date/Time Prepared: 2/23/2012 12:36 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		470,614	1.00
2.00	Outlier payments for discharges. (see instructions)		0	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)		100.00	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.33	11.00
12.00	Current year allowable FTE (see instructions)		2.33	12.00
13.00	Total allowable FTE count for the prior year.		2.98	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.		2.40	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.57	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		2.57	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.025700	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.029800	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.025700	21.00
22.00	IME payment adjustment (see instructions)		6,563	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		6,563	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.75	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		23.22	31.00
32.00	Sum of lines 30 and 31		30.97	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.40	33.00
34.00	Disproportionate share adjustment (see instructions)		77,181	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		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)		554,358	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)		554,358	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet E Part A Date/Time Prepared: 2/23/2012 12:36 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)		39,511	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).		3,575	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)		597,444	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		597,444	61.00
62.00	Deductibles billed to program beneficiaries		86,684	62.00
63.00	Coinsurance billed to program beneficiaries		0	63.00
64.00	Allowable bad debts (see instructions)		1,593	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,115	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,593	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		511,875	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)		511,875	71.00
72.00	Interim payments		532,715	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)		-20,840	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 2/23/2012 12:36 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		904,334	2.00
3.00	PPS payments		669,499	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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		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)		669,499	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		258,066	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		411,433	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		2,605	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)		414,038	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		414,038	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		10,688	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		7,482	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		10,688	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		421,520	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)		421,520	40.00
41.00	Interim payments		418,962	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)		2,558	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 2/23/2012 12:36 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
<b>WORKSHEET OVERRIDE VALUES</b>			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 2/23/2012 12:36 pm
		Component CCN: 14T301	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		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)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140301 Component CCN: 14T301	Period: From 12/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 2/23/2012 12:36 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140301		Period: From 12/01/2010 To 08/31/2011		Worksheet E-1 Part I Date/Time Prepared: 2/23/2012 12:36 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		532,715		418,962		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)		532,715		418,962		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		2,558		6.01
6.02	SETTLEMENT TO PROGRAM		20,840		0		6.02
7.00	Total Medicare program liability (see instructions)		511,875		421,520		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: 140301

Period: From 12/01/2010

Worksheet E-1

Component CCN: 14T301

To 08/31/2011

Part I  
Date/Time Prepared:  
2/23/2012 12:36 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		224,856		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)		224,856		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		19,394		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		244,250		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140301 Component CCN: 14T301	Period: From 12/01/2010 To 08/31/2011	Worksheet E-3 Part III Date/Time Prepared: 2/23/2012 12:36 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			180,767 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0472 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			51,177 3.00
4.00	Outlier Payments			0 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			1.96 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.94 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.94 9.00
10.00	Average Daily Census (see instructions)			6.018248 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .			0.104942 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			18,970 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			250,914 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			250,914 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			250,914 19.00
20.00	Deductibles			2,264 20.00
21.00	Subtotal (line 19 minus line 20)			248,650 21.00
22.00	Coinurance			4,400 22.00
23.00	Subtotal (line 21 minus line 22)			244,250 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			244,250 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			244,250 32.00
33.00	Interim payments			224,856 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			19,394 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet E-4 Date/Time Prepared: 2/23/2012 12:36 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			4.40	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			2.03	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			6.43	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.49	6.00
7.00	Enter the lesser of line 5 or line 6			2.49	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.75	0.00	0.75	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.75	0.00	0.75	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.25		10.00
11.00	Total weighted FTE count	0.75	1.25		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.92	0.42		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.92	0.42		17.00
18.00	Per resident amount	89,389.78	0.00		18.00
19.00	Approved amount for resident costs	82,239	0	82,239	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			82,239	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	588	0		26.00
27.00	Total Inpatient Days	7,825	7,825		27.00
28.00	Ratio of inpatient days to total inpatient days	0.075144	0.000000		28.00
29.00	Program direct GME amount	6,180	0		29.00
30.00	Reduction for nursing/allied health		0		30.00
31.00	Net Program direct GME amount			6,180	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet E-4 Date/Time Prepared: 2/23/2012 12:36 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		1,241,274	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,241,274	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		904,334	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		904,334	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		2,145,608	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.578519	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.421481	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		6,180	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		3,575	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,605	50.00

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

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet G

Date/Time Prepared:  
2/23/2012 12:36 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	100,590	0	0	0	1.00
2.00	Temporary investments	78,012,091	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	137,419,503	0	0	0	4.00
5.00	Other receivable	23,580,776	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-128,637,964	0	0	0	6.00
7.00	Inventory	531,059	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	111,006,055	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	2,717,512	0	0	0	13.00
14.00	Accumulated depreciation	-1,400,595	0	0	0	14.00
15.00	Buildings	73,109,645	0	0	0	15.00
16.00	Accumulated depreciation	-53,128,694	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	8,330,575	0	0	0	19.00
20.00	Accumulated depreciation	-4,538,533	0	0	0	20.00
21.00	Automobiles and trucks	595,909	0	0	0	21.00
22.00	Accumulated depreciation	-574,920	0	0	0	22.00
23.00	Major movable equipment	19,108,790	0	0	0	23.00
24.00	Accumulated depreciation	-16,293,764	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	27,925,925	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	138,931,980	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,636,072	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,282,063	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	12,086,598	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	28,675	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,033,408	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	700,137	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	700,137	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,733,545	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	120,198,435				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)	120,198,435	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	138,931,980	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet G-1

Date/Time Prepared:  
2/23/2012 12:36 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		120,320,883		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		802,987			2.00
3.00	Total (sum of line 1 and line 2)		121,123,870		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)		121,123,870		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		121,123,870		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet G-1

Date/Time Prepared:  
2/23/2012 12:36 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet G-2 Parts

Date/Time Prepared:  
2/23/2012 12:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	14,605,179		14,605,179	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	-166,600		-166,600	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	0		0	7.00
8.00	NURSING FACILITY	-2,550		-2,550	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	14,436,029		14,436,029	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,436,029		14,436,029	17.00
18.00	Ancillary services	0		0	18.00
19.00	Outpatient services	0	30,587,480	30,587,480	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
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	14,436,029	30,587,480	45,023,509	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		55,173,627		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		55,173,627		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

Worksheet G-3

Date/Time Prepared:  
2/23/2012 12:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	45,023,509	1.00
2.00	Less contractual allowances and discounts on patients' accounts	7,719,377	2.00
3.00	Net patient revenues (line 1 minus line 2)	37,304,132	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	55,173,627	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-17,869,495	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,090	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	19,874	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	18,512,236	23.00
24.00	OTHER (SPECIFY)	139,282	24.00
25.00	Total other income (sum of lines 6-24)	18,672,482	25.00
26.00	Total (line 5 plus line 25)	802,987	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	802,987	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140301	Period: From 12/01/2010 To 08/31/2011	Worksheet L Parts I-III Date/Time Prepared: 2/23/2012 12:36 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		38,260	1.00
2.00	Capital DRG outlier payments		0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		22.54	3.00
4.00	Number of interns & residents (see instructions)		2.57	4.00
5.00	Indirect medical education percentage (see instructions)		3.27	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		1,251	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)		39,511	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ALL INCLUSIVE RATE DATA - METHOD E

Provider CCN: 140301

Period:  
From 12/01/2010  
To 08/31/2011

AIR Worksheet  
Not a CMS Worksheet  
Date/Time Prepared:  
2/23/2012 12:36 pm

		1.00	
1.00	Total general inpatient routine service cost.	10,125,433	1.00
2.00	Total inpatient days.	6,176	2.00
3.00	Cost per day.	1,639.48	3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).	93	4.00
5.00	Reduced cost per day.	1,524.72	5.00
6.00	Ancillary percentage.	0	6.00
7.00	Ancillary cost per day.	0.00	7.00
8.00	Inpatient Part B days.	0	8.00
9.00	Total Part B ancillary cost.	0	9.00